

Tab 2 | **SB 6** by **Calatayud**; Identical to H 06507 Relief of L.E. by the Department of Children and Families

Tab 3 | **CS/SB 36** by **HP, Sharief (CO-INTRODUCERS) Osgood, Davis, Rouson, Berman**; Identical to CS/H 00237 Use of Professional Nursing Titles

606532	D	S	WD	AHS, Sharief	Delete everything after	02/12 04:48 PM
508632	D	S	RCS	AHS, Sharief	Delete everything after	02/12 04:48 PM

Tab 4 | **CS/SB 560** by **CF, Garcia**; Similar to H 00763 Child Welfare

464074	A	S	RCS	AHS, Garcia	Delete L.78 - 263.	02/12 04:48 PM
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Tab 5 | **SB 778** by **Simon**; Similar to H 00569 Forensic Services for Certain Defendants

Tab 6 | **SB 844** by **Jones**; Compare to CS/H 00353 Sickle Cell Disease Care Management and Treatment Continuing Education

644296	A	S	RCS	AHS, Jones	Delete L.63 - 102.	02/12 04:48 PM
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Tab 7 | **CS/SB 864** by **HP, Sharief**; Identical to H 01515 Public Records/Uterine Fibroid Research Database

Tab 8 | **CS/SB 1002** by **CF, Gaetz**; Similar to CS/H 00949 Child Welfare

Tab 9 | **CS/SB 1016** by **CF, Bradley**; Similar to CS/H 00915 Medical Assistance Eligibility for Working Persons with Disabilities

Tab 10 | **SB 1022** by **Polsky**; Identical to H 00933 Children's Initiatives

Tab 11 | **CS/SB 1030** by **CF, Gruters (CO-INTRODUCERS) Rouson**; Compare to CS/H 00923 Substance Abuse Services

613988	D	S	RCS	AHS, Rouson	Delete everything after	02/12 04:48 PM
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Tab 12 | **CS/SB 1630** by **CF, Grall**; Compare to CS/H 01121 Aging and Disability Services

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Trumbull, Chair
Senator Davis, Vice Chair

MEETING DATE: Thursday, February 12, 2026
TIME: 2:30—4:00 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

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

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2026-2027 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elder Affairs Department of Health Department of Veterans' Affairs		Not Considered
2	SB 6 Calatayud (Identical H 6507)	Relief of L.E. by the Department of Children and Families; Providing for the relief of L.E. by the Department of Children and Families; providing an appropriation to compensate L.E. for injuries and damages sustained as a result of the negligence of the department; providing a limitation on compensation and the payment of attorney fees, etc. SM JU 02/03/2026 Favorable AHS 02/12/2026 Favorable AP	Favorable Yeas 9 Nays 0
3	CS/SB 36 Health Policy / Sharief (Identical CS/H 237)	Use of Professional Nursing Titles; Authorizing licensed nurses who hold a doctoral degree to use specified titles and abbreviations in a specified manner; prohibiting nurses who hold a doctoral degree from using a specified title in the clinical setting without clearly specifying their profession, etc. HP 02/02/2026 Fav/CS AHS 02/12/2026 Fav/CS RC	Fav/CS Yeas 8 Nays 1

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
 Thursday, February 12, 2026, 2:30—4:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 560 Children, Families, and Elder Affairs / Garcia (Similar H 763)	Child Welfare; Providing that a new medical report relating to the provision of psychotropic medication to a child in the legal custody of the Department of Children and Families may be required only under certain circumstances; increasing the maximum age of eligibility for certain postsecondary education services and support; revising the requirements for a renewal award of postsecondary education services and support; requiring the inclusion of specific metrics for measuring outcomes and performance of postsecondary education services and support and aftercare services in a certain annual report; requiring a physician to provide to a pharmacy a copy of certain documentation, rather than a signed attestation, with certain prescriptions, etc. CF 01/20/2026 Fav/CS AHS 02/12/2026 Fav/CS RC	Fav/CS Yeas 9 Nays 0
5	SB 778 Simon (Similar H 569)	Forensic Services for Certain Defendants; Revising the definition of the term "forensic client" or "client", etc. CF 01/20/2026 Favorable AHS 02/12/2026 Favorable FP	Favorable Yeas 9 Nays 0
6	SB 844 Jones (Compare CS/H 353)	Sickle Cell Disease Care Management and Treatment Continuing Education; Revising requirements for a continuing education course on prescribing controlled substances which health care practitioners are required to complete; requiring the applicable licensing boards for specified health care professions to require a 2-hour continuing education course on sickle cell disease care management as part of the first licensure or certification renewal; specifying requirements for the course; authorizing the applicable boards to approve additional equivalent courses to satisfy the requirement, etc. HP 02/02/2026 Favorable AHS 02/12/2026 Fav/CS FP	Fav/CS Yeas 9 Nays 0
7	CS/SB 864 Health Policy / Sharief (Identical H 1515, Linked CS/S 196)	Public Records/Uterine Fibroid Research Database; Providing an exemption from public records requirements for certain records and personal identifying information submitted to the Department of Health for inclusion in the uterine fibroid research database; providing for future legislative review and repeal; providing a statement of public necessity, etc. HP 02/02/2026 Fav/CS AHS 02/12/2026 Favorable FP	Favorable Yeas 9 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
 Thursday, February 12, 2026, 2:30—4:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
8	CS/SB 1002 Children, Families, and Elder Affairs / Gaetz (Similar CS/H 949)	Child Welfare; Revising the definition of the term "harm" to provide that exposure of a child to a controlled substance may be established by evidence of acute or chronic use of a controlled substance by a parent to a specified extent; revising the definition of the term "neglect" to provide that neglect occurs when there is evidence of acute or chronic use of a controlled substance by a parent to a specified extent, etc. CF 01/27/2026 Fav/CS AHS 02/12/2026 Favorable RC	Favorable Yeas 9 Nays 0
9	CS/SB 1016 Children, Families, and Elder Affairs / Bradley (Similar CS/H 915)	Medical Assistance Eligibility for Working Persons with Disabilities; Creating the Working People with Disabilities program within the Agency for Health Care Administration; specifying income and asset requirements for eligibility in the program; requiring the Department of Children and Families to provide a written notice of specified information to eligible adults upon their initial enrollment in certain Medicaid waiver programs, and at least annually thereafter; requiring the agency to identify certain Medicaid recipients and share such information with the department for a specified purpose, etc. CF 01/27/2026 Fav/CS AHS 02/12/2026 Favorable AP	Favorable Yeas 9 Nays 0
10	SB 1022 Polsky (Identical H 933)	Children's Initiatives; Establishing the Bay County 32401 Children's Initiative in Bay County and the Pompano RYZE Children's Initiative in Broward County; providing for the projects to be managed by not-for-profit corporations; declaring that the initiatives are subject to state public records and meeting requirements and procurement of commodities and contractual services requirements; requiring designated children's initiatives to assist in the creation of community-based service networks and programming that provides certain services for children and families residing in disadvantaged areas of this state, etc. CF 02/03/2026 Favorable AHS 02/12/2026 Favorable FP	Favorable Yeas 9 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Thursday, February 12, 2026, 2:30—4:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
11	CS/SB 1030 Children, Families, and Elder Affairs / Gruters (Compare H 923)	Substance Abuse Services; Revising the definition of the term "transfer"; requiring the Department of Children and Families to issue a regular license to substance abuse service providers after the department receives a complete application from certain existing licensed service providers that are seeking to add licensed services or one or more additional levels of care at an existing licensed location or at one or more new locations within a specified timeframe, if certain requirements are met; prohibiting a credentialing entity from requesting or obtaining certain records when determining whether to suspend or revoke a licensed service provider's certificate to serve as a recovery residence, etc. CF 01/27/2026 Fav/CS AHS 02/12/2026 Fav/CS RC	Fav/CS Yeas 9 Nays 0
12	CS/SB 1630 Children, Families, and Elder Affairs / Grall (Compare CS/H 1121, CS/S 1404)	Aging and Disability Services; Deleting expired requirements for Medicaid recipients to receive an offer for enrollment for long-term care services; requiring the CARES program to review or perform the initial assessment of an enrollee's level of care; providing procurement requirements for area agencies on aging; requiring that high-risk vulnerable adults be given priority consideration for receiving community-care-for-the-elderly services; revising professional and public guardians' continuing education requirements to include Alzheimer's disease and related dementias, etc. CF 01/27/2026 Fav/CS AHS 02/12/2026 Favorable FP	Favorable Yeas 9 Nays 0

Other Related Meeting Documents

*Materials for
this item to be
presented at the
meeting.*



THE FLORIDA SENATE

SPECIAL MASTER ON CLAIM BILLS

Location
409 The Capitol

Mailing Address
404 South Monroe Street
Tallahassee, Florida 32399-1100
(850) 487-5229

DATE	COMM	ACTION
1/29/26	SM	Favorable
2/3/26	JU	Favorable
2/11/26	AHS	Favorable
	AP	

January 29, 20026

The Honorable Ben Albritton
President, The Florida Senate
Suite 409, The Capitol
Tallahassee, Florida 32399-1100

Re: **SB 6** – Senator Calatayud
HB 6507 – Representative Tramont
Relief of L.E. by the Department of Children and Families

SPECIAL MASTER'S FINAL REPORT

THIS IS AN UNCONTESTED CLAIM BILL COMPENSATING L.E., A MINOR, INJURED DUE TO THE NEGLIGENCE OF THE DEPARTMENT OF CHILDREN AND FAMILIES, IN THE AMOUNT OF \$4 MILLION.

FINDINGS OF FACT:

L.E.¹ is a 5 year old minor, born July 29, 2019, in Brevard County, Florida. She suffers from Shaken Baby Syndrome after being abused by her birth parents within weeks of her birth. Her injuries were severe, and the effects will likely leave her disabled for life.

Those primarily at fault for her injuries are the biological parents, Dexter Williams, Sr. and Stephanie Hylard. Both are currently incarcerated with the Florida Department of Corrections after being found guilty of aggravated child abuse of L.E.² The criminal charges relate to numerous occasions in September of 2019 in which L.E. was shaken. Her ribs were broken from the strength of the grip while her brain was

¹ L.E. are the initials of the injured child. The initials are used to protect the identity of the child. The Special Master knows the full name and identity of the child and her adoptive parents.

² Dexter was sentenced to 11 years and Stephanie sentenced to 7 years. Source: Florida D.O.C. Inmate Search.

damaged by the shaking and by contact with a hard surface. Her ribs have healed, but her brain will never fully recover.

The question that this claim bill explores is the liability of the state in placing L.E. in the care and custody of her natural parents. That is, was DCF negligent in deciding to forego foster care placement and instead place L.E. in the care and custody of Williams and Hylard?

Birth and Initial Investigation

At the time of L.E.'s birth on July 29, 2019, her biological father, Dexter Williams, Sr. and biological mother, Stephanie Hylard, were an unmarried couple living together in a home in Cocoa Beach, Florida. He was 28, she was 26. Dexter had two children from a prior relationship. He had been awarded primary residence of these two children. Stephanie also had two children from a prior relationship. Their primary residence was with their biological father and they periodically visited Stephanie. Stephanie had a third child who was surrendered for adoption. While pregnant with L.E. she was talking to an adoption agency about surrender.

The initial DCF notes pointed out that Dexter and Stephanie "have an extensive and concerning history with DCF and law enforcement."³ Stephanie's two children were previously in foster care, and Dexter's 6-month-old daughter was placed in shelter after doctors discovered broken bones that suggested abuse.⁴ Altogether, one or both of them had been named in 24 DCF investigations between 2013 and 2019.

At that time, Stephanie was on pre-trial release on a 2018 felony charge of battery on a pregnant person.⁵ Brevard County court records show that Stephanie had been involved in 28 court cases, including 9 civil cases related to domestic or dating violence, 6 misdemeanor arrests related to domestic violence incidents, and the 2018 battery.⁶ The clerk's records show that Dexter, as of the birth of L.E., had been involved in

³ DCF notes of 07/29/2019, record DCF00681.

⁴ *Id.* at DCF00682.

⁵ Brevard Circuit Case No. 05-2018-CF-019734-AXXX-XX. The pregnant person was Dexter's former live-in girlfriend, and she was carrying a baby that presumably was Dexter's. The fight occurred in the driveway of Dexter's trailer.

⁶ Records of the Brevard County Clerk of Courts, public search page at: https://vmatrix1.brevardclerk.us/beca/beca_splash.cfm

12 court cases, including 2 related to domestic violence incidents and a 2014 misdemeanor arrest for domestic battery.

The hospital performed routine bloodwork immediately after L.E.'s birth. That bloodwork revealed that Stephanie was under the influence of amphetamines and that amphetamines had crossed the placental barrier and were in the infant's blood. Florida hospitals are required by law to report suspected child abuse. Accordingly, the hospital properly called the DCF abuse hotline to report the test results. Hours after the birth, Dexter and Stephanie got into an argument in her hospital room during which she threw an object at Dexter.⁷ The hospital properly reported this domestic violence incident to the abuse hotline. Stephanie checked out of the hospital against medical advice, leaving the infant.

DCF dispatched a Senior Child Protective Investigator (a state employee, hereinafter "CPI") who promptly responded to the two reports.⁸ The CPI queried the DCF databases and discovered the numerous past investigations of Dexter and Stephanie where the two had been investigated for domestic violence and child abuse. She discovered the numerous brushes with law enforcement officials (see above). She interviewed the hospital staff. She interviewed Dexter and Stephanie and went to their home.

There is inconsistent evidence regarding whether the CPI interviewed the two other children of Dexter that lived full-time with Dexter and Stephanie. It is clear that she did not interview the two other children of Stephanie who lived with Dexter and Stephanie on alternating weekends. Statutes require that DCF interview other children living in the household within 24 hours of the initial report.⁹ Interviewing other children in the house is vital to these investigations.¹⁰ The parent can object to the interview, but DCF may obtain a court order to compel an interview.¹¹ The CPI in her deposition testified that Dexter

⁷ Two different accounts describe the object as a 5-pound cell phone charger brick. Either the weight or the description of the item is incorrect. It is believed that the argument was over whether to keep the newborn or surrender her for adoption.

⁸ Note that a "senior" CPI was appointed. A senior CPI has more training and experience.

⁹ Section 39.301(9)(a)2., F.S.

¹⁰ The practice manual says that children are the "most unbiased source for information" and "are also the least guarded in disclosing sensitive information." Procedure 18-2.c.(4) of CFOP 170-5.

¹¹ Section 39.301(12), F.S.

would not give permission to interview his children.¹² However, the DCF case notes indicate that the siblings were interviewed but gave no useful information.¹³ In later interviews conducted by local law enforcement officials some of the other children in the house freely discussed the living conditions in the home.¹⁴ The greater weight of the evidence is that the DCF case note incorrectly indicated that the sibling interview had occurred. It is possible that the entry was falsified in order to claim compliance with the statute. Had DCF interviewed those children while L.E. was still in the hospital, DCF may have discovered a house full of anger and abuse, the parents then would have been referred to services and perhaps to the criminal justice system, and L.E. would likely have been placed in foster care and never injured. The false entry or the failure to insist on an interview of these children were mistakes, the first of many in this matter.

First Placement After Birth

At this point, newborn L.E. was still safely in the hospital nursery. Of course, she could not stay there long. The DCF employees still had a long history of encounters with child protective services and the criminal justice system, the hospital records showing illegal drug use by the mother that had affected the newborn, and an aggravated battery domestic violence incident within hours of birth. Based on this information, the CPI pursued an out-of-home placement of the newborn who would shortly be discharged from the hospital. DCF policy rightfully required the CPI to first see if the parents would consent to an out-of-home placement before invoking legal remedies. She discussed the issue with the parents who agreed that the newborn infant should not immediately go home with them. Per DCF policy, an out-of-home placement must first look to qualified and willing relatives, then qualified and willing friends, and, if none, then the child is placed in foster care.

The parents were unable to offer an acceptable family placement, but suggested a placement with a family friend. The family friend they offered was Cristy Cooke, Stephanie's supervisor at the Sonic drive-in restaurant in Cocoa Beach. She passed the background screening. However, Christy was

¹² Deposition of Kelly Plantier, 91 (Sept. 11, 2023).

¹³ DCF Chronological Notes Report, entry dated July 30, 2019.

¹⁴ Video Exhibits 11,14, 17 and 20, (Sept. 25, 2019).

in fact not a close friend but better described as an acquaintance. She had no experience with babies, had no supplies (e.g. no crib, bottles, clothes, etc.), and she could only keep the infant for three weeks as her wife was scheduled for a surgical procedure. She also had no plan for daycare for L.E. and ended up taking L.E. to work with her at Sonic. So, instead of a quiet dark peaceful environment for the newborn to transition from the womb, L.E. spent large parts of the first few weeks of her life in a car seat at a busy loud and bright drive-in restaurant. It is important to note that the placement violated DCF policy. That policy provides that out-of-home placement with a non-relative is only appropriate when the child has a prior relationship with the caregiver.¹⁵ As a newborn infant, L.E. had no close relationship to anyone other than her birth mother. The placement with Cristy Cooke was the second mistake committed by DCF. Fortunately, that placement did not appear to cause permanent harm.

L.E. Is Placed with Her Biological Parents

Less than three weeks after taking custody of L.E., Cristy Cooke spoke to DCF to say that her wife's surgery was happening and that she could no longer keep L.E. This was not a surprise. At this point, Dexter and Stephanie were cooperating with the few requests of DCF. They were showing interest in the infant, and Stephanie had passed a drug test (but only because she cheated on it).¹⁶ The CPI still thought that out-of-home placement was appropriate, and that the newborn was not safe if placed with the parents.¹⁷

This left foster care as the appropriate placement. Her supervisors at DCF, however, disagreed. They directed that the newborn live with Dexter and Stephanie, who would continue to receive services from the lead agency. The "lead agency" is a private entity that contracts with DCF to provide services to families. On August 21, 2019, DCF made its third and biggest mistake in this matter in ignoring the judgment of the CPI and placing the vulnerable 23-day-old infant in the full-time care of Dexter and Stephanie.

¹⁵ F.A.C. 65C-29.003(3)(a)1.c.

¹⁶ In a deposition from prison, Stephanie admitted that she was still using illegal drugs at the time. She also admitted that she purchased clean urine from a local head shop prior to her drug test, and the drug test monitor did not watch the discharge of the sample and allowed Stephanie to bring her purse into the bathroom for the collection of the sample. Deposition of Stephanie Hylard, 179 (Oct. 2, 2023).

¹⁷ Deposition of Kelly Plantier at 161.

It is hard to understand this decision. Barely three weeks had elapsed. Dexter and Stephanie both had a long history of abusing children. The likelihood that they would abuse L.E. should have been clear to anyone. Stephanie's drug treatment counseling was still in the evaluation stage, no treatment had been provided.¹⁸ Both parents had exhibited violent behavior on numerous occasions in their lives, yet no anger management therapy or treatment had even been offered, let alone completed. The siblings had not been interviewed. Yet, it seems that DCF policy and practice, at least in this office at that time, was to prioritize family togetherness with the belief that so long as services were being provided to the family, no harm would come to a child.

One employee of the lead agency who was particularly strong in opposing shelter was not realistic in her thinking, saying that past behavior is not a good indication of future behavior.¹⁹ She also thought the main need of the parents was to learn to communicate with each other.²⁰ It is clear from the record that Dexter and Stephanie were faking cooperation while continuing to exhibit dangerous behaviors. The DCF management, and the lead agency, were duped.

L.E. is Abused

It did not take long for trouble to occur. The evidence shows that sometime in early September, L.E. suffered rib fractures and head trauma consistent with child abuse by shaking.²¹ This is a mere two to three weeks after Dexter and Stephanie assumed custody of L.E. Further rib fractures occurred approximately two weeks later, together with head trauma from a "direct blow" to the head.²² One sibling who witnessed

¹⁸ Deposition of Jennifer Brown, a mental health counselor. Her first counseling appointment with Stephanie was on August 28, a week after L.E. was placed with Dexter and Stephanie. At page 45.

¹⁹ Deposition of Natalie Harpold, 50 (Sept. 13, 2023).

²⁰ *Id.* at page 166. Note that she said this knowing of the physical abuse! Why or how she could not see that anger management was the problem and was the needed therapy is unclear if not unbelievable.

²¹ Deposition of Dr. Shawn Gough-Fibkins, 31-32, 36 (June 14, 2024). "So the way these fractures occur, which are classic fractures of child abuse, is the child is grabbed around the chest cavity with adult-sized hands, squeezed, lifted and shaken. And when you do that to these ribs, which are not like your ribs or my ribs, they are softer, and the way -- the relationship of the hand to the chest and the way it's squeezed and -- and thrashed essentially, the ribs don't fracture -- they -- they tend to fracture in this posterior pattern."

²² *Id.* at page 28.

the abuse of L.E. said that Dexter shook L.E. because her crying interfered with his video game.²³

Meanwhile, the lead agency was supposed to be providing safety services to protect L.E. The services were clearly inadequate and inappropriate. For instance, an employee of the lead agency met with Dexter and Stephanie on September 21, 2019, to give them a parenting lesson in rewards and praise for good behavior²⁴ (as opposed to punishment for bad behavior). It is unclear how this would be relevant to a newborn who does not understand language or the concepts of right and wrong.

The therapy was also wholly ineffective, as just three days later Stephanie appeared to scream at, and is shown to have physically abused Dexter's two other children by blows to the head and threatening with a closed fist. The video did not record audio, but it appears that Stephanie was angry at the children for not getting dressed fast enough.²⁵

Believing that they saw progress, however, on September 9, 2019, the supervision level with the lead agency had been decreased from supervision by the Safety Management Team to NonJudicial In-Home Services. A discharge summary note of September 16, 2019, said that Dexter and Stephanie had "graduated" and the "family closed successfully."²⁶ Dexter and Stephanie were notified of this on September 17, 2019. Note that by that date L.E.'s ribs had been broken by abuse some one to two weeks earlier, and again on or around that day.

On Saturday, September 21, 2019, Cristy Cooke (the Sonic manager who cared for L.E. for three weeks) received a text from Stephanie that included a picture of L.E., who was at this point just shy of eight weeks old. This was the one month anniversary of L.E. living with Dexter and Stephanie. Cristy noted that L.E. appeared to have a finger-sized indent in her head. Stephanie commented about feeding issues and odd behavior. Cristy urged Stephanie to take L.E. for medical

²³ Video Exhibit 20 (Sept. 25, 2019).

²⁴ Deposition of Debra Brag-Caron, 126 (Oct. 6, 2023).

²⁵ Video Exhibit 43, channel 8 (Sept. 24, 2019). This is video only, no audio was recorded. Dexter had installed video cameras throughout the home, the recordings were seized by law enforcement officials during a lawful search of the home.

²⁶ DCF Progress Notes (Sept. 16, 2019)

care.²⁷ On Monday, September 23, 2019, an employee of the lead agency visited the home and noted lethargy in L.E., but did nothing. Medical testimony was that lethargy may indicate brain damage, and thus it should have been investigated. However, it wasn't until Wednesday, September 25, 2019, that Stephanie finally took L.E. for medical treatment. Law enforcement was contacted, and Dexter and Stephanie were arrested. The four young children in the house were interviewed and two described the abuse on L.E.²⁸

Injuries Found

L.E. was brought to the local hospital emergency room at 10:34 am on September 25, 2019. She was one month and 27 days old. The primary complaint identified by Stephanie was that L.E. was “not eating right.”²⁹ Shortly after arrival, the doctors discovered head injuries and broken ribs indicative of child abuse. DCF and law enforcement were contacted.³⁰ The medical staff further discovered cerebral edema (which is fluid in the brain, usually indicating bleeding from trauma), skull fracture, and multiple rib fractures, all of which indicated “child abuse syndrome.”³¹ L.E. started suffering seizures.³²

The local hospital recognized the need for specialized care, and L.E. was transferred to Nemours Children's Hospital in Orlando. She stayed there until October 3 (eight days). The final diagnosis of medical issues found: child physical abuse, multiple rib fractures, skull fracture, retinal hemorrhage, traumatic subdural hematoma, failure to thrive, and malnutrition.³³ They noted that L.E. was only two ounces heavier than at birth. The lack of weight gain was unusual in a newborn and a sign of neglect.³⁴

Current Status of L.E.

L.E. currently resides in Chicago with her adoptive parents. She is enrolled in Medicaid. She receives physical therapy,

²⁷ Deposition of Cristy (Cooke) Rall, 92 -121 (Sept. 28, 2023).

²⁸ Video Exhibits 11 and 20 (Sept. 25, 2019).

²⁹ Rockledge Regional Medical Center records, 6 (Sept. 25, 2019).

³⁰ *Id.* at page 12.

³¹ *Id.* at page 13.

³² *Id.* at page 14.

³³ Nemours at 14.

³⁴ *Id.* at 17.

speech therapy, nursing services and counseling through the exceptional student education (ESE) programs of the local school district.³⁵ Her adoptive mother receives payments from a special needs trust created after the recoveries from the other defendants to the action.³⁶

L.E. appeared at the Special Master hearing in Tallahassee on February 10, 2025. She appeared cheerful with relatively normal affect for a 5-year-old. She appears small for her age, and showed minor difficulty with balance and movement. A 2024 psychological test resulted in an IQ score of 81, which is low average.³⁷ The psychologist opines that L.E., as an adult, will be able to learn basic repetitive tasks that might qualify her for low level employment, but she will not be able to live alone and her impulsive nature would make long-term employment with any one employer difficult.³⁸

Measure of Damages

At the outset, it should be noted that the Special Master did not receive an adequate presentation regarding damages. As is typical in claim bill hearings, the claimant presented a life care plan followed by an economic analysis of those costs adjusted to current levels after factoring projected investment earnings and the effects of inflation. The same evidence would be expected in a jury trial. However, in a normal jury trial the defense would cross examine the experts and would present alternatives. Typically, the competing experts would be far apart, and the jury would work it out. Here, DCF did not challenge the damages.

Additionally, the life care plan includes suspected inflated figures, excessive utilization of services, and inclusion of charges for medical services that likely will be covered by Medicaid or private insurance. These flaws are obvious and call into question the claimant's demands and the amount of the settlement. For instance, the life care plan contemplates hiring a full-time aide to follow L.E. around school. It contemplates a lifetime of 24/7 live-in help (i.e. personal care attendant). The plan charges full price for medical services, apparently ignoring Medicaid coverage. The plan includes the

³⁵ Deposition of Colleen Estrada, 16 (Apr. 23, 2024).

³⁶ Testimony of Colleen Estrada, claim bill hearing Tallahassee (Feb. 10, 2025).

³⁷ *Confidential Psychological Evaluation*, Dr. Lisa Settles, Psy.D., 12 (June 7, 2024).

³⁸ *Id.* at 24.

cost of ordinary items like electric toothbrushes. Apparent questionable estimated expenses include a custom stroller at \$5,700 and a lifetime of tricycles.

The economist employed by the claimant estimates the present value to fund the life care plan to range between \$11.6 million and \$17.6 million.³⁹

No evidence was presented regarding noneconomic damages.

LITIGATION HISTORY:

The guardian of L.E. filed a civil action against the Department of Children and Families on June 21, 2022. DCF was not the only defendant accused of negligence in the action, co-defendants were the Brevard Family Partnership (the lead agency) and Aspire Health Partners (a subcontractor of the lead agency). The claimant had settled with all defendants before trial. Aspire agreed to and has paid the sum of \$100,000. Brevard Family Partnership agreed to and has paid the sum of \$3,250,000. DCF agreed to a settlement of \$4 million, of which \$200,000 has been paid and the remaining \$3.8 million is payable at the discretion of the Legislature.

DCF agreed to not oppose this claim bill. As such, DCF did not furnish any evidence, call any witness, or make any argument against the claim.

The biological parents Dexter Williams, Sr. and Stephanie Hyland were not named as defendants in the lawsuit. They could have been named as defendants for the intentional tort of battery.

The guardianship for L.E. has already collected a total of \$3.55 million in this case, \$3.25 million from the lead agency, \$100,000 from a subcontractor of the lead agency, and \$200,000 from DCF. After attorney fees and costs, \$600,000 was used to purchase two long-term annuities, the second of which is guaranteed through the remainder of L.E.'s life. The remaining sum of just over \$1.1 million went into a special needs trust.

³⁹ Raffa, *Economic Loss Analysis in the Matter of L.E.* (Feb. 20, 2023).

Parental rights in Dexter and Stephanie were terminated by the circuit court. L.E. was legally adopted by her maternal grandmother and her husband. The adoptive mother is Stephanie Hylard's biological mother.

The parents were convicted of aggravated child abuse and felony child neglect. Dexter Williams, Sr. is currently in the custody of the Florida Department of Corrections with an estimated release date of December 30, 2029. Stephanie Hylard is currently in the custody of the Florida Department of Corrections with an estimated release date of September 10, 2025.⁴⁰ Upon release she will serve 10 years drug offender probation.⁴¹

CONCLUSIONS OF LAW:

The Department of Children and Families is a state agency wholly controlled by the State of Florida. The state is liable for negligence by DCF, its employees and contractors, under the doctrine of *respondeat superior*. Claims against DCF are subject to the legal concept of sovereign immunity. Under sovereign immunity, the state is not liable in tort for the action (or inaction) of DCF or its employees. Pursuant to constitutional authority, however, the state has enacted a partial waiver of its sovereign immunity for actions that would be negligent if committed by a private actor. If the waiver applies, the state will pay a final judgment or settlement up to \$200,000 for a single injured party. The remainder of the judgment or settlement is only payable upon approval of a claim bill.

The waiver of sovereign immunity only applies to an action or a failure to act that is negligent if committed by a private actor. These are commonly referred to as "operational level" actions or inactions. There is no waiver, and no right to recovery, for a planning level function of government. So, for example, a decision on whether to install a stop light at an intersection is a planning level decision not subject to a tort claim, but if the light is installed a failure to maintain the light is likely operational.

The leading case sets a four part test for whether the waiver applies.⁴²

⁴⁰ <https://pubapps.fdc.myflorida.com/OffenderSearch/InmateInfoMenu.aspx>

⁴¹ Sentencing Order, *State v. Stephanie Hylard*, July 17, 2020, at 2. Brevard County Case No. 2019CF47368-A.

⁴² *Trianon Park Condominium Assn. v. City of Hialeah*, 468 So.2d 912 (Fla. 1985).

(1) Does the challenged act, omission, or decision necessarily involve a basic governmental policy, program, or objective? (2) Is the questioned act, omission, or decision essential to the realization or accomplishment of that policy, program, or objective as opposed to one which would not change the course or direction of the policy, program, or objective? (3) Does the act, omission, or decision require the exercise of basic policy evaluation, judgment, and expertise on the part of the governmental agency involved? (4) Does the governmental agency involved possess the requisite constitutional, statutory, or lawful authority and duty to do or make the challenged act, omission, or decision? If these preliminary questions can be clearly and unequivocally answered in the affirmative, then the challenged act, omission, or decision can, with a reasonable degree of assurance, be classified as a discretionary governmental process and nontortious, regardless of its un wisdom. If, however, one or more of the questions call for or suggest a negative answer, then further inquiry may well become necessary, depending upon the facts and circumstances involved.⁴³

In the context of child abuse investigations, there are two leading Florida Supreme Court cases. In a 1988 case alleging that the agency did not place an infant in protective custody despite evidence of prior abuse, the court found that an action or inaction by a child protective investigator will nearly always be operational in nature.⁴⁴ In a 1995 case, however, the court found that decisions by the agency regarding which services to provide a dependent child are considered planning level, warning that “making [DCF] liable for tort damages for its mistakes in judgment in carrying out this task would considerably impair the exercise of that function. . . . the courts, through tort actions, are ill-suited to second-guess

⁴³ *Com. Carrier Corp. v. Indian River Cnty.*, 371 So. 2d 1010, 1019 (Fla. 1979) (finding negligent maintenance of a traffic signal to be operational). See also *Trianon Park Condominium Assoc., Inc. v. City of Hialeah*, 468 So.2d 912 (Fla. 1985) (finding failure of city building inspector to discover construction flaws to be a planning level function for which no liability applies).

⁴⁴ *Dept. of Health and Rehabilitative Services v. Yamuni*, 529 So.2d 258 (Fla. 1985).

[DCF's] decisions as to the provision and choice of services each time there is an unsatisfactory outcome."⁴⁵

In this case, DCF did not argue the issue at the trial court prior to settlement, so we can only speculate as to how the court might rule had they filed a motion to dismiss. The Special Master finds that the greater weight of case law leads to the legal conclusion that the actions and inactions by DCF in this case were operational in nature.

If a court were to find that ordinary negligence law applies, the court that would hear this matter would be required to decide whether the basic elements of negligence are proven, namely: duty, breach, causation and damages.

The duty of DCF in this regard is best stated in the first two paragraphs of the purposes and intent section of the governing statute:

39.001 Purposes and intent; personnel standards and screening.—

(1) PURPOSES OF CHAPTER.—The purposes of this chapter are:

(a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

(b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. Therefore, the Legislature finds that policies and procedures that provide for prevention and intervention through the department's child protection system should be based on the following principles:

1. The health and safety of the children served shall be of paramount concern.

⁴⁵ *Dept. of Health and Rehabilitative Services v. B.J.M.*, 656 So.2d 906, 914 (Fla. 1985).

2. The prevention and intervention should engage families in constructive, supportive, and nonadversarial relationships.

3. The prevention and intervention should intrude as little as possible into the life of the family, be focused on clearly defined objectives, and keep the safety of the child or children as the paramount concern.

4. The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.

Complying with these statements of policy is the measure of DCF's duty, and their failure to comply with the duties is evidence of breach.

In determining the legal duty that DCF owed to L.E., the Special Master looked to DCF materials outlining the standards for out-of-home placement. Section 39.301(14)(c)1., F.S, states that DCF must by rule establish "[c]riteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review." That requirement is over 20 years old, but no rule has ever been promulgated. Similarly, the DCF practice manual does not discuss criteria.⁴⁶ Because DCF has not specified the standard, a court would have to speculate as to legal duty and breach based on the broad statements in statute and the court's common sense.

What appears evident, upon review of the entire file, is that DCF in this case prioritized the family-centered goals at the expense of ensuring safety of the infant.⁴⁷ Safety was supposed to be the "paramount concern" of DCF. It was not. If safety had been the paramount concern, L.E. would have gone straight from the hospital to foster care. Ignoring the high likelihood that Dexter and Stephanie's past and present behavior would likely continue and thus lead to abuse of the vulnerable newborn was negligent. The only expert on child

⁴⁶ CFOP 170-5 Child Protective Investigations

⁴⁷ The testimony of a lead agency employee is illustrative of this attitude. She testified that she had concerns about the placement, but believed that the role of the lead agency was to keep families together by providing services. Deposition of Jami White, 70 (Aug. 9, 2024).

abuse systems testified that L.E. should have been placed in foster care at birth.⁴⁸

Had it gone to a jury, this negligence claim would have been subject to the comparative fault statute.⁴⁹

ATTORNEY FEES:

The claimant's attorney has received fees in the amount of \$1,390,000 from settlements related to claims against private entities that were claimed to be partially responsible for L.E.'s injuries, and from the partial payment of the settlement with DCF. The claimant's attorney will limit the fees on any recovery against the State resulting from this claim bill to the statutory limit of 25%. Past court costs advanced by the plaintiff attorneys, including expert witness fees, do not appear unreasonable and have already been reimbursed from other recoveries.

RECOMMENDATIONS:

The undersigned recommends consideration of a lower claim amount that considers the substantial recoveries already paid and the insufficient proof of monetary damages.

As to liability, the undersigned recommends that the bill be reported FAVORABLY.

Respectfully submitted,

Nathan L. Bond
Senate Special Master

cc: Secretary of the Senate

⁴⁸ Deposition of Joyce Taylor, 43 (Aug. 6, 2024).

⁴⁹ Section 768.81, F.S.



The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: February 4, 2026

I respectfully request that **Senate Bill #6**, relating to Relief of L.E. by the Department of Children and Families, 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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/CS/SB 36

INTRODUCER: Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Sharief and others

SUBJECT: Use of Professional Nursing Titles

DATE: February 16, 2026 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Smith</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 36 explicitly authorizes advanced practice registered nurses to use the titles “Doctor of Nursing Practice” or “Doctor of Philosophy” and the corresponding abbreviations, “D.N.P.” or “Ph.D.,” if the nurse holds that doctoral degree. The bill prohibits an APRN who holds a doctoral degree from using the title “doctor” in advertising, that he or she directly produces, without clearly specifying his or her profession.

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

The bill takes effect July 1, 2026.

II. Present Situation:

Nurse Licensure and Regulation

The Division of Medical Quality Assurance (MQA), within the Department of Health (DOH), has general regulatory authority over Florida’s licensed health care practitioners. The MQA works in conjunction with the Board of Nursing (Board) to license and regulate approximately 50,378 advanced practice registered nurses (APRNs), 62,230 licensed practical nurses (LPNs), and 347,857 registered nurses (RNs) who are practicing in Florida under an active Florida

license.¹ The DOH and the Board also regulate approximately 4,195 RNs and 549 LPNs from other states who are authorized to practice in Florida through the Nurse Licensure Compact.²

To become initially licensed as an LPN or RN in Florida, an applicant must have completed an accredited or Board-approved pre-licensure nursing education program and passed the National Council of State Boards of Nursing Licensure Examination (NCLEX).³ Nurses licensed in other states may apply for licensure by endorsement under the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act.⁴ Additionally, Florida is a member of the Nurse Licensure Compact which enables RNs and LPNs licensed to practice in other compact states to be able to practice in Florida if they have been issued a multistate license under the compact.⁵

Within the nursing profession, there are two primary categories of licensure: practical nurses and professional nurses. The Nurse Practice Act, codified within part I of ch. 464, F.S., distinguishes between the practice of practical nursing and the practice of professional nursing.

Practical nursing consists of performing selected nursing acts, such as administering treatments and medications, under the direction of a registered nurse, physician, or certain other licensed health care providers. It focuses on the care of individuals who are ill or infirm, and on promoting wellness and preventing illness.⁶

Professional nursing involves the performance of acts that require substantial, specialized knowledge, judgment, and skill based on scientific principles from the psychological, biological, physical, and social sciences. This includes comprehensive responsibilities such as assessing and diagnosing patient needs, planning and evaluating care, administering treatments and medications under proper authorization, and supervising or teaching others in the performance of these duties.⁷

The licensed practical nurses (LPNs) are licensed to practice practical nursing under supervision whereas the registered (professional) nurses (RNs) are licensed to practice professional nursing. The RNs who complete additional graduate- or doctoral-level education may obtain licensure as an advanced practice registered nurse (APRN). In Florida, The APRNs are licensed in one or more of the following roles: nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), psychiatric-mental health nurse practitioner, and certified registered nurse anesthetist (CRNA).⁸

The APRNs seeking to register to practice primary care autonomously, i.e. without physician supervision, must complete 3,000 clinical practice hours, which may include clinical instruction

¹ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2024-25*, at 10, available at <https://mqawebteam.com/annualreports/2425/2/> (last visited Jan. 28, 2025).

² *Id.*

³ Section 464.008, F.S.

⁴ Section 456.0145, F.S.

⁵ Section 464.0095, F.S. See also National Council of State Boards of Nursing, *Participating Jurisdictions*, available at <https://www.nursecompact.com/index.page#map> (last visited Jan. 28, 2026).

⁶ Section 464.003(18), F.S.

⁷ Section 464.003(19), F.S.

⁸ Section 464.003(3), F.S.

provided by faculty in a clinical setting in a graduate program leading to a master's or doctoral degree in a clinical nursing specialty area.⁹

Post-licensure Nursing Programs

A post-licensure nursing program is a nursing education program designed for people who are already licensed as nurses, most commonly RNs, who want to build upon their existing clinical foundation to advance their education, role, or specialty. Common programs include:

- Registered Nurse to Bachelor of Science in Nursing (RN to BSN);
- Master of Science in Nursing (MSN);
- Doctor of Nursing Practice (DNP);
- Doctor of Philosophy (Ph.D.); and
- Specialty nursing certificates.

The Florida Center for Nursing reported that in 2023, 11.9 percent of Florida APRNs and 1.1 percent of RNs hold a DNP or a Ph.D. in nursing.¹⁰

A DNP degree focuses on advanced clinical practice and leadership. The DNP programs emphasize evidence-based care, system improvement, and public health, addressing Florida's health care needs, and managing chronic conditions.¹¹

A Ph.D. degree in nursing is research-focused and prepares nurses for careers as nurse scientists in primarily academic settings.¹²

Titles and Abbreviations

Within the Nurse Practice Act, s. 464.015, F.S., restricts the use of nursing titles and corresponding abbreviations such as RN, LPN, APRN, unless the individual holds a license as such. Title violations under this section are a misdemeanor of the first degree.¹³

Section 464.018, F.S., details the specific acts that can lead to a denial of a license or disciplinary action by the Board of Nursing, and the acts include violating any provision of ch. 456, F.S.¹⁴

Chapter 456, F.S., outlines the general grounds for discipline and applicable penalties for all health care professions, and the relevant board of each profession are authorized to impose penalties for violations.¹⁵ The following two acts are considered violations under s. 456.072, F.S.:

- Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.¹⁶

⁹ Section 464.0123(1)(c), F.S.

¹⁰ Florida Center for Nursing, *State of the Nursing Workforce in Florida 2023*, at 15, available at https://issuu.com/flcenterfornursing/docs/state_of_the_nursing_workforce_in_florida?ff (last visited Jan. 28, 2026).

¹¹ Department of Health, *SB 36 Legislative Bill Analysis* (Dec. 8, 2025) (on file with the Senate Committee on Health Policy).

¹² *Id.*

¹³ Section 464.015(10), F.S.

¹⁴ Section 464.018(1)(o), F.S.

¹⁵ Section 456.072(2), F.S.

¹⁶ Section 456.072(1)(a), F.S.

- Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing.¹⁷

For a nurse who violates either provision, the penalty can range from a reprimand and a \$250 fine up to a \$700 fine and license suspension.¹⁸

Current law does not explicitly authorize or prohibit the use of the titles “Doctor of Nursing Practice” or “Doctor of Philosophy” and the corresponding abbreviations, “D.N.P.” or “Ph.D.,” for persons who do not hold those degrees.

III. Effect of Proposed Changes:

The bill amends s. 464.015, F.S., to authorize advanced practice registered nurses (APRN) licensed under ch. 464, F.S., to use the titles “Doctor of Nursing Practice” or “Doctor of Philosophy” and the corresponding abbreviations, “D.N.P.” or “Ph.D.,” if the nurse holds that doctoral degree.

The bill provides that such APRN who is authorized above to use a title or abbreviation associated with a doctoral degree in a clinical setting may not hold himself or herself out as a doctor to patients or prospective patients in advertising, that he or she directly produces, using an authorized title or abbreviation without also clearly denoting his or her licensed profession.

The bill exempts title violations under this section from being considered a first-degree misdemeanor. Instead, these violations constitute grounds for disciplinary action under the s. 416.018(1)(o), F.S. (the Nurse Practice Act). This section allows the Board of Nursing to fine or discipline a licensee for title violations.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None identified.

B. Public Records/Open Meetings Issues:

None identified.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None identified.

¹⁷ Section 456.072(1)(t), F.S.

¹⁸ Rule 64B9-8.006, F.A.C.

E. Other Constitutional Issues:

None identified.

V. **Fiscal Impact Statement:**

A. Tax/Fee Issues:

None identified.

B. Private Sector Impact:

None identified.

C. Government Sector Impact:

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

VI. **Technical Deficiencies:**

None identified.

VII. **Related Issues:**

None identified.

VIII. **Statutes Affected:**

This bill substantially amends section 464.015 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/CS by Appropriations Committee on Health and Human Services on February 12, 2026:

The committee substitute:

- Authorizes an advanced practice registered nurse (APRN) who holds a doctorate degree (Doctor of Philosophy or Doctor of Nursing Practice) to use specific titles or abbreviations associated with his or her degree in a manner consistent with that degree.
- Provides that such APRN who is authorized above to use a title or abbreviation associated with a doctoral degree in a clinical setting may not hold himself or herself out as a doctor to patients or prospective patients in advertising, that he or she directly produces, using an authorized title or abbreviation without also clearly denoting his or her licensed profession.
- Provides that violations of the above provisions constitute grounds for discipline under the Nurse Practice Act.

CS by Health Policy on February 2, 2026:

The CS clarifies that a licensed nurse may use certain titles and abbreviations consistent with the doctoral degree the nurse has obtained. By removing the word “only” from the underlying bill, out-of-state degree holders are allowed to use the titles and abbreviations enumerated in the bill. Rather than requiring all doctoral degree holders to specify their profession when using the title “doctor,” the CS provides that a nurse who holds a doctoral degree may not use the title “doctor” in a clinical setting without clearly specifying his or her profession.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsections (8) and (10) of section 464.015,
Florida Statutes, are amended to read:

464.015 Titles and abbreviations; restrictions; penalty.—

(8) Only persons who hold valid licenses to practice as
advanced practice registered nurses in this state may use the
title "Advanced Practice Registered Nurse" and the abbreviation



606532

11 "A.P.R.N."

12 (a) A licensed advanced practice registered nurse who also
13 holds a Doctor of Philosophy degree or a Doctor of Nursing
14 Practice degree may use the title "Doctor of Philosophy" and the
15 abbreviation "Ph.D.," or the title "Doctor of Nursing Practice"
16 and the abbreviation "D.N.P.," respectively, in a manner
17 consistent with the doctoral degree such person holds.

18 (b) A person authorized under paragraph (a) to use a title
19 or abbreviation associated with a doctoral degree may not hold
20 himself or herself out to a patient, a prospective patient, or
21 the public at large as a doctor without using such title or
22 abbreviation authorized under paragraph (a) or clearly
23 specifying his or her licensed profession.

24 (10) A violation of this section is a misdemeanor of the
25 first degree, punishable as provided in s. 775.082 or s.
26 775.083, except for violations of paragraphs (8)(a) or (b).
27 Violations of paragraphs (8)(a) or (b) constitute grounds for
28 disciplinary action under s. 464.018(1)(o).

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

30
31 ===== T I T L E A M E N D M E N T =====

32 And the title is amended as follows:

33 Delete everything before the enacting clause
34 and insert:

35 A bill to be entitled
36 An act relating to the use of professional nursing
37 titles; amending s. 464.015, F.S.; providing that
38 licensed advanced practice registered nurses who hold
39 specified degrees may use titles and abbreviations



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40 associated with those degrees in a specified manner;
41 prohibiting such persons from holding themselves out
42 to a patient, a prospective patient, or the public at
43 large as a doctor under certain circumstances;
44 providing for disciplinary action; providing an
45 effective date.



508632

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsections (8) and (10) of section 464.015,
Florida Statutes, are amended to read:

464.015 Titles and abbreviations; restrictions; penalty.—

(8) Only persons who hold valid licenses to practice as
advanced practice registered nurses in this state may use the
title "Advanced Practice Registered Nurse" and the abbreviation



508632

11 "A.P.R.N."

12 (a) A licensed advanced practice registered nurse who also
13 holds a Doctor of Philosophy degree or a Doctor of Nursing
14 Practice degree may use the title "Doctor of Philosophy" and the
15 abbreviation "Ph.D.," or the title "Doctor of Nursing Practice"
16 and the abbreviation "D.N.P.," respectively, in a manner
17 consistent with the doctoral degree such person holds.

18 (b) A person authorized under paragraph (a) to use a title
19 or abbreviation associated with a doctoral degree in a clinical
20 setting may not hold himself or herself out as a doctor to
21 patients or prospective patients in advertising produced
22 directly by the practitioner, including signage or written
23 communication, using such title or abbreviation without also
24 clearly denoting his or her licensed profession.

25 (10) A violation of this section is a misdemeanor of the
26 first degree, punishable as provided in s. 775.082 or s.
27 775.083, except for violations of paragraph (8) (a) or paragraph
28 (8) (b). Violations of paragraph (8) (a) or paragraph (8) (b)
29 constitute grounds for disciplinary action under s.
30 464.018(1) (o).

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

32
33 ===== T I T L E A M E N D M E N T =====

34 And the title is amended as follows:

35 Delete everything before the enacting clause
36 and insert:

37 A bill to be entitled
38 An act relating to the use of professional nursing
39 titles; amending s. 464.015, F.S.; providing that



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40 licensed advanced practice registered nurses who hold
41 specified degrees may use titles and abbreviations
42 associated with those degrees in a specified manner;
43 prohibiting such persons from holding themselves out
44 to patients or prospective patients as a doctor in
45 advertising without also clearly denoting their
46 licensed profession; providing for disciplinary
47 action; providing an effective date.

By the Committee on Health Policy; and Senators Sharief, Osgood,
Davis, Rouson, and Berman

588-02419-26

202636c1

1 A bill to be entitled
2 An act relating to the use of professional nursing
3 titles; amending s. 464.015, F.S.; authorizing
4 licensed nurses who hold a doctoral degree to use
5 specified titles and abbreviations in a specified
6 manner; prohibiting nurses who hold a doctoral degree
7 from using a specified title in the clinical setting
8 without clearly specifying their profession; providing
9 an effective date.
10
11 Be It Enacted by the Legislature of the State of Florida:
12
13 Section 1. Present subsection (10) of section 464.015,
14 Florida Statutes, is redesignated as subsection (11), and a new
15 subsection (10) is added to that section, to read:
16 464.015 Titles and abbreviations; restrictions; penalty.-
17 (10) A person who is licensed pursuant to this chapter and
18 holds a doctoral degree may use the title "Doctor of Nursing
19 Practice" and the abbreviation "D.N.P." or the title "Doctor of
20 Philosophy" and the abbreviation "Ph.D." in a manner consistent
21 with the doctoral degree such person has obtained. A nurse who
22 holds a doctoral degree may not use the title "doctor" in a
23 clinical setting without clearly specifying his or her
24 profession.
25 Section 2. This act shall take effect July 1, 2026.



The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: February 2, 2026

I respectfully request that **Senate Bill #36**, relating to Use of Professional Nursing Titles, be placed on the:

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

A handwritten signature in black ink, appearing to read "B. Sharief".

Senator Barbara Sharief
Florida Senate, District 35

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/CS/SB 560

INTRODUCER: Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Garcia

SUBJECT: Child Welfare

DATE: February 16, 2026 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

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

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

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

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

The bill takes effect July 1, 2026.

II. Present Situation:

Florida's Child Welfare System

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

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

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

The department contracts with CBC lead agencies for dependency case management, care coordination, foster care, adoptions, services for youth aging out of foster care, and other related services for children and families.⁶ The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.⁷ There are 18 lead agencies statewide that serve the state's 20 judicial circuits.⁸ Ultimately, the DCF remains responsible for the operation of the central abuse hotline

¹ Chapter 39, F.S.

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

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

⁴ Chapter 39, F.S.

⁵ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited 1/14/25).

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

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

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

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

Dependency System Process

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

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

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

- Abandoned, abused, or neglected by a parent or legal custodian;
- Surrendered to the DCF or a licensed child-placing agency for the purpose of adoption;
- Voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, or the DCF, after a case plan has expired, or the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
- Voluntarily placed with a licensed child-placing agency for subsequent adoption, and a parent or parents have signed a consent pursuant to the Florida Rules of Juvenile Procedure;
- Have no parent or legal custodian capable of providing supervision and care;
- Are at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians; or
- Have been sexually exploited and have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.¹³

⁹ Section 39.101, F.S.

¹⁰ *Id.*

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

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

¹³ Section 39.01(15), F.S.

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

In-Home Services and Out-of-Home Care

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.¹⁵ CPIs and CBC case managers refer families for in-home services to allow children to remain in their own homes.

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement.¹⁶ These placements are aimed to be the least restrictive, most family-like placements available, and are intended to provide short-term housing and support to a child until the child can safely return home, or the child achieves an alternate form of permanency, such as adoption, if reunification is not attainable.¹⁷ The DCF is required to consider a child's placement in out-of-home care in the following priority order:

- Non-offending parent.
- Relative caregiver.
- Adoptive parent of the child's sibling.
- Fictive kin who has a close existing relationship to the child.
- Nonrelative caregiver that does not have an existing relationship to the child.
- Licensed foster care.
- Group or congregate care.¹⁸

As of December 31, 2025, there were 14,688 children in out-of-home placements.¹⁹

Psychotropic Medications for Children in the Child Welfare System

Psychotropic medication refers to any medication prescribed with the intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness that has the effect of altering brain chemistry.²⁰ The following medications are considered psychotropic medications:

- Antipsychotics;
- Antidepressants;
- Sedative Hypnotics;
- Lithium;
- Stimulants;
- Non-stimulant Attention Deficit Hyperactivity Disorder medication;

¹⁴ Section 39.501, F.S.

¹⁵ Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.

¹⁶ Section 39.4021, F.S.

¹⁷ Florida Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 1/30/26).

¹⁸ Section 39.4021, F.S.

¹⁹ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited 2/11/26).

²⁰ Rule 65C-35.001(22), F.A.C.

- Anti-dementia medications and cognition enhancers; and
- Anticonvulsants.²¹

In the early 2000s, reports began to circulate that children in the child welfare system were being prescribed psychotropic medications at a disproportionate rate when compared to children not in the child welfare system.²² Thus, states examined the procedures for prescribing children psychotropic medication while in out-of-home care.

In 2005, the Florida Legislature created statutory procedures that allowed the DCF to provide children with psychotropic medications.²³ The Legislature created different sets of procedures for initiating psychotropic medication for children who were not taking psychotropic medication at the time of removal, and children who had a current prescription for psychotropic medication at the time of removal.²⁴

As of December 22, 2025, there were 2,036 children in out-of-home care who had one or more current prescriptions for psychotropic medication.²⁵

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

When a child protective investigator (CPI) takes a child into the custody of the DCF, the CPI is required to ascertain if the child is taking psychotropic medications.²⁶ If the child is not currently on psychotropic medication but an assessment of the child determines the need for such medication, a prescribing physician or psychiatric nurse²⁷ may prescribe the child psychotropic medications, providing certain conditions are met.²⁸ The physician or psychiatric nurse is required to consider alternative treatment interventions and assess the child's prior health conditions to determine if the prescription of psychotropic medication is an appropriate treatment.²⁹ Additionally, the prescribing physician or psychiatric nurse must attempt to obtain express and informed consent³⁰ from the child's parent or legal guardian before prescribing the psychotropic medication.³¹ Child protective staff and the prescribing physician or psychiatric

²¹ *Id.*

²² National Library of Medicine, *State Variation in Psychotropic Medication Use by Foster Care Children with Autism Spectrum Disorder*, doi: 10.1542/peds.2008-3713, available at: <https://pubmed.ncbi.nlm.nih.gov/19620187/> (last visited 1/14/25).

²³ Chapter 2005-65, L.O.F.

²⁴ *Id.*

²⁵ DCF, *Psychotropic Medications Report for Children in Out-of-Home Care with One or More Current Prescriptions for a Psychotropic Medication*, available at: <https://www.myflfamilies.com/sites/default/files/2025-12/Gabriel%20Myers%20-%20Medication%20Report%20%28December%2023%202025%29.pdf> (last visited 1/12/26).

²⁶ Rule 65C-35.006, F.A.C.

²⁷ For use in this section, a "psychiatric nurse" uses the definition in s. 394.455, F.S. to refer to an advanced practice registered nurse licensed under s. 464.012, F.S. who has a master's or doctoral degree in psychiatric nursing and holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has one year of post-master's clinical experience under the supervision of a physician. *See* s. 39.407(3)(a)1., F.S.

²⁸ Rules 65C-35.002 and 65C-35.006, F.A.C.

²⁹ Rule 65C-35.002, F.A.C.

³⁰ Express and informed consent refers to consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. *See* Section 394.455(16), F.S.

³¹ Section 39.407, F.S.

nurse are required to make efforts to involve the parents, legal guardians, the child, and the child's caregiver in out-of-home placement during the treatment of the child.³²

The DCF may seek court authorization to provide psychotropic medications to a child if the parental rights of the parent have been terminated, the parent's location or identity is unknown and cannot be reasonably ascertained, or the parent declines to give express and informed consent.³³

Continuity of Psychotropic Medication Prescription

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

- The purpose of the medication;
- The name and phone number of the prescribing physician or psychiatric nurse;
- The dosage;
- Instructions regarding the administration of the medication (e.g. timing, whether to administer with food); and
- Any other relevant information.³⁴

Florida law details the process that the DCF must take to obtain authorization to continue the provision of psychotropic medications to a child removed from his or her home.³⁵ Additionally, once the DCF has obtained this authorization, the DCF has administrative rules to ensure that children receive timely access to clinically appropriate psychotropic medications.³⁶ Current law requires these rules to include, but need not be limited to, the following:

- The process for determining which adjunctive services are needed;
- The uniform process for facilitating the prescribing physician's or psychiatric nurse's ability to obtain the express and informed consent of a child's parent or guardian;
- The procedures for obtaining court authorization for the provision of psychotropic medication;
- The frequency of medical monitoring and reporting on the status of the child to the court;
- How the child's parents will be involved in the treatment-planning process if their parental rights have not been terminated;
- How caretakers are to be provided with information contained in the physician's or psychiatric nurse's signed medical report; and
- Uniform forms to be used in requesting court authorization for the use of a psychotropic medication and provide for the integration of each child's treatment plan and case plan.³⁷

Medical Reports

When the DCF files a motion to seek the court's authorization to initiate or continue the provision of psychotropic medication to a child in legal custody, the motion must include a

³² Rule 65C-35.003-65C-35.005, F.A.C.; *see also* s. 39.407(3)(a)1., F.S.

³³ Section 39.407(3)(a)1., F.S.

³⁴ Rule 65C-35.006, F.A.C.

³⁵ Section 39.407, F.S.

³⁶ Section 39.407(3)(g), F.S.

³⁷ *Id.*

medical report signed by the prescribing physician or psychiatric nurse.³⁸ The medical report must include the following:

- The name of the child, the name and range of the dosage of psychotropic medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which such medication is being prescribed.
- A statement indicating that the physician or psychiatric nurse has reviewed all medical information concerning the child that has been provided.
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
- An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child, if age appropriate, and to the child's caregiver.
- Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician or psychiatric nurse recommends.³⁹

Medicaid

The Medicaid program is a joint federal-state program that finances health coverage for individuals, including eligible low-income adults, children, pregnant women, elderly adults, and persons with disabilities.⁴⁰ In Florida, the Agency for Health Care Administration (AHCA) administers Medicaid.⁴¹ The AHCA is responsible for purchasing the goods and services Medicaid recipients receive, such as medications and medical equipment, provided the goods and services are cost-effective in a manner that is consistent with the delivery of quality medical care.⁴²

If a child is in the Medicaid program and requires psychotropic medications, the AHCA is prohibited from paying for such psychotropic medication without the express and informed consent of the child's parent or legal guardian.⁴³ Current law requires a physician to provide the pharmacy with a signed attestation of the parent or legal guardian's consent when ordering the prescription of psychotropic medication.⁴⁴ If the child is in the custody of the DCF, the prescription must include the express and informed consent or court authorization pursuant to the procedures listed in s. 39.407, F.S., to prescribe psychotropic medications to a child in out-of-home care.⁴⁵

³⁸ Section 39.407(3)(c), F.S.

³⁹ *Id.*

⁴⁰ Medicaid.gov, *Medicaid*, available at: <https://www.medicaid.gov/medicaid> (last visited 1/12/26).

⁴¹ Agency for Health Care Administration, *Medicaid*, available at: <https://ahca.myflorida.com/medicaid> (last visited 1/12/26).

⁴² Section 409.912, F.S.

⁴³ Section 409.912(13), F.S.

⁴⁴ *Id.*

⁴⁵ *Id.*

Background Screenings

To be licensed as a family foster home, residential child-caring agency, or a child-placing agency, personnel must have good moral character based upon background screening, education, training, and experience requirements.⁴⁶ Screening refers to assessing the background of personnel through level 2 background screening requirements set forth in Chapter 435, F.S.⁴⁷ For purposes of screening, personnel in a residential-child caring agency includes the following persons:⁴⁸

- Agency owners;
- Agency operators;
- Agency employees;
- Agency volunteers;
- Any person over the age of 12 years who is a family member of the agency owner or agency operator; and
- Any person other than a client over the age of 12 years who resides with the agency owner or agency operator if the agency is located in or adjacent to the home of the owner or operator or if the person has direct contact with the children in out-of-home care.

Current law does not require persons between the ages of 12 years and 18 years who are family members of, or reside with, the agency owner or agency operator to undergo a fingerprint-based background check; however, the DCF must screen such persons for delinquency records.⁴⁹

III. Effect of Proposed Changes:

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

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

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

Section 2 amends s. 409.175, F.S., to exclude dependent children or children in continuing care who have not yet reached 21 years of age from the definition of "personnel" and "household

⁴⁶ Section 409.175, F.S.

⁴⁷ Section 409.175(2)(m), F.S.

⁴⁸ Section 409.175(2)(j), F.S.

⁴⁹ Section 409.175(2)(j), F.S.

member.” These changes exclude such children from being subject to background screening requirements such as fingerprinting or criminal history records checks.

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

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

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

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

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

CS/CS by Appropriations Committee on Health and Human Services on February 12, 2026:

The committee substitute removes all provisions relating to the Postsecondary Education and Support (PESS) program and aftercare services.

CS by Children, Families, and Elder Affairs on January 20, 2026:

- Eliminates changes made to the licensure and experience requirements for qualified evaluators of residential treatment programs, therapeutic group homes, and hospitals to maintain current law.
- Changes the renewal eligibility of Postsecondary Education Services and Support (PESS) to allow individuals who have not received PESS financial assistance for longer than 60 months to renew such services. The lifetime limit applies regardless of whether the 60 months of services were consecutive or nonconsecutive.
- Requires the DCF to report on specified metrics for PESS and aftercare services that must be aggregated on a statewide basis and disaggregated by CBC lead agency, age, race, and postsecondary institution type.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
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	.	

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

Senate Amendment (with title amendment)

Delete lines 78 - 263.

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

And the title is amended as follows:

Delete lines 7 - 16

and insert:

circumstances; amending s. 409.175, F.S.; revising the

By the Committee on Children, Families, and Elder Affairs; and
Senator Garcia

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A bill to be entitled

An act relating to child welfare; amending s. 39.407, F.S.; providing that a new medical report relating to the provision of psychotropic medication to a child in the legal custody of the Department of Children and Families may be required only under certain circumstances; amending s. 409.1451, F.S.; increasing the maximum age of eligibility for certain postsecondary education services and support; revising the requirements for a renewal award of postsecondary education services and support; requiring the inclusion of specific metrics for measuring outcomes and performance of postsecondary education services and support and aftercare services in a certain annual report; conforming provisions to changes made by the act; amending s. 409.175, F.S.; revising the definition of the terms "personnel" and "placement screening"; amending s. 409.912, F.S.; requiring a physician to provide to a pharmacy a copy of certain documentation, rather than a signed attestation, with certain prescriptions; providing an effective date.

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

Section 1. Paragraph (c) of subsection (3) of section 39.407, Florida Statutes, is amended to read:

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

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(3)

(c) Except as provided in paragraphs (b) and (e), the department must file a motion seeking the court's authorization to initially provide or continue to provide psychotropic medication to a child in its legal custody. The motion must be supported by a written report prepared by the department which describes the efforts made to enable the prescribing physician or psychiatric nurse, as defined in s. 394.455, to obtain express and informed consent for providing the medication to the child and other treatments considered or recommended for the child. In addition, the motion must be supported by the prescribing physician's or psychiatric nurse's signed medical report providing:

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

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

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

4. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction

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59 precautions; the possible effects of stopping the medication;
60 and how the treatment will be monitored, followed by a statement
61 indicating that this explanation was provided to the child if
62 age appropriate and to the child's caregiver.

63 5. Documentation addressing whether the psychotropic
64 medication will replace or supplement any other currently
65 prescribed medications or treatments; the length of time the
66 child is expected to be taking the medication; and any
67 additional medical, mental health, behavioral, counseling, or
68 other services that the prescribing physician or psychiatric
69 nurse, as defined in s. 394.455, recommends.

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

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

82 409.1451 The Road-to-Independence Program.—

83 (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—

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

86 1. Was living in licensed care on his or her 18th birthday
87 or is currently living in licensed care; or was at least 14

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88 years of age and was adopted from foster care or placed with a
89 court-approved dependency guardian after spending at least 6
90 months in licensed care within the 12 months immediately
91 preceding such placement or adoption;

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

94 3. Earned a standard high school diploma pursuant to s.
95 1002.3105(5), s. 1003.4281, or s. 1003.4282, or its equivalent
96 pursuant to s. 1003.435;

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

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

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

112 7. Submitted a Free Application for Federal Student Aid
113 which is complete and error free; and

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

116 (e)1. The department must advertise the availability of the

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117 stipend and must provide notification of the criteria and
 118 application procedures for the stipend to children and young
 119 adults leaving, or who were formerly in, foster care;
 120 caregivers; case managers; guidance and family services
 121 counselors; principals or other relevant school administrators;
 122 and guardians ad litem.

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

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

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

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

142 c. Not have exceeded the lifetime limit of 60 months of
 143 financial assistance for services and support provided under
 144 this subsection. The lifetime limit applies without exception
 145 and regardless of whether the award recipient receives the

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146 services and support under this subsection in consecutive or
 147 nonconsecutive months.

148 4. Funds may be terminated during the interim between an
 149 award and the evaluation for a renewal award if the department,
 150 or an agency under contract with the department, determines that
 151 the award recipient is no longer enrolled in an educational
 152 institution as described in subparagraph (a)4. or is no longer a
 153 resident of this state.

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

157 6. An award recipient who does not qualify for a renewal
 158 award or who chooses not to renew the award may apply for
 159 reinstatement. An application for reinstatement must be made
 160 before the young adult reaches 26 ~~23~~ years of age. In order to
 161 be eligible for reinstatement, the young adult must meet the
 162 eligibility criteria and the criteria for award renewal for the
 163 program.

164 7. The department, or an agency under contract with the
 165 department, shall work with the young adult to create a
 166 financial plan that is guided by the young adult's financial
 167 goals in meeting his or her needs while in postsecondary
 168 education. The financial plan must be included in the transition
 169 plan required under s. 39.6035. The department, or an agency
 170 under contract with the department, shall review and, if
 171 necessary, update the financial plan with the young adult every
 172 6 months until funding under this subsection is no longer
 173 provided.

174 8. The department, or an agency under contract with the

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

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

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

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

203 2. The total number of applicants and the total number of

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204 applicants approved for financial assistance under subsection
 205 (2).

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

208 4. The percentage of award recipients described in
 209 subparagraph 3. who also received financial assistance under
 210 subsection (3) and the average amount of such assistance.

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

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

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

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

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

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

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

230 (e) Specific metrics for aftercare services provided under
 231 subsection (3). Such metrics must be aggregated on a statewide
 232 basis and disaggregated by community-based care lead agency,

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233 age, race, and postsecondary educational institution type as
 234 provided in s. 1009.533. Such metrics must include, but are not
 235 limited to, the following information for the preceding state
 236 fiscal year:

237 1. The total number of young adults eligible for the
 238 aftercare services under subsection (3).

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

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

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

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

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

251 a. Receive mentoring or tutoring services.

252 b. Receive mental health or substance abuse counseling
 253 referrals.

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

256 d. Receive job or career skills training.

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

260 f. Enroll in educational or vocational programs, including,
 261 but not limited to, the postsecondary education services and

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262 support provided under subsection (2), while receiving at least
 263 one aftercare service disbursement.

264 Section 3. Paragraphs (j) and (k) of subsection (2) of
 265 section 409.175, Florida Statutes, are amended to read:

266 409.175 Licensure of family foster homes, residential
 267 child-caring agencies, and child-placing agencies; public
 268 records exemption.—

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

270 (j) "Personnel" means all owners, operators, employees, and
 271 volunteers working in a child-placing agency or residential
 272 child-caring agency who may be employed by or do volunteer work
 273 for a person, corporation, or agency that holds a license as a
 274 child-placing agency or a residential child-caring agency, but
 275 the term does not include those who do not work on the premises
 276 where child care is furnished and have no direct contact with a
 277 child or have no contact with a child outside of the presence of
 278 the child's parent or guardian. For purposes of screening, the
 279 term includes any member, over the age of 12 years, of the
 280 family of the owner or operator or any person other than a
 281 client, a child who is found to be dependent as defined in s.
 282 39.01, or a child as defined in s. 39.6251(1), over the age of
 283 12 years, residing with the owner or operator if the agency is
 284 located in or adjacent to the home of the owner or operator or
 285 if the family member of, or person residing with, the owner or
 286 operator has any direct contact with the children. Members of
 287 the family of the owner or operator, or persons residing with
 288 the owner or operator, who are between the ages of 12 years and
 289 18 years are not required to be fingerprinted, but must be
 290 screened for delinquency records. For purposes of screening, the

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291 term also includes owners, operators, employees, and volunteers
 292 working in summer day camps, or summer 24-hour camps providing
 293 care for children. A volunteer who assists on an intermittent
 294 basis for less than 10 hours per month shall not be included in
 295 the term "personnel" for the purposes of screening if a person
 296 who meets the screening requirement of this section is always
 297 present and has the volunteer in his or her line of sight.

298 (k) "Placement screening" means the act of assessing the
 299 background of household members in the family foster home and
 300 includes, but is not limited to, criminal history records checks
 301 as provided in s. 39.0138 using the standards for screening set
 302 forth in that section. The term "household member" means a
 303 member of the family or a person, other than the child being
 304 placed, a child who is found to be dependent as defined in s.
 305 39.01, or a child as defined in s. 39.6251(1), over the age of
 306 12 years who resides with the owner who operates the family
 307 foster home if such family member or person has any direct
 308 contact with the child. Household members who are between the
 309 ages of 12 and 18 years are not required to be fingerprinted but
 310 must be screened for delinquency records.

311 Section 4. Subsection (13) of section 409.912, Florida
 312 Statutes, is amended to read:

313 409.912 Cost-effective purchasing of health care.—The
 314 agency shall purchase goods and services for Medicaid recipients
 315 in the most cost-effective manner consistent with the delivery
 316 of quality medical care. To ensure that medical services are
 317 effectively utilized, the agency may, in any case, require a
 318 confirmation or second physician's opinion of the correct
 319 diagnosis for purposes of authorizing future services under the

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320 Medicaid program. This section does not restrict access to
 321 emergency services or poststabilization care services as defined
 322 in 42 C.F.R. s. 438.114. Such confirmation or second opinion
 323 shall be rendered in a manner approved by the agency. The agency
 324 shall maximize the use of prepaid per capita and prepaid
 325 aggregate fixed-sum basis services when appropriate and other
 326 alternative service delivery and reimbursement methodologies,
 327 including competitive bidding pursuant to s. 287.057, designed
 328 to facilitate the cost-effective purchase of a case-managed
 329 continuum of care. The agency shall also require providers to
 330 minimize the exposure of recipients to the need for acute
 331 inpatient, custodial, and other institutional care and the
 332 inappropriate or unnecessary use of high-cost services. The
 333 agency shall contract with a vendor to monitor and evaluate the
 334 clinical practice patterns of providers in order to identify
 335 trends that are outside the normal practice patterns of a
 336 provider's professional peers or the national guidelines of a
 337 provider's professional association. The vendor must be able to
 338 provide information and counseling to a provider whose practice
 339 patterns are outside the norms, in consultation with the agency,
 340 to improve patient care and reduce inappropriate utilization.
 341 The agency may mandate prior authorization, drug therapy
 342 management, or disease management participation for certain
 343 populations of Medicaid beneficiaries, certain drug classes, or
 344 particular drugs to prevent fraud, abuse, overuse, and possible
 345 dangerous drug interactions. The Pharmaceutical and Therapeutics
 346 Committee shall make recommendations to the agency on drugs for
 347 which prior authorization is required. The agency shall inform
 348 the Pharmaceutical and Therapeutics Committee of its decisions

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349 regarding drugs subject to prior authorization. The agency is
 350 authorized to limit the entities it contracts with or enrolls as
 351 Medicaid providers by developing a provider network through
 352 provider credentialing. The agency may competitively bid single-
 353 source-provider contracts if procurement of goods or services
 354 results in demonstrated cost savings to the state without
 355 limiting access to care. The agency may limit its network based
 356 on the assessment of beneficiary access to care, provider
 357 availability, provider quality standards, time and distance
 358 standards for access to care, the cultural competence of the
 359 provider network, demographic characteristics of Medicaid
 360 beneficiaries, practice and provider-to-beneficiary standards,
 361 appointment wait times, beneficiary use of services, provider
 362 turnover, provider profiling, provider licensure history,
 363 previous program integrity investigations and findings, peer
 364 review, provider Medicaid policy and billing compliance records,
 365 clinical and medical record audits, and other factors. Providers
 366 are not entitled to enrollment in the Medicaid provider network.
 367 The agency shall determine instances in which allowing Medicaid
 368 beneficiaries to purchase durable medical equipment and other
 369 goods is less expensive to the Medicaid program than long-term
 370 rental of the equipment or goods. The agency may establish rules
 371 to facilitate purchases in lieu of long-term rentals in order to
 372 protect against fraud and abuse in the Medicaid program as
 373 defined in s. 409.913. The agency may seek federal waivers
 374 necessary to administer these policies.

375 (13) The agency may not pay for psychotropic medication
 376 prescribed for a child in the Medicaid program without the
 377 express and informed consent of the child's parent or legal

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378 guardian. The physician shall document the consent in the
 379 child's medical record and provide a copy of such documentation
 380 ~~to the pharmacy with a signed attestation of this documentation~~
 381 with the prescription. The express and informed consent or court
 382 authorization for a prescription of psychotropic medication for
 383 a child in the custody of the Department of Children and
 384 Families shall be obtained pursuant to s. 39.407.

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

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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 Appropriations Committee on Health and Human Services

BILL: SB 778

INTRODUCER: Senator Simon

SUBJECT: Forensic Services for Certain Defendants

DATE: February 11, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Favorable
2.	Howard	McKnight	AHS	Favorable
3.			FP	

I. Summary:

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

The bill has an indeterminate, positive fiscal impact on the APD due to the cost savings associated with the reduction of duplicative staffing requirements. **See Section V., Fiscal Impact Statement.**

The bill takes effect on July 1, 2026.

II. Present Situation:

Florida’s Forensic System

Chapter 916, F.S., governs the state’s forensic system, which is a network of state facilities and programs for individuals who have mental health issues, an intellectual disability, or autism, and are involved with the criminal justice system.¹ The state considers such individuals “forensic clients” and requires the Department of Children and Families (DCF) and the Agency for Persons with Disabilities (APD) to establish and maintain separate and secure forensic facilities to treat felony defendants found incompetent to proceed² in their criminal proceedings due to their intellectual disability or autism, as well as defendants who are adjudicated not guilty by

¹ Section 916.105(1), F.S.

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

reason of insanity.³ The following chart displays the different circumstances in which a defendant may be involuntarily committed for treatment based on if they have mental illness or an intellectual disability or autism:

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

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

A circuit court⁶ may involuntarily commit the defendant to state civil and forensic treatment facilities, or in lieu of such commitment, may be released on conditional release⁷ by the circuit court if the person is not serving a prison sentence.⁸ The committing court retains jurisdiction over the defendant while the defendant is under involuntary commitment or conditional release and a defendant may not be released from either commitment or conditional release except by order of the committing court.⁹

Incompetent to Proceed

An individual is considered “incompetent to proceed” during a criminal proceeding if he or she cannot proceed at any material stage of a criminal proceeding, including the trial, pretrial hearings, entry of a plea, proceedings for violation of probation or community control,

³ Section 916.105(1), F.S.

⁴ Section 916.302(3), F.S.

⁵ *Id.*

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

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

⁸ Section 916.17(1), F.S.

⁹ Section 916.16(1), F.S.

sentencing, and hearing.¹⁰ To determine a defendant's competency to proceed, the court appoints a mental health expert¹¹ to determine if the defendant has a mental illness, and if he or she has the capacity to:¹²

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

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

Defendant Found Not Guilty by Reason of Insanity

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

- The defendant had a mental infirmity, disease, or defect; and
- Because of this condition, the defendant:
 - Did not know what he or she was doing or its consequences; or
 - Although the defendant knew what he or she was doing and its consequences, the defendant did not know that what he or she was doing was wrong.

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

¹⁰ Section 916.106(11), F.S.

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

¹² Section 916.12(3), F.S.

¹³ Section 916.13, F.S.

¹⁴ Section 916.13, F.S.

¹⁵ Section 916.145, F.S.

¹⁶ Section 775.027, F.S.

¹⁷ Section 916.15, F.S.

¹⁸ *Id.*

Developmental Disabilities Defendant Program (DDDP) and Pathways

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

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

Forensic and Non-forensic Clients

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

- **Section 916.13, F.S.:** Felony defendant adjudicated incompetent to proceed in a criminal proceeding due to mental illness.
- **Section 916.15, F.S.:** Defendant found not guilty by reason of insanity.
- **Section 916.302, F.S.:** Felony defendant adjudicated incompetent to proceed due to intellectual disability or autism.

The definition does not include individuals under s. 916.303(3), F.S., who have had their charges dismissed but remain committed to the APD under the jurisdiction of the committing court.²⁷ Thus, the APD is required to separate these residents, leading to reports of bed underutilization and a duplication of the APD’s resources.²⁸ Further, the APD reports this statute creates safety

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

²⁰ *Id.*

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

²² *Id.*

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

²⁴ *Id.*

²⁵ Section 916.106(10), F.S.

²⁶ Section 916.106(9), F.S.

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

²⁸ *Id.*

concerns, as the APD is required to house residents based off of secure orders, rather than individual behavioral needs.²⁹

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

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

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

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

²⁹ 2026 Agency Bill Analysis, pg. 3 (on file with the Senate committee on Children, Families, and Elder Affairs).

³⁰ *Id.*

³¹ *Id.*

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

³³ *Id.*

³⁴ *Id.*

staffing requirements if s. 393.303(3), F.S., residents are considered forensic clients and can be housed with other ch. 916, F.S., clients:³⁵

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

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

Staff Safety

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

III. Effect of Proposed Changes:

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

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

³⁵ E-mail with Emily Reeves, Agency for Persons with Disabilities Legislative Affairs Director, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁶ *Id.*

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

³⁸ *Id.*

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill is expected to have an indeterminate, positive fiscal impact on the Agency for Persons with Disabilities (APD) due to the cost savings associated with a reduction in staffing across forensic facilities. The APD reports that allowing the APD to house residents based on behavioral needs, rather than judicial determination, will provide the APD with increased flexibility to manage bed space and staffing ratios.³⁹

VI. Technical Deficiencies:

None.

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

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 916.106 of the Florida Statutes.

This bill reenacts section 402.164 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

By Senator Simon

3-00840-26

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1 A bill to be entitled
 2 An act relating to forensic services for certain
 3 defendants; amending s. 916.106, F.S.; revising the
 4 definition of the term "forensic client" or "client";
 5 reenacting s. 402.164(2)(b), F.S., relating to the
 6 definition of the term "client," to incorporate the
 7 amendment made to s. 916.106, F.S., in a reference
 8 thereto; providing an effective date.
 9
 10 Be It Enacted by the Legislature of the State of Florida:
 11
 12 Section 1. Subsection (9) of section 916.106, Florida
 13 Statutes, is amended to read:
 14 916.106 Definitions.—For the purposes of this chapter, the
 15 term:
 16 (9) "Forensic client" or "client" means any defendant who
 17 has been committed to the department or agency pursuant to s.
 18 916.13, s. 916.15, ~~s. 916.302~~, or s. 916.303(3).
 19 Section 2. For the purpose of incorporating the amendment
 20 made by this act to section 916.106, Florida Statutes, in a
 21 reference thereto, paragraph (b) of subsection (2) of section
 22 402.164, Florida Statutes, is reenacted to read:
 23 402.164 Legislative intent; definitions.—
 24 (2) As used in this section through s. 402.167, the term:
 25 (b) "Client" means a client of the Agency for Persons with
 26 Disabilities, the Agency for Health Care Administration, the
 27 Department of Children and Families, or the Department of
 28 Elderly Affairs, as defined in s. 393.063, s. 394.67, s.
 29 397.311, or s. 400.960, a forensic client or client as defined

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30 in s. 916.106, a child or youth as defined in s. 39.01, a child
 31 as defined in s. 827.01, a family as defined in s. 414.0252, a
 32 participant as defined in s. 429.901, a resident as defined in
 33 s. 429.02, a Medicaid recipient or recipient as defined in s.
 34 409.901, a child receiving child care as defined in s. 402.302,
 35 a disabled adult as defined in s. 410.032 or s. 410.603, or a
 36 victim as defined in s. 39.01 or s. 415.102 as each definition
 37 applies within its respective chapter.
 38 Section 3. This act shall take effect July 1, 2026.

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The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: January 20th, 2026

I respectfully request that Senate Bill # 778, relating to Forensic Services for Certain Defendants, be placed on the:

- Committee agenda at your earliest possible convenience.
- Next committee agenda.

Senator Corey Simon
Florida Senate, District 3

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 844

INTRODUCER: Appropriations Committee on Health and Human Services and Senator Jones

SUBJECT: Sickle Cell Disease Care Management and Treatment Continuing Education

DATE: February 13, 2026 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	Fav/CS
3.	_____	_____	<u>FP</u>	_____

I. Summary:

CS/SB 844 amends s. 456.0301, F.S., to require that the standard continuing education (CE) course on prescribing controlled substances must include information regarding the treatment of pain for patients with sickle cell disease.

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

The bill takes effect July 1, 2026.

II. Present Situation:

Sickle Cell Disease (SCD)

SCD affects approximately 100,000 Americans and is the most prevalent inherited blood disorder in the U.S.¹ SCD affects mostly, but not exclusively, persons of African ancestry. SCD is a group of inherited disorders in which abnormal hemoglobin causes red blood cells to buckle into a sickle shape. The deformed red blood cells damage blood vessels and, over time, contribute to a cascade of negative health effects beginning in infancy, such as intense vaso-occlusive pain episodes, strokes, organ failure, and recurrent infections.^{2,3} The severity of

¹ National Institutes of Health, National Heart, Lung, and Blood Institute, *What is Sickle Cell Disease?*, available at <https://www.nhlbi.nih.gov/health/sickle-cell-disease> (last visited Jan. 29, 2026).

² Centers for Disease Control and Prevention, *About Sickle Cell Disease*, available at [About Sickle Cell Disease | Sickle Cell Disease \(SCD\) | CDC](#) (last visited Jan. 29, 2026).

³ Florida Agency for Health Care Administration, *Florida Medicaid Study of Enrollees with Sickle Cell Disease (2023)*, available at https://ahca.myflorida.com/content/download/20771/file/Florida_Medicaid_Study_of_Enrollees_with_Sickle_Cell_Disease.pdf (last visited Jan. 29, 2026).

complications generally worsens with age, but treatment and prevention strategies can mitigate complications and lengthen the lives of those suffering from SCD.⁴

A person who carries a single gene for SCD has the sickle cell trait. Individuals with the sickle cell trait do not have SCD, and under normal conditions, they are generally asymptomatic. However, they are carriers of SCD and have an increased likelihood of having a child with SCD.

Continuing Education

Physicians licensed under chs. 458 and 459, F.S., and practitioners licensed or certified under part I of ch. 464, F.S., are required to complete varying amounts of continuing education to maintain their licensure or certification.

- CE requirements for specified professions include:
 - Section 456.013(6), F.S., requires physicians licensed under chs. 458 and 459, F.S., to complete a minimum of 40 hours of CE every two years and allows the boards to require that up to one hour be in the area of risk management or cost containment.
 - Sections 458.347 and 459.022, F.S., require physician assistants (PA) to complete a minimum of 10 hours of CE. Three of the 10 hours must consist of a course on the safe and effective prescribing of controlled substances.
 - Part I of ch. 464, F.S., requires registered nurses (RN), licensed practical nurses (LPN), and advanced practice registered nurses (APRN) to take up to 30 hours of CE as a condition of licensure or certificate renewal unless they are certified and certain accredited health care specialty programs. As part of their CE and regardless of being exempt from CE requirements due to certification:
 - APRNs are required to take a three hour course on the safe and effective prescribing of controlled substances; and
 - All nurses licensed or certified under part I of ch. 464, F.S., are required to take a two hour CE on human trafficking.
- General CE requirements for health care practitioners include:
 - Section 456.013(7), F.S., requires all practitioners licensed or certified by the Department of Health (DOH) to complete a two-hour course relating to the prevention of medical errors every two years which count toward the total number of CE hours required for the practitioner's profession.
 - Section 456.0301, F.S., requires each person registered with the United States Drug Enforcement Agency (DEA) and authorized to prescribe controlled substances to complete a two-hour CE course on prescribing controlled substances.
 - Sections 456.031, 456.033, and 456.0341, F.S., require persons licensed under multiple chapters of law, including physicians and nurses, to take CE courses on domestic violence, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and human trafficking.

⁴ Centers for Disease Control and Prevention, *Complications of Sickle Cell Disease*, available at [Complications of Sickle Cell Disease | Sickle Cell Disease \(SCD\) | CDC](#) (last visited Jan. 29, 2026).

III. Effect of Proposed Changes:

The bill amends s. 456.0301, F.S., to require that the two-hour continuing education (CE) for practitioners registered with the United States Drug Enforcement Administration (DEA) and authorized to prescribe controlled substances include information on the treatment of pain for patients with sickle cell disease (SCD).

The bill takes effect July 1, 2026.

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

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

The bill may have an indeterminate negative fiscal impact on practitioners if they are required to cover the cost of the additional continuing education course required under the bill.

C. Government Sector Impact:

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

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 456.0301 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.)

CS by Appropriations Committee on Health and Human Services on February 12, 2026:

The committee substitute removes the changes to s. 456.0311, F.S., of the underlying bill, which required certain physicians and nurses to complete a training course on sickle cell disease management.

B. Amendments:

None.



644296

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 63 - 102.

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

And the title is amended as follows:

Delete lines 7 - 26

and insert:

complete; providing an

By Senator Jones

34-01011-26

2026844__

A bill to be entitled

An act relating to sickle cell disease care management and treatment continuing education; amending s. 456.0301, F.S.; revising requirements for a continuing education course on prescribing controlled substances which health care practitioners are required to complete; creating s. 456.0311, F.S.; requiring the applicable licensing boards for specified health care professions to require a 2-hour continuing education course on sickle cell disease care management as part of the first licensure or certification renewal; specifying requirements for the course; specifying the procedure for licensees and certificateholders to submit confirmation of completing the course; authorizing the applicable boards to approve additional equivalent courses to satisfy the requirement; authorizing the applicable boards to include the course hours in the total hours of continuing education required for the applicable profession, with an exception; authorizing health care practitioners holding two or more licenses or certificates subject to the course requirement to show proof of completion of one course to satisfy the requirement for all such licenses or certificates; providing for disciplinary action; authorizing the applicable boards to adopt rules; providing an effective date.

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

Page 1 of 4

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

34-01011-26

2026844__

30

Section 1. Paragraph (a) of subsection (1) of section 456.0301, Florida Statutes, is amended to read:

456.0301 Requirement for instruction on controlled substance prescribing.—

(1) (a) The appropriate board shall require each person registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances pursuant to 21 U.S.C. s. 822 to complete a board-approved 2-hour continuing education course on prescribing controlled substances offered by a statewide professional association of physicians in this state that is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 Credit or the American Osteopathic Category 1-A continuing medical education credit as part of biennial license renewal. The course must include information on the current standards for prescribing controlled substances, particularly opiates; alternatives to these standards; nonpharmacological therapies; prescribing emergency opioid antagonists; ~~and~~ the risks of opioid addiction following all stages of treatment in the management of acute pain; and the treatment of pain for patients with sickle cell disease. The course may be offered in a distance learning format and must be included within the number of continuing education hours required by law. The department may not renew the license of any prescriber registered with the United States Drug Enforcement Administration to prescribe controlled substances who has failed to complete the course. The course must be completed by January 31, 2019, and at each subsequent renewal. This paragraph does

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

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59 not apply to a licensee who is required by his or her applicable
60 practice act to complete a minimum of 2 hours of continuing
61 education on the safe and effective prescribing of controlled
62 substances.

63 Section 2. Section 456.0311, Florida Statutes, is created
64 to read:

65 456.0311 Requirements for instruction on sickle cell
66 disease.—

67 (1) (a) The applicable board shall require each person
68 licensed or certified under chapter 458, chapter 459, or part I
69 of chapter 464 to complete one 2-hour continuing education
70 course, approved by the applicable board, on sickle cell disease
71 care management as part of the first licensure or certification
72 renewal. The course must consist of education specific to sickle
73 cell disease and sickle cell traits, including, but not limited
74 to, evidence-based treatment protocols for patients of all ages,
75 continuing patient and family education, periodic comprehensive
76 evaluations and other disease-specific health maintenance
77 services, psychosocial care, genetic counseling, and pain
78 management.

79 (b) Each licensee or certificateholder must submit
80 confirmation of having completed such course on a form provided
81 by the applicable board when submitting fees for the first
82 renewal.

83 (c) The applicable board may approve additional equivalent
84 courses that may be used to satisfy the requirements of
85 paragraph (a). Each licensing board that requires a licensee to
86 complete an educational course pursuant to this section may
87 include the hours required for completion of the course in the

34-01011-26 2026844__

88 total hours of continuing education required by law for such
89 profession unless the continuing education requirements for such
90 profession consist of fewer than 30 hours biennially.

91 (d) Any person holding two or more licenses subject to the
92 provisions of this section may show proof of having taken one
93 board-approved course to satisfy the requirements of paragraph
94 (a) for purposes of relicensure or recertification for
95 additional licenses.

96 (e) Failure to comply with the requirements of this section
97 shall constitute grounds for disciplinary action under each
98 respective practice act and under s. 456.072(1) (k). In addition
99 to discipline by the applicable board, the licensee shall be
100 required to complete the course required under this section.

101 (2) Each applicable board may adopt rules to implement this
102 section.

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



The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: February 4, 2026

I respectfully request that **Senate Bill #844**, relating to Sickle Cell Disease Care Management and Treatment Continuing Education, be placed on the:

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

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

Senator Shevrin D. "Shev" Jones
Florida Senate, District 34

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 864

INTRODUCER: Health Policy Committee and Senator Sharief

SUBJECT: Public Records/Uterine Fibroid Research Database

DATE: February 11, 2026 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Smith</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 864 makes confidential and exempt from public records requirements personal identifying information relating to women diagnosed with or treated for uterine fibroids that are submitted to the Department of Health (DOH) for inclusion in the Uterine Fibroid Research Database under s. 381.9312, F.S. Current law prohibits the database from including personal identifying information, which limits the DOH's ability to analyze and understand uterine fibroids in Florida's population.

This exemption is subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2031, unless saved by the Legislature from repeal.

The bill contains a statement of public necessity as required by the State Constitution. The bill creates a new public records exemption and, therefore, requires a two-thirds vote of the members of each house who are present and voting for final passage.

The bill's provisions that require personal identifying information to be held confidential and exempt from public records do not have a fiscal impact on state expenditures or revenues. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

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 years of age. The Department of Health (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.”

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 people never have symptoms, but some do. Symptoms include abnormal bleeding, pelvic discomfort, pelvic pain, bladder problems, and bowel problems.

Fibroids are treated depending on the impact they have on the 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

Section 381.9312, F.S., requires 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

¹ Department of Health, *Diseases & Conditions: Uterine Fibroids*, available at <http://floridahealth.gov/diseases-and-conditions/disease/uterine-fibroids/> (last visited Jan. 28, 2026).

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).

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

In Fiscal Year 2022-2023, the DOH was appropriated \$122,852 in recurring funds and \$681,048 in nonrecurring funds from the General Revenue Fund, and one full-time equivalent position for the purpose of implementing the uterine fibroid research database.¹⁰

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.¹¹ The right to inspect or copy applies 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.¹²

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.¹³ Florida Rule of Judicial Administration 2.420 governs public access to judicial branch records.¹⁴ 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.¹⁵

Section 119.011(12), F.S., defines “public records” to include:

⁷ Department of Health, HB 196 Legislative Bill Analysis (received Jan. 28, 2026) (on file with the Senate Committee on Health Policy).

⁸ *Id.*

⁹ *Id.*

¹⁰ Chapter 2022-50, s. 2, Laws of Fla.

¹¹ FLA. CONST. art. I, s. 24(a).

¹² *Id.* See also, *Sarasota Citizens for Responsible Gov't v. City of Sarasota*, 48 So. 3d 755, 762-763 (Fla. 2010).

¹³ 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).

¹⁴ *State v. Wooten*, 260 So. 3d 1060 (Fla. 4th DCA 2018).

¹⁵ 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.”

[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.”¹⁶

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.¹⁷ A violation of the Public Records Act may result in civil or criminal liability.¹⁸

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.¹⁹ 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.²⁰

General exemptions from the public records requirements are contained in the Public Records Act.²¹ Specific exemptions often are placed in the substantive statutes relating to a particular agency or program.²²

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*.²³ Records designated as “confidential and exempt” are not subject to inspection by the public and may only be released

¹⁶ *Shevin v. Byron, Harless, Schaffer, Reid and Assoc., Inc.*, 379 So. 2d 633, 640 (Fla. 1980).

¹⁷ Section 119.07(1)(a), F.S.

¹⁸ Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws.

¹⁹ FLA. CONST. art. I, s. 24(c).

²⁰ *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).

²¹ *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).

²² *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).

²³ *WFTV, Inc. v. The Sch. Bd. of Seminole County*, 874 So. 2d 48, 53 (Fla. 5th DCA 2004).

under the circumstances defined by statute.²⁴ Records designated as “exempt” may be released at the discretion of the records custodian under certain circumstances.²⁵

Open Government Sunset Review Act

The provisions of s. 119.15, F.S., known as the Open Government Sunset Review Act²⁶ (the Act), prescribe a legislative review process for newly created or substantially amended²⁷ public records or open meetings exemptions, with specified exceptions.²⁸ 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.²⁹

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.³⁰ An exemption serves an identifiable purpose if the Legislature finds that the purpose of the 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;³¹
- 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;³² or
- It protects information of a confidential nature concerning entities, such as trade or business secrets.³³

The Act also requires specified questions to be considered during the review process.³⁴ In examining an exemption, the Act directs the Legislature to question the purpose and necessity of reenacting the exemption.

²⁴ *Id.*

²⁵ *Williams v. City of Minneola*, 575 So. 2d 683 (Fla. 5th DCA 1991).

²⁶ Section 119.15, F.S.

²⁷ 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.

²⁸ 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.

²⁹ Section 119.15(3), F.S.

³⁰ Section 119.15(6)(b), F.S.

³¹ Section 119.15(6)(b)1., F.S.

³² Section 119.15(6)(b)2., F.S.

³³ Section 119.15(6)(b)3., F.S.

³⁴ 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?

If the exemption is continued and expanded, then a public necessity statement and a two-thirds vote for passage are again required.³⁵ 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.³⁶

III. Effect of Proposed Changes:

Section 1 amends s. 381.9312, F.S., relating to the Uterine Fibroid Research Database, to provide that all records and personal identifying information relating to women diagnosed with or treated for uterine fibroids which are submitted to the Department of Health (DOH) under that section, are confidential and exempt from s. 119.07(1), F.S. (public records inspection and copying) and s. 24(a), Art. I of the State Constitution (constitutional right of access to public records).

The exemption is subject to the Open Government Sunset Review Act under s. 119.15, F.S., and is repealed on October 2, 2031, unless reviewed and saved from repeal by the Legislature.

Section 2 provides the constitutionally required public necessity statement, finding that confidentiality is necessary to protect privacy interests associated with personal health information, including information that could implicate federal patient privacy laws like the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and to support the DOH's ability to administer the uterine fibroid research database and related epidemiological research and tracking activities.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Not applicable.

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. CS/SB 864 creates a new exemption by making all records and personal identifying information relating to women diagnosed with or treated for uterine fibroids that are submitted to the Department of Health (DOH) under s. 381.9312, F.S., confidential and exempt from s. 119.07(1), F.S., and s. 24(a), Art. I of the State Constitution. Accordingly, the bill requires a two-thirds vote for final passage.

³⁵ See generally s. 119.15, F.S.

³⁶ Section 119.15(7), F.S.

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 finding, in part, that the DOH is unable to effectively implement the legislative purpose of the uterine fibroid research database without access to the records and information made confidential and exempt by the bill. The statement further explains that the records include personal medical information, the disclosure of which would violate federal patient privacy laws, including HIPAA, and that confidentiality is necessary to protect privacy rights and promote the DOH's epidemiological research and tracking activities.

Breadth of Exemption

Article I, s. 24(c) of the State Constitution requires an exemption from the public records requirements to be no broader than necessary to accomplish the stated purpose of the law. CS/SB 864 applies to a defined subset of information: records and personal identifying information relating to women diagnosed with or treated for uterine fibroids, only when such information is submitted to the DOH under s. 381.9312, F.S. The bill's stated purposes are to protect the privacy rights of women diagnosed with and treated for uterine fibroids and to promote the DOH's effective administration of its epidemiological research and tracking activities for the uterine fibroid research database. Based on these limitations and the stated purposes, 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 identified.

B. Private Sector Impact:

None identified.

C. Government Sector Impact:

The bill's provisions that require personal identifying information to be held confidential and exempt from public records do not have a fiscal impact on state expenditures or revenues. According to the Department of Health, to fully implement the uterine fibroid research database including design and implementation of data collection, development of predictive models, and systems to monitor data integrity and accuracy would require \$994,502.³⁷ Currently, there is no recurring funding appropriated for the database. The database was originally funded with nonrecurring funds and one full-time equivalent position.³⁸

VI. Technical Deficiencies:

None identified.

VII. Related Issues:

None identified.

VIII. Statutes Affected:

This bill substantially amends section 381.9312 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 2, 2026:

The CS provides an effective date of July 1, 2026, replacing the contingent effective date 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.

³⁷ Florida Department of Health, *2026 Agency Legislative Bill Analysis*, (on file with the Senate Appropriations Committee on Health and Human Services).

³⁸ Chapter 2022-50, s. 2, Laws of Fla.

By the Committee on Health Policy; and Senator Sharief

588-02420-26

2026864c1

1 A bill to be entitled
 2 An act relating to public records; amending s.
 3 381.9312, F.S.; providing an exemption from public
 4 records requirements for certain records and personal
 5 identifying information submitted to the Department of
 6 Health for inclusion in the uterine fibroid research
 7 database; providing for future legislative review and
 8 repeal; providing a statement of public necessity;
 9 providing an effective date.

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

11

12 Section 1. Subsection (4) is added to section 381.9312,
 13 Florida Statutes, to read:
 14 381.9312 Uterine fibroid research database; education and
 15 public awareness.—
 16 (4) PUBLIC RECORDS EXEMPTION.—All records and personal
 17 identifying information relating to women diagnosed with or
 18 treated for uterine fibroids which is submitted to the
 19 department under this section are confidential and exempt from
 20 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
 21 This subsection is subject to the Open Government Sunset Review
 22 Act in accordance with s. 119.15 and shall stand repealed on
 23 October 2, 2031, unless reviewed and saved from repeal through
 24 reenactment by the Legislature.

25 Section 2. The Legislature finds that it is a public
 26 necessity to make all records and personal identifying
 27 information relating to women diagnosed with or treated for
 28 uterine fibroids which is submitted to the Department of Health
 29

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30 under s. 381.9312, Florida Statutes, confidential and exempt
 31 from s. 119.07(1), Florida Statutes, and s. 24(a), Article I of
 32 the State Constitution. The Department of Health is unable to
 33 effectively implement the legislative purpose of the uterine
 34 fibroid research database, created under s. 381.9312, Florida
 35 Statutes, without access to these records and information, which
 36 include personal medical information, the disclosure of which
 37 would violate federal patient privacy laws, including the Health
 38 Insurance Portability and Accountability Act of 1996. Therefore,
 39 the Legislature finds that it is a public necessity to make such
 40 records and information held by the department confidential and
 41 exempt to protect the privacy rights of women diagnosed with and
 42 treated for uterine fibroids in this state and promote the
 43 effective administration of the department's epidemiological
 44 research and tracking activities.

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

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The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: February 2, 2026

I respectfully request that **Senate Bill #864**, relating to Public Records/ 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
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1002

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Gaetz

SUBJECT: Child Welfare

DATE: February 11, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Fiore</u>	<u>Tuszynski</u>	<u>CF</u>	Fav/CS
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1002 expands statutory definitions of “harm” and “neglect” to address parental substance abuse, with conforming reenactments across multiple sections of statute. The bill expands the definition of “harm” in chapter 39, Florida Statutes (F.S.), to expressly include evidence of acute or chronic use of a controlled substance by a parent to the extent that the ongoing threat of the parent’s future intoxication compromises the parent’s ability to guarantee and provide supervision and care for their child. It makes similar revisions to the definition of “neglect” to include evidence of acute or chronic use of a controlled substance by a parent to the extent that the ongoing threat of the parent’s future intoxication results in an environment that causes the child’s physical, mental, or emotional safety to be significantly impaired or to be in danger of being significantly impaired.

The bill reenacts and conforms numerous cross-referenced provisions in chapters 39, 61, 390, 744, 984, and 1001, F.S., including dependency dispositions, case plans, termination of parental rights, parenting and time-sharing determinations, guardians ad litem, guardianship eligibility, and school district parental-notification requirements.

This bill will have an insignificant negative fiscal impact on state expenditures that can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Florida's Child Welfare System

Chapter 39, F.S., governs child welfare proceedings in Florida, including the prevention, identification, and remediation of child abuse, abandonment, and neglect. The Department of Children and Families (DCF) is responsible for investigating reports of child maltreatment accepted by the Florida Abuse Hotline (Hotline) and for providing services necessary to protect children from harm.¹ The DCF practice model is based on increasing the safety of the child using in-home services, such as parenting coaching and counseling, to maintain and strengthen the child's natural supports in the home environment.² These services are coordinated by DCF-contracted community-based care lead agencies (CBCs).³

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in out-of-home care, adjudicate the child dependent, and if necessary, terminate parental rights to allow for adoption. Steps in the dependency process usually include:

- A report to the Hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in the child's dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child's parent or another option to establish permanency, such as adoption after termination of parental rights.⁴

Florida Abuse Hotline

The DCF is required to operate and maintain a Hotline⁵ to receive reports of known or suspected instances of child abuse,⁶ abandonment,⁷ or neglect,⁸ or instances when a child does not have a

¹ Sections 39.001 and 39.301, F.S.

² See generally The Florida Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 1/27/26).

³ Sections 409.986(3)(d) and 409.988, F.S.

⁴ See generally ch. 39, F.S.

⁵ Section 39.101, F.S.; and rule 65C-30.001(53), F.A.C.

⁶ Section 39.01(2), F.S. defines "abuse" as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.

⁷ Section 39.01(1), F.S., defines "abandoned" or "abandonment" as a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. "Establish or maintain a substantial and positive relationship" means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

⁸ Section 39.01(53), F.S., states "neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

parent, legal custodian, or adult relative available to provide supervision and care.⁹ The Hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.¹⁰

If the Hotline determines a report meets the statutory criteria for child abuse, abandonment, or neglect, a DCF child protective investigator (CPI) must complete a child protective investigation.¹¹

Child Maltreatment Index

The Child Maltreatment Index (Index) is utilized by Hotline counselors and CPIs to determine if a report of abuse, abandonment, or neglect meets the criteria for verifying child maltreatment.¹² The Index defines each maltreatment, factors to consider in the assessment of each maltreatment, and highlights frequently related findings of maltreatment.¹³

A report of abuse, abandonment, or neglect must contain at least one of the following types of maltreatment:

- Abandonment.
- Asphyxiation.
- Bizarre Punishment.
- Bone Fracture.
- Burns.
- Death.
- Environmental Hazards.
- Failure to Protect.
- Failure to Thrive/Malnutrition/Dehydration.
- Household Violence Threatens Child.
- Human Trafficking — Commercial Sexual Exploitation of a Child.
- Human Trafficking — Labor.
- Inadequate Supervision.
- Internal Injuries
- Intimate Partner Violence Threatens Child.
- Medical Neglect.
- Mental Injury.
- Physical Injury.
- Sexual Abuse: Sexual Battery.
- Sexual Abuse: Sexual Exploitation.
- Sexual Abuse: Sexual Molestation.
- Substance-Exposed Newborn.

⁹ Section 39.201(1), F.S.

¹⁰ Section 39.101(1), F.S.

¹¹ Section 39.301, F.S.

¹² DCF, *Children and Family Operating Procedures (CFOP) 170-4*, (Oct. 16, 2025) available at:

<https://resourcelibrary.myflfamilies.com/cfop170/CFOP%20170-04,%20Child%20Maltreatment%20Index.pdf> (last visited 1/27/26).

¹³ *Id.* at Appendix A.

- Substance Misuse.
- Substance Misuse — Alcohol.
- Substance Misuse — Illicit Drugs.
- Substance Misuse — Prescription Drugs.
- Threatened Harm.¹⁴

Hotline counselors apply these maltreatment definitions to determine if the reported information meets the criteria to warrant a formal investigation or special conditions report.¹⁵

Child Protective Investigations

Child protective investigations consist of the following:

- A review of all relevant, available information specific to the child, family, and alleged maltreatment; family child welfare history; local, state, and federal criminal records check; and requests for law enforcement assistance provided by the Hotline.
 - Based on a review of available information, including the allegations in the current report, a determination shall be made as to whether immediate consultation should occur with law enforcement, the Child Protection Team, a domestic violence shelter or advocate, or a substance abuse or mental health professional.
- Face-to-face interviews with the child; other siblings, if any; and the parents, legal custodians, or caregivers.
- Assessment of the child’s residence, including a determination of the composition of the family and household.
- Determine whether there is any indication that any child in the family or household has been abused, abandoned, or neglected; the nature and extent of present or prior injuries, abuse, or neglect, and any evidence thereof; and a determination as to the person or persons apparently responsible for the abuse, abandonment, or neglect.
- Documentation of the present and impending dangers to each child based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument (i.e., the Index).¹⁶

Child Protection Investigators (CPIs) utilize the definitions of maltreatment types to make a determination regarding each of the alleged maltreatments and make one of the following findings:

- **“Verified”**: when a preponderance of the credible evidence results in a determination of the specific harm or threat of harm was the result of abuse, abandonment, or neglect.
- **“Not Substantiated”**: when there is credible evidence that does not meet the preponderance standard to support that the specific harm was the result of abuse, abandonment, or neglect.
- **“No Indicators”**: when there is no credible evidence to support that the specific harm was the result of abuse, abandonment, or neglect.¹⁷

¹⁴ *Id.* at pgs. 6-7.

¹⁵ *Id.* at pg. 5.

¹⁶ Section 39.301(9)(a), F.S.

¹⁷ DCF, *CFOP 170-4* at pg. 6.

The findings of CPIs are used to determine the next course of action. If the CPI identifies present or impending danger, the CPI must implement a safety plan or take the child into custody. If impending danger is identified and the child is not removed, the CPI must create and implement a safety plan before leaving the home or location where there is present danger.¹⁸ If the child cannot safely remain in the home with a safety plan, the DCF must file a petition with the court and remove the child from his or her current home and place them in out-of-home care.¹⁹

Adjudication and Court-Ordered Services

A child may be adjudicated dependent if the court finds that the child has been abused, abandoned, or neglected, or is at substantial risk of such harm.²⁰ Upon an adjudication of dependency, the court has broad authority to order supervision or out-of-home placement as well as require the parents or legal custodians of a dependent child to participate in professional counseling and treatment services that the court determines are necessary to rehabilitate the parent or the child.²¹ For each child receiving services, the DCF is required to develop a court-approved case plan to address the issues that led to the child's removal.²² Case plans must likewise include tasks and services tailored to address the conditions that gave rise to the finding of dependency, including substance abuse treatment when harm is linked to parental substance use.²³

Definitions of Harm and Neglect

“Harm” to a child’s health or welfare is defined to include a range of acts or omissions that adversely affect a child, including exposure to controlled substances or alcohol.²⁴ Exposure to a controlled substance or alcohol may be established by evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent’s ability to provide supervision and care for the child has been or is likely to be severely compromised.²⁵ Controlled substances include prescription drugs not prescribed for the parent or not administered as prescribed, and drugs referenced as Schedule I and Schedule II substances under s. 893.03, F.S.²⁶ The statutory definition of harm plays a critical role throughout Ch. 39, F.S., as it informs dependency adjudications, case planning requirements, court-ordered services, and determinations regarding parental fitness.

“Neglect” is defined as a parent’s or caregiver’s failure to provide a child with necessary food, clothing, shelter, medical treatment, or supervision, or permitting a child to live in an environment that causes or threatens significant impairment to the child’s physical, mental, or emotional health.²⁷ If the necessities of which the child is deprived is caused primarily by financial inability, the definition of neglect will be met only if actual services for relief have been

¹⁸ Section 39.301(9)(a)6., F.S.

¹⁹ *Id.*

²⁰ Sections 39.01(15), 39.013(2), 39.501(1)-(2), and 39.507, F.S.

²¹ Section 39.521, F.S.

²² Section 39.6011, F.S.

²³ Section 39.6012(1)(c), F.S.

²⁴ Section 39.01(37), F.S.

²⁵ Section 39.01(37)(g)2., F.S.

²⁶ Section 39.01(37)(g), F.S.

²⁷ Section 39.01(53), F.S.

offered to and rejected by the parent or caregiver.²⁸ While substance abuse may contribute to neglectful conditions, the law does not expressly identify ongoing threats posed by a parent's acute or chronic intoxication as a standalone basis for neglect, apart from general impairment standards.

Cross-References in Other Areas of Law

Definitions contained in s. 39.01, F.S., are expressly incorporated into numerous provisions in other chapters of the Florida Statutes. As a result, changes to the definitions of "harm" or "neglect" may have cascading legal effects across multiple statutory schemes. These include statutes governing parenting and time-sharing determinations in dissolution proceedings;²⁹ appointment and qualifications of guardians ad litem;³⁰ parental consent laws;³¹ guardianship eligibility;³² provisions governing children in need of services under the juvenile justice system;³³ and school district duties relating to student welfare and parental notification.³⁴

III. Effect of Proposed Changes:

Section 1 amends ss. 39.01(37) and 39.01(53), F.S., to expand the definitions of harm and neglect, respectively.

Under the expanded definition of harm, exposure to a controlled substance or alcohol may be established not only through extensive, abusive, and chronic use, but also through evidence of acute or chronic substance use when the ongoing threat of future intoxication compromises a parent's ability to guarantee and provide supervision and care for the child.

Under the expanded definition of neglect, this section provides that neglect may be established through circumstances in which a parent's acute or chronic use of a controlled substance creates an environment that significantly impairs, or threatens to impair, a child's physical, mental, or emotional safety.

Sections 2 through 11 reenact ss. 39.521(1)(c), 39.6012(1)(c), 39.806(1)(k), 61.13(2)(c), 61.401, 61.402(3), 390.0111492(b), 744.309(3), 984.03(24), and 1001.42(8)(c), F.S., relating to disposition hearings and powers of dispositions; case plan tasks and services, grounds for termination of parental rights; support of children, parenting and time-sharing, and powers of the court; appointment of guardian ad litem; qualifications of guardians ad litem; the Parental Notice of and Consent for Abortion Act; who may be appointed guardian of a resident ward; definitions; and powers and duties of district school boards; respectively, to incorporate the amendment to s. 39.01, F.S., relating to the definitions of the terms "harm" and "neglect." The reenactment of these sections applies the changes to such definitions in s. 39.01, F.S., to those sections reenacted.

²⁸ Section 39.01(53), F.S.

²⁹ Section 61.13, F.S.

³⁰ Sections 61.401 and 61.402, F.S.

³¹ Section 390.01114, F.S.

³² Section 744.309, F.S.

³³ Section 984.03, F.S.

³⁴ Section 1001.42, F.S.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

This bill will have an insignificant negative fiscal impact on the Department of Children and Families (DCF) which can be absorbed within existing resources. While the DCF has yet to submit a bill analysis, the department has not indicated any potential fiscal impacts associated with the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01, 39.521, 39.6012, 39.806, 61.13, 61.401, 61.402, 390.01114, 744.309, 984.03, and 1001.42..

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 Children, Families, and Elder Affairs on January 27, 2026:

The CS retitles the bill and redrafts the bill in Ch. 39, instead of Ch. 751 to:

- Expand the definition of “harm” in Ch. 39, F.S., to expressly include evidence of acute or chronic use of a controlled substance by a parent to the extent that the ongoing threat of the parent’s future intoxication compromises the parent’s ability to guarantee and provide supervision and care for their child.
- Expand the definition of “neglect” in Ch. 39, F.S. to include evidence of acute or chronic use of a controlled substance by a parent to the extent that the ongoing threat of the parent’s future intoxication results in an environment that causes the child’s physical, mental, or emotional safety to be significantly impaired or to be in danger of being significantly impaired.
- Reenact and conform numerous cross-referenced provisions in Chapters 39, 61, 390, 744, 984, and 1001, F.S., including dependency dispositions, case plans, termination of parental rights, parenting and time-sharing determinations, guardians ad litem, guardianship eligibility, and school district parental-notification requirements.

B. Amendments:

None.

By the Committee on Children, Families, and Elder Affairs; and
Senator Gaetz

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1 A bill to be entitled
2 An act relating to child welfare; amending s. 39.01,
3 F.S.; revising the definition of the term "harm" to
4 provide that exposure of a child to a controlled
5 substance may be established by evidence of acute or
6 chronic use of a controlled substance by a parent to a
7 specified extent; revising the definition of the term
8 "neglect" to provide that neglect occurs when there is
9 evidence of acute or chronic use of a controlled
10 substance by a parent to a specified extent;
11 reenacting ss. 39.521(1)(c), 39.6012(1)(c),
12 39.806(1)(k), 61.13(2)(c), 61.401, 61.402(3),
13 390.01114(2)(b), 744.309(3), 984.03(24), and
14 1001.42(8)(c), F.S., relating to disposition hearings
15 and powers of disposition; case plan tasks and
16 services; grounds for termination of parental rights;
17 support of children, parenting and time-sharing, and
18 powers of the court; appointment of guardian ad litem;
19 qualifications of guardians ad litem; the Parental
20 Notice of and Consent for Abortion Act; who may be
21 appointed guardian of a resident ward; definitions;
22 and powers and duties of district school board,
23 respectively, to incorporate the amendment made to s.
24 39.01, F.S., in references thereto; providing an
25 effective date.
26
27 Be It Enacted by the Legislature of the State of Florida:
28
29 Section 1. Paragraph (g) of subsection (37) and subsection

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30 (53) of section 39.01, Florida Statutes, are amended to read:
31 39.01 Definitions.—When used in this chapter, unless the
32 context otherwise requires:
33 (37) "Harm" to a child's health or welfare can occur when
34 any person:
35 (g) Exposes a child to a controlled substance or alcohol.
36 Exposure to a controlled substance or alcohol is established by:
37 1. A test, administered at birth, which indicated that the
38 child's blood, urine, or meconium contained any amount of
39 alcohol or a controlled substance or metabolites of such
40 substances, the presence of which was not the result of medical
41 treatment administered to the mother or the newborn infant; ~~or~~
42 2. Evidence of extensive, abusive, and chronic use of a
43 controlled substance or alcohol by a parent to the extent that
44 the parent's ability to provide supervision and care for the
45 child has been or is likely to be severely compromised; or
46 3. Evidence of acute or chronic use of a controlled
47 substance by a parent to the extent that the ongoing threat of
48 the parent's future intoxication compromises the parent's
49 ability to guarantee and provide supervision and care for the
50 child.
51
52 As used in this paragraph, the term "controlled substance" means
53 prescription drugs not prescribed for the parent or not
54 administered as prescribed and controlled substances as outlined
55 in Schedule I or Schedule II of s. 893.03.
56 (53) "Neglect" occurs when:
57 (a) A child is deprived of, or is allowed to be deprived
58 of, necessary food, clothing, shelter, or medical treatment or a

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59 child is permitted to live in an environment when such
 60 deprivation or environment causes the child's physical, mental,
 61 or emotional health to be significantly impaired or to be in
 62 danger of being significantly impaired. The foregoing
 63 circumstances shall not be considered neglect if caused
 64 primarily by financial inability unless actual services for
 65 relief have been offered to and rejected by such person. A
 66 parent or legal custodian legitimately practicing religious
 67 beliefs in accordance with a recognized church or religious
 68 organization who thereby does not provide specific medical
 69 treatment for a child may not, for that reason alone, be
 70 considered a negligent parent or legal custodian; however, such
 71 an exception does not preclude a court from ordering the
 72 following services to be provided, when the health of the child
 73 so requires:

74 1.~~(a)~~ Medical services from a licensed physician, dentist,
 75 optometrist, podiatric physician, or other qualified health care
 76 provider; or

77 2.~~(b)~~ Treatment by a duly accredited practitioner who
 78 relies solely on spiritual means for healing in accordance with
 79 the tenets and practices of a well-recognized church or
 80 religious organization.

81 (b) There is evidence of acute or chronic use of a
 82 controlled substance by a parent to the extent that the ongoing
 83 threat of the parent's future intoxication results in an
 84 environment that causes the child's physical, mental, or
 85 emotional safety to be significantly impaired or to be in danger
 86 of being significantly impaired.

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88 Neglect of a child includes acts or omissions.

89 Section 2. For the purpose of incorporating the amendment
 90 made by this act to section 39.01, Florida Statutes, in a
 91 reference thereto, paragraph (c) of subsection (1) of section
 92 39.521, Florida Statutes, is reenacted to read:

93 39.521 Disposition hearings; powers of disposition.—

94 (1) A disposition hearing shall be conducted by the court,
 95 if the court finds that the facts alleged in the petition for
 96 dependency were proven in the adjudicatory hearing, or if the
 97 parents or legal custodians have consented to the finding of
 98 dependency or admitted the allegations in the petition, have
 99 failed to appear for the arraignment hearing after proper
 100 notice, or have not been located despite a diligent search
 101 having been conducted.

102 (c) When any child is adjudicated by a court to be
 103 dependent, the court having jurisdiction of the child has the
 104 power by order to:

105 1. Require the parent and, when appropriate, the legal
 106 guardian or the child to participate in treatment and services
 107 identified as necessary. The court may require the person who
 108 has custody or who is requesting custody of the child to submit
 109 to a mental health or substance abuse disorder assessment or
 110 evaluation. The order may be made only upon good cause shown and
 111 pursuant to notice and procedural requirements provided under
 112 the Florida Rules of Juvenile Procedure. The mental health
 113 assessment or evaluation must be administered by a qualified
 114 professional as defined in s. 39.01, and the substance abuse
 115 assessment or evaluation must be administered by a qualified
 116 professional as defined in s. 397.311. The court may also

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117 require such person to participate in and comply with treatment
 118 and services identified as necessary, including, when
 119 appropriate and available, participation in and compliance with
 120 a mental health court program established under chapter 394 or a
 121 treatment-based drug court program established under s. 397.334.
 122 Adjudication of a child as dependent based upon evidence of harm
 123 as defined in s. 39.01(37)(g) demonstrates good cause, and the
 124 court shall require the parent whose actions caused the harm to
 125 submit to a substance abuse disorder assessment or evaluation
 126 and to participate and comply with treatment and services
 127 identified in the assessment or evaluation as being necessary.
 128 In addition to supervision by the department, the court,
 129 including the mental health court program or the treatment-based
 130 drug court program, may oversee the progress and compliance with
 131 treatment by a person who has custody or is requesting custody
 132 of the child. The court may impose appropriate available
 133 sanctions for noncompliance upon a person who has custody or is
 134 requesting custody of the child or make a finding of
 135 noncompliance for consideration in determining whether an
 136 alternative placement of the child is in the child's best
 137 interests. Any order entered under this subparagraph may be made
 138 only upon good cause shown. This subparagraph does not authorize
 139 placement of a child with a person seeking custody of the child,
 140 other than the child's parent or legal custodian, who requires
 141 mental health or substance abuse disorder treatment.

142 2. Require, if the court deems necessary, the parties to
 143 participate in dependency mediation.

144 3. Require placement of the child either under the
 145 protective supervision of an authorized agent of the department

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146 in the home of one or both of the child's parents or in the home
 147 of a relative of the child or another adult approved by the
 148 court, or in the custody of the department. Protective
 149 supervision continues until the court terminates it or until the
 150 child reaches the age of 18, whichever date is first. Protective
 151 supervision shall be terminated by the court whenever the court
 152 determines that permanency has been achieved for the child,
 153 whether with a parent, another relative, or a legal custodian,
 154 and that protective supervision is no longer needed. The
 155 termination of supervision may be with or without retaining
 156 jurisdiction, at the court's discretion, and shall in either
 157 case be considered a permanency option for the child. The order
 158 terminating supervision by the department must set forth the
 159 powers of the custodian of the child and include the powers
 160 ordinarily granted to a guardian of the person of a minor unless
 161 otherwise specified. Upon the court's termination of supervision
 162 by the department, further judicial reviews are not required if
 163 permanency has been established for the child.

164 4. Determine whether the child has a strong attachment to
 165 the prospective permanent guardian and whether such guardian has
 166 a strong commitment to permanently caring for the child.

167 Section 3. For the purpose of incorporating the amendment
 168 made by this act to section 39.01, Florida Statutes, in a
 169 reference thereto, paragraph (c) of subsection (1) of section
 170 39.6012, Florida Statutes, is reenacted to read:

171 39.6012 Case plan tasks; services.—

172 (1) The services to be provided to the parent and the tasks
 173 that must be completed are subject to the following:

174 (c) If there is evidence of harm as defined in s.

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175 39.01(37)(g), the case plan must include as a required task for
 176 the parent whose actions caused the harm that the parent submit
 177 to a substance abuse disorder assessment or evaluation and
 178 participate and comply with treatment and services identified in
 179 the assessment or evaluation as being necessary.

180 Section 4. For the purpose of incorporating the amendment
 181 made by this act to section 39.01, Florida Statutes, in a
 182 reference thereto, paragraph (k) of subsection (1) of section
 183 39.806, Florida Statutes, is reenacted to read:

184 39.806 Grounds for termination of parental rights.—

185 (1) Grounds for the termination of parental rights may be
 186 established under any of the following circumstances:

187 (k) A test administered at birth that indicated that the
 188 child's blood, urine, or meconium contained any amount of
 189 alcohol or a controlled substance or metabolites of such
 190 substances, the presence of which was not the result of medical
 191 treatment administered to the mother or the newborn infant, and
 192 the biological mother of the child is the biological mother of
 193 at least one other child who was adjudicated dependent after a
 194 finding of harm to the child's health or welfare due to exposure
 195 to a controlled substance or alcohol as defined in s. 39.01,
 196 after which the biological mother had the opportunity to
 197 participate in substance abuse treatment.

198 Section 5. For the purpose of incorporating the amendment
 199 made by this act to section 39.01, Florida Statutes, in a
 200 reference thereto, paragraph (c) of subsection (2) of section
 201 61.13, Florida Statutes, is reenacted to read:

202 61.13 Support of children; parenting and time-sharing;
 203 powers of court.—

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204 (2)

205 (c) The court shall determine all matters relating to
 206 parenting and time-sharing of each minor child of the parties in
 207 accordance with the best interests of the child and in
 208 accordance with the Uniform Child Custody Jurisdiction and
 209 Enforcement Act, except that modification of a parenting plan
 210 and time-sharing schedule requires a showing of a substantial
 211 and material change of circumstances.

212 1. It is the public policy of this state that each minor
 213 child has frequent and continuing contact with both parents
 214 after the parents separate or the marriage of the parties is
 215 dissolved and to encourage parents to share the rights and
 216 responsibilities, and joys, of childrearing. Unless otherwise
 217 provided in this section or agreed to by the parties, there is a
 218 rebuttable presumption that equal time-sharing of a minor child
 219 is in the best interests of the minor child. To rebut this
 220 presumption, a party must prove by a preponderance of the
 221 evidence that equal time-sharing is not in the best interests of
 222 the minor child. Except when a time-sharing schedule is agreed
 223 to by the parties and approved by the court, the court must
 224 evaluate all of the factors set forth in subsection (3) and make
 225 specific written findings of fact when creating or modifying a
 226 time-sharing schedule.

227 2. The court shall order that the parental responsibility
 228 for a minor child be shared by both parents unless the court
 229 finds that shared parental responsibility would be detrimental
 230 to the child. In determining detriment to the child, the court
 231 shall consider:

232 a. Evidence of domestic violence, as defined in s. 741.28;

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233 b. Whether either parent has or has had reasonable cause to
 234 believe that he or she or his or her minor child or children are
 235 or have been in imminent danger of becoming victims of an act of
 236 domestic violence as defined in s. 741.28 or sexual violence as
 237 defined in s. 784.046(1)(c) by the other parent against the
 238 parent or against the child or children whom the parents share
 239 in common regardless of whether a cause of action has been
 240 brought or is currently pending in the court;

241 c. Whether either parent has or has had reasonable cause to
 242 believe that his or her minor child or children are or have been
 243 in imminent danger of becoming victims of an act of abuse,
 244 abandonment, or neglect, as those terms are defined in s. 39.01,
 245 by the other parent against the child or children whom the
 246 parents share in common regardless of whether a cause of action
 247 has been brought or is currently pending in the court; and

248 d. Any other relevant factors.

249 3. The following evidence creates a rebuttable presumption
 250 that shared parental responsibility is detrimental to the child:

251 a. A parent has been convicted of a misdemeanor of the
 252 first degree or higher involving domestic violence, as defined
 253 in s. 741.28 and chapter 775;

254 b. A parent meets the criteria of s. 39.806(1)(d); or

255 c. A parent has been convicted of or had adjudication
 256 withheld for an offense enumerated in s. 943.0435(1)(h)1.a., and
 257 at the time of the offense:

258 (I) The parent was 18 years of age or older.

259 (II) The victim was under 18 years of age or the parent
 260 believed the victim to be under 18 years of age.

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262 If the presumption is not rebutted after the convicted parent is
 263 advised by the court that the presumption exists, shared
 264 parental responsibility, including time-sharing with the child,
 265 and decisions made regarding the child, may not be granted to
 266 the convicted parent. However, the convicted parent is not
 267 relieved of any obligation to provide financial support. If the
 268 court determines that shared parental responsibility would be
 269 detrimental to the child, it may order sole parental
 270 responsibility and make such arrangements for time-sharing as
 271 specified in the parenting plan as will best protect the child
 272 or abused spouse from further harm. Whether or not there is a
 273 conviction of any offense of domestic violence or child abuse or
 274 the existence of an injunction for protection against domestic
 275 violence, the court shall consider evidence of domestic violence
 276 or child abuse as evidence of detriment to the child.

277 4. In ordering shared parental responsibility, the court
 278 may consider the expressed desires of the parents and may grant
 279 to one party the ultimate responsibility over specific aspects
 280 of the child's welfare or may divide those responsibilities
 281 between the parties based on the best interests of the child.
 282 Areas of responsibility may include education, health care, and
 283 any other responsibilities that the court finds unique to a
 284 particular family.

285 5. The court shall order sole parental responsibility for a
 286 minor child to one parent, with or without time-sharing with the
 287 other parent if it is in the best interests of the minor child.

288 6. There is a rebuttable presumption against granting time-
 289 sharing with a minor child if a parent has been convicted of or
 290 had adjudication withheld for an offense enumerated in s.

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291 943.0435(1)(h)1.a., and at the time of the offense:

292 a. The parent was 18 years of age or older.

293 b. The victim was under 18 years of age or the parent
294 believed the victim to be under 18 years of age.

295
296 A parent may rebut the presumption upon a specific finding in
297 writing by the court that the parent poses no significant risk
298 of harm to the child and that time-sharing is in the best
299 interests of the minor child. If the presumption is rebutted,
300 the court must consider all time-sharing factors in subsection
301 (3) when developing a time-sharing schedule.

302 7. Access to records and information pertaining to a minor
303 child, including, but not limited to, medical, dental, and
304 school records, may not be denied to either parent. Full rights
305 under this subparagraph apply to either parent unless a court
306 order specifically revokes these rights, including any
307 restrictions on these rights as provided in a domestic violence
308 injunction. A parent having rights under this subparagraph has
309 the same rights upon request as to form, substance, and manner
310 of access as are available to the other parent of a child,
311 including, without limitation, the right to in-person
312 communication with medical, dental, and education providers.

313 Section 6. For the purpose of incorporating the amendment
314 made by this act to section 39.01, Florida Statutes, in a
315 reference thereto, section 61.401, Florida Statutes, is
316 reenacted to read:

317 61.401 Appointment of guardian ad litem.—In an action for
318 dissolution of marriage or for the creation, approval, or
319 modification of a parenting plan, if the court finds it is in

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320 the best interest of the child, the court may appoint a guardian
321 ad litem to act as next friend of the child, investigator or
322 evaluator, not as attorney or advocate. The court in its
323 discretion may also appoint legal counsel for a child to act as
324 attorney or advocate; however, the guardian and the legal
325 counsel shall not be the same person. In such actions which
326 involve an allegation of child abuse, abandonment, or neglect as
327 defined in s. 39.01, which allegation is verified and determined
328 by the court to be well-founded, the court shall appoint a
329 guardian ad litem for the child. The guardian ad litem shall be
330 a party to any judicial proceeding from the date of the
331 appointment until the date of discharge.

332 Section 7. For the purpose of incorporating the amendment
333 made by this act to section 39.01, Florida Statutes, in a
334 reference thereto, subsection (3) of section 61.402, Florida
335 Statutes, is reenacted to read:

336 61.402 Qualifications of guardians ad litem.—

337 (3) Only a guardian ad litem who qualifies under paragraph
338 (1)(a) or paragraph (1)(c) may be appointed to a case in which
339 the court has determined that there are well-founded allegations
340 of child abuse, abandonment, or neglect as defined in s. 39.01.

341 Section 8. For the purpose of incorporating the amendment
342 made by this act to section 39.01, Florida Statutes, in a
343 reference thereto, paragraph (b) of subsection (2) of section
344 390.01114, Florida Statutes, is reenacted to read:

345 390.01114 Parental Notice of and Consent for Abortion Act.—

346 (2) DEFINITIONS.—As used in this section, the term:

347 (b) "Child abuse" means abandonment, abuse, harm, mental
348 injury, neglect, physical injury, or sexual abuse of a child as

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349 those terms are defined in ss. 39.01, 827.04, and 984.03.

350 Section 9. For the purpose of incorporating the amendment
351 made by this act to section 39.01, Florida Statutes, in a
352 reference thereto, subsection (3) of section 744.309, Florida
353 Statutes, is reenacted to read:

354 744.309 Who may be appointed guardian of a resident ward.—

355 (3) DISQUALIFIED PERSONS.—No person who has been convicted
356 of a felony or who, from any incapacity or illness, is incapable
357 of discharging the duties of a guardian, or who is otherwise
358 unsuitable to perform the duties of a guardian, shall be
359 appointed to act as guardian. Further, no person who has been
360 judicially determined to have committed abuse, abandonment, or
361 neglect against a child as defined in s. 39.01 or s. 984.03(1),
362 (2), and (24), or who has been found guilty of, regardless of
363 adjudication, or entered a plea of nolo contendere or guilty to,
364 any offense prohibited under s. 435.04 or similar statute of
365 another jurisdiction, shall be appointed to act as a guardian.
366 Except as provided in subsection (5) or subsection (6), a person
367 who provides substantial services to the proposed ward in a
368 professional or business capacity, or a creditor of the proposed
369 ward, may not be appointed guardian and retain that previous
370 professional or business relationship. A person may not be
371 appointed a guardian if he or she is in the employ of any
372 person, agency, government, or corporation that provides service
373 to the proposed ward in a professional or business capacity,
374 except that a person so employed may be appointed if he or she
375 is the spouse, adult child, parent, or sibling of the proposed
376 ward or the court determines that the potential conflict of
377 interest is insubstantial and that the appointment would clearly

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378 be in the proposed ward's best interest. The court may not
379 appoint a guardian in any other circumstance in which a conflict
380 of interest may occur.

381 Section 10. For the purpose of incorporating the amendment
382 made by this act to section 39.01, Florida Statutes, in a
383 reference thereto, subsection (24) of section 984.03, Florida
384 Statutes, is reenacted to read:

385 984.03 Definitions.—When used in this chapter, the term:

386 (24) "Neglect" has the same meaning as in s. 39.01(53).

387 Section 11. For the purpose of incorporating the amendment
388 made by this act to section 39.01, Florida Statutes, in a
389 reference thereto, paragraph (c) of subsection (8) of section
390 1001.42, Florida Statutes, is reenacted to read:

391 1001.42 Powers and duties of district school board.—The
392 district school board, acting as a board, shall exercise all
393 powers and perform all duties listed below:

394 (8) STUDENT WELFARE.—

395 (c)1. In accordance with the rights of parents enumerated
396 in ss. 1002.20 and 1014.04, adopt procedures for notifying a
397 student's parent if there is a change in the student's services
398 or monitoring related to the student's mental, emotional, or
399 physical health or well-being and the school's ability to
400 provide a safe and supportive learning environment for the
401 student. The procedures must reinforce the fundamental right of
402 parents to make decisions regarding the upbringing and control
403 of their children by requiring school district personnel to
404 encourage a student to discuss issues relating to his or her
405 well-being with his or her parent or to facilitate discussion of
406 the issue with the parent. The procedures may not prohibit

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407 parents from accessing any of their student's education and
 408 health records created, maintained, or used by the school
 409 district, as required by s. 1002.22(2).

410 2. A school district may not adopt procedures or student
 411 support forms that prohibit school district personnel from
 412 notifying a parent about his or her student's mental, emotional,
 413 or physical health or well-being, or a change in related
 414 services or monitoring, or that encourage or have the effect of
 415 encouraging a student to withhold from a parent such
 416 information. School district personnel may not discourage or
 417 prohibit parental notification of and involvement in critical
 418 decisions affecting a student's mental, emotional, or physical
 419 health or well-being. This subparagraph does not prohibit a
 420 school district from adopting procedures that permit school
 421 personnel to withhold such information from a parent if a
 422 reasonably prudent person would believe that disclosure would
 423 result in abuse, abandonment, or neglect, as those terms are
 424 defined in s. 39.01.

425 3. Classroom instruction by school personnel or third
 426 parties on sexual orientation or gender identity may not occur
 427 in prekindergarten through grade 8, except when required by ss.
 428 1003.42(2)(o)3. and 1003.46. If such instruction is provided in
 429 grades 9 through 12, the instruction must be age-appropriate or
 430 developmentally appropriate for students in accordance with
 431 state standards. This subparagraph applies to charter schools.

432 4. Student support services training developed or provided
 433 by a school district to school district personnel must adhere to
 434 student services guidelines, standards, and frameworks
 435 established by the Department of Education.

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436 5. At the beginning of the school year, each school
 437 district shall notify parents of each health care service
 438 offered at their student's school and the option to withhold
 439 consent or decline any specific service in accordance with s.
 440 1014.06. Parental consent to a health care service does not
 441 waive the parent's right to access his or her student's
 442 educational or health records or to be notified about a change
 443 in his or her student's services or monitoring as provided by
 444 this paragraph.

445 6. Before administering a student well-being questionnaire
 446 or health screening form to a student in kindergarten through
 447 grade 3, the school district must provide the questionnaire or
 448 health screening form to the parent and obtain the permission of
 449 the parent.

450 7. Each school district shall adopt procedures for a parent
 451 to notify the principal, or his or her designee, regarding
 452 concerns under this paragraph at his or her student's school and
 453 the process for resolving those concerns within 7 calendar days
 454 after notification by the parent.

455 a. At a minimum, the procedures must require that within 30
 456 days after notification by the parent that the concern remains
 457 unresolved, the school district must either resolve the concern
 458 or provide a statement of the reasons for not resolving the
 459 concern.

460 b. If a concern is not resolved by the school district, a
 461 parent may:

462 (I) Request the Commissioner of Education to appoint a
 463 special magistrate who is a member of The Florida Bar in good
 464 standing and who has at least 5 years' experience in

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465 administrative law. The special magistrate shall determine facts
466 relating to the dispute over the school district procedure or
467 practice, consider information provided by the school district,
468 and render a recommended decision for resolution to the State
469 Board of Education within 30 days after receipt of the request
470 by the parent. The State Board of Education must approve or
471 reject the recommended decision at its next regularly scheduled
472 meeting that is more than 7 calendar days and no more than 30
473 days after the date the recommended decision is transmitted. The
474 costs of the special magistrate shall be borne by the school
475 district. The State Board of Education shall adopt rules,
476 including forms, necessary to implement this subparagraph.

477 (II) Bring an action against the school district to obtain
478 a declaratory judgment that the school district procedure or
479 practice violates this paragraph and seek injunctive relief. A
480 court may award damages and shall award reasonable attorney fees
481 and court costs to a parent who receives declaratory or
482 injunctive relief.

483 c. Each school district shall adopt and post on its website
484 policies to notify parents of the procedures required under this
485 subparagraph.

486 d. Nothing contained in this subparagraph shall be
487 construed to abridge or alter rights of action or remedies in
488 equity already existing under the common law or general law.

489 Section 12. This act shall take effect July 1, 2026.



The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: January 28, 2026

I respectfully request that **Senate Bill #1002**, relating to Child Welfare, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Don Gaetz", written over a horizontal line.

Senator Don Gaetz
Florida Senate, District 1

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1016

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bradley

SUBJECT: Medical Assistance Eligibility for Working Persons with Disabilities

DATE: February 11, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	<u>Favorable</u>
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1016 creates s. 409.9041, F.S., to codify the Working People with Disabilities program (program) within the Agency for Health Care Administration (AHCA). The program helps reduce barriers to employment by allowing certain working adults with developmental disabilities to remain eligible for Medicaid home and community-based services (HCBS) waiver programs while earning income.

The bill provides eligibility for individuals who are at least 18 years old, have a qualifying developmental disability, are enrolled in specified Medicaid waiver programs, and are employed and earning income.

The bill allows enrollees to maintain Medicaid eligibility with income up to 550% of the Supplemental Security Income (SSI) Federal Benefit Rate and requires the AHCA and the Department of Children and Families (DCF) to disregard assets up to \$13,000 for an individual and \$24,000 for an individual and spouse, excluding assets in IRS-recognized retirement accounts.

The bill requires the DCF to provide written notice to eligible adults at initial waiver enrollment and annually thereafter, including information on eligibility, continued Medicaid benefits while working, optional participation, special needs trusts, and a contact for assistance. The bill requires the program to be operated on an opt-in basis. The DCF must also notify individuals currently eligible for the program within 90 days after the effective date of the bill.

The bill has a significant negative fiscal impact on the DCF; however, the impact can be absorbed within existing resources. The bill has no fiscal impact on the AHCA or the Florida Medicaid Program. **See Section V., Fiscal Impact Statement.**

The bill takes effect upon becoming a law.

II. Present Situation:

Services for Individuals with Disabilities --- Generally

A developmental disability refers to a disorder or syndrome that is attributable to an intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome that manifested before the age of 18 and constitutes a substantial handicap that can reasonably be expected to continue indefinitely.¹

Chapter 393, F.S., identifies that individuals with developmental disabilities benefit from community-based services and programs that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.² The care of individuals with developmental disabilities is shared by the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), and the Department of Children and Families (DCF), with each executive agency or department responsible for a different role.

Agency for Persons with Disabilities

The APD is responsible for the provision of services to individuals with disabilities and manages Medicaid waivers that provide federally approved services for individuals with developmental disabilities.³

Agency for Health Care Administration

The AHCA administers the Medicaid program, which means the agency pays for the medical assistance and related services that Medicaid provides low-income families, the elderly, and people with disabilities.⁴

Department of Children and Families

The DCF is responsible for determining the eligibility of applicants to the Medicaid program. However, the Social Security Administration, not the DCF, determines the eligibility of Supplemental Security Income recipients.⁵

¹ Section 393.063(11), F.S.

² Section 393.062, F.S.

³ Section 20.197, F.S.

⁴ Section 409.902, F.S.

⁵ Section 409.902, F.S.

Employment of Persons with Disabilities

In 2024, there were an estimated 3,164,477 individuals with a disability in Florida, in the following age categories:

Number of Individuals in Florida with a Disability ⁶	
Age Range	Number of Individuals with a Disability
Under 18 years	242,336
18 to 64 years	1,369,898
65 years and older	1,552,243
Total	3,164,477

Some individuals with disabilities may be hesitant to seek paid employment opportunities for fear of losing benefits such as Medicaid and Social Security.⁷ In 2024, the nationwide employment-population ratio for individuals with a disability was 22.7 percent for all age groups, compared to an employment-population ratio of 65.5 percent for individuals with no disability.⁸ Individuals with a disability (31 percent) were more likely to work part-time than those with no disability (17 percent).⁹

Supplemental Security Income

Supplemental Security Income (SSI) is a federal assistance program for the elderly and individuals with disabilities who earn income and assets within minimum limits.¹⁰ The program is administered by the Social Security Administration (SSA) and provides a flat monthly benefit based on an individual's income.

To be eligible for SSI, an individual must be over the age of 65, blind, or have a disability. An adult is considered to have a disability if they are unable to engage in any substantial gainful activity (SGA) due to any medically determinable physical or mental impairment that either:

- Is expected to result in death; or
- Has lasted, or is expected to last, for at least 12 consecutive months.¹¹

Children are considered to have a disability if they have medically determinable physical or mental impairments that result in marked and severe functional limitations that are expected to result in death or have lasted, or are expected to last, for at least 12 consecutive months.¹²

⁶ United States Census Bureau, *2024 American Community Survey*, available at:

<https://data.census.gov/table?q=DP02&t=Disability&g=040XX00US12> (last visited 1/22/26).

⁷ Agency for Persons with Disabilities, *Supported Employment*, available at: <https://apd.myflorida.com/services/supported-employment.htm> (last visited 1/22/26).

⁸ U.S. Bureau of Labor Statistics, *Persons with a Disability: Labor Force Characteristics – 2024*, available at: <https://www.bls.gov/news.release/pdf/disabl.pdf> (last visited 1/22/26).

⁹ *Id.*

¹⁰ Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹¹ *Id.*

¹² *Id.*

The SSA utilizes an earnings limit of \$1,620 per month to determine if an individual's work activity is a substantial gainful activity.¹³ Thus, if an individual earns less than \$1,620 due to his or her physical or mental impairment, he or she is considered disabled for the purposes of SSI eligibility.

In addition to having met the criteria for a "disability," an individual applying for SSI must also have limited financial income and assets to receive benefits. The higher an individual's income and assets are, the lower the SSI payment the individual will receive, referred to as the "federal benefit rate" (FBR).¹⁴ In 2025, the FBR was \$967 per month for an individual and \$1,450 per month for a couple if both members are SSI eligible.¹⁵ To receive the full FBR, an individual may not have assets over \$2,000 and a couple may not have assets over \$3,000.¹⁶ Thus, the SSA utilizes an individual's disability status, income, and assets to determine if he or she is eligible to receive the maximum monthly FBR. An individual may receive less than the maximum FBR if he or she has higher income or assets.

Florida residents who are eligible for SSI are automatically eligible for Medicaid coverage from the SSA.¹⁷ The DCF utilizes the SSA's disability designation, meaning an individual who receives SSI based on their disability will be considered by the DCF as disabled for Medicaid coverage.¹⁸

Medicaid

The Medicaid program was enacted as part of the Social Security Amendments of 1965 (P.L. 89-97).¹⁹ It provides coverage for health and other related services for low-income children and families, low-income seniors, and low-income people with disabilities. The federal government has guidelines that shape each state's eligibility standards and coverage packages.²⁰

In Florida, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care (SMMC) program.²¹ The SMMC program consists of the following components:

- Managed Medical Assistance (MMA): Provides Medicaid covered medical services such as doctor's visits, hospital care, prescribed drugs, mental health care, and transportation to such services. Most individuals on Medicaid receive their care from a plan that covers MMA services.

¹³ Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Florida Department of Children and Families, *Florida's Medicaid Redetermination Plan*, available at: <https://www.myflfamilies.com/medicaid#ME> (last visited 1/22/26).

¹⁸ Florida Department of Children and Families, *Notification of Disability Information and Request Form*, available at: <file:///C:/Users/RAO.JACQUELINE/Downloads/i165-107-adobe11.pdf> (last visited 1/22/26).

¹⁹ Medicaid and CHIP Payment and Access Commission, *Medicaid 101*, available at: <https://www.macpac.gov/medicaid-101/> (last visited 1/21/26).

²⁰ *Id.*

²¹ Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited 1/21/26).

- Long-Term Care (LTC): Provides Medicaid LTC services such as care in a nursing facility, assisted living facility, or at home for individuals that are at least 18 years old and meet nursing home level of care (or meet hospital level of care if the individual has Cystic Fibrosis).
- Dental: Provides all Medicaid dental services for children and adults. All individuals on Medicaid must enroll in a dental plan.²²

Florida's Home and Community-Based Services Waivers

Florida has obtained several Medicaid waivers²³ to enable the provision of specified home and community-based services (HCBS) to allow persons at risk of institutionalization to remain at home or in a home-like setting.²⁴ The intended target populations are older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.²⁵ To be eligible for HCBS services under Medicaid, an individual must need the level of care provided in a hospital, nursing facility, or an intermediate care facility for individuals with intellectual disabilities.²⁶ While individuals receiving HCBS services are subject to income eligibility requirements, the Social Security Act allows states to adopt a methodology to determine financial eligibility that is less restrictive than the methodology used to determine SSI eligibility.²⁷ A less restrictive methodology often includes an income disregard, which refers to the exclusion of a certain amount or type of income or resources when determining an applicant's countable income and assets.²⁸

Developmental Disabilities Individual Budgeting (iBudget) Waiver

The Individual Budgeting Waiver (iBudget) is administered for individuals with specified developmental disabilities who meet Medicaid eligibility requirements.²⁹ The iBudget program provides the client with an established personal budget; with this budget, the client may choose services within a specified service package that best allows them to live in their community.³⁰

In instances in which there are not enough available slots in the iBudget waiver program, applicants may be placed on a wait list if the demand for services exceeds available funding. The APD assigns each waitlisted client to a preenrollment category based on their needs. As more funding is available, clients are taken off the preenrollment categories and placed in the program, in descending priority order; meaning, the clients who have the highest needs are enrolled in the program first.³¹

²² *Id.*

²³ A Medicaid waiver allows a state to waive certain eligibility requirements and cover individuals who may not otherwise be eligible for Medicaid care. See Centers for Medicare & Medicaid Services, *State Medicaid Plans and Waivers*, available at: <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/state-medicare-plans-and-waivers> (last visited 1/21/26).

²⁴ Rule 59G-13.080, F.A.C., s. 393.062, F.S., and s. 409.906, F.S.

²⁵ Medicaid.gov, *Home & Community Based Services*, available at: <https://www.medicare.gov/medicaid/home-community-based-services> (last visited 1/21/26).

²⁶ 42 C.F.R., § 441.301(b).

²⁷ 42 U.S.C. 1396a [Sec. 1902]

²⁸ Centers for Medicare & Medicaid Services, *SMD #21-004*, available at: <https://www.medicare.gov/Federal-Policy-Guidance/Downloads/smd21004.pdf> (last visited 1/22/26).

²⁹ Section 393.0662, F.S.

³⁰ *Id.*

³¹ Sections 393.0662, F.S. and 393.065, F.S.

As of December 1, 2025, there were 36,521 iBudget waiver enrollees and 18,526 individuals pre-enrolled in the program.³²

Florida Familial Dysautonomia Waiver

The Familial Dysautonomia Waiver provides home and community-based supports and services to eligible persons that have Familial Dysautonomia and live in their own homes or family homes.³³ To be eligible for the Familial Dysautonomia Waiver, an individual must be diagnosed with Familial Dysautonomia, aged 3 through 64, and at risk of hospitalization.³⁴

As of January 1, 2026, there were seven individuals enrolled on the Familial Dysautonomia waiver.³⁵

SMMC Long-Term Care Program

The Long-Term Care Program is offered by the SMMC LTC and MMA plans.³⁶ To be eligible, individuals must be:

- 65 years of age or older **and** need nursing facility level of care; or
- 18 years of age or older **and** eligible for Medicaid by reason of disability **and** need nursing facility level of care.³⁷

Individuals that are 18 years of age or older with a diagnosis of cystic fibrosis that also have a hospital level of care are also eligible for the SMMC Long-Term Care program.³⁸

As of November 2025, there were 110,197 enrollees in the LTC program receiving HCBS services.³⁹

Medicaid Model Waiver

The Medicaid Model Waiver provides services to medically complex/medically fragile young adults to delay or prevent institutionalization. To be eligible for the Model Waiver, the applicant must:

- Be under the age of 20 years;

³² Agency for Persons with Disabilities, *Home and Community Based Services (HCBS) Waiver Monthly Report*, available at: <https://apd.myflorida.com/resources/reports/APD%20Enrollment%20Report%202025-12-30%20FINAL.pdf> (last visited 1/21/26).

³³ Florida Agency for Health Care Administration, *Familial Dysautonomia Waiver*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/familial-dysautonomia-waiver> (last visited 1/21/26).

³⁴ *Id.*

³⁵ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁶ Florida Agency for Health Care Administration, *Long-Term Care*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/florida-medicaid-s-covered-services-and-waivers> (last visited 1/21/26).

³⁷ *Id.*

³⁸ *Id.*

³⁹ Florida 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 1/23/26).

- Determined disabled using criteria established by the Social Security Administration;
- Be at risk for hospitalization as determined by the Children’s Multidisciplinary Assessment Team; and
- Diagnosed as having degenerative spinocerebellar disease or deemed medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to enrollment.⁴⁰

As of January 1, 2026, there were four individuals enrolled in the Model Waiver.⁴¹

Intellectual and Developmental Disabilities Pilot Program

In 2023, the Legislature directed the AHCA to implement a managed care pilot program, the Intellectual Developmental Disabilities Pilot program (IDD program), for individuals with developmental disabilities that were on the APD preenrollment list for the iBudget program.⁴² In 2025, the Legislature expanded eligibility requirements for the pilot program and extended the program statewide.⁴³ To be eligible for the Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) program, formerly the IDD program, an individual must:

- Be Medicaid eligible.
- Be 18 years of age or older.
- Have a developmental disability as defined in s. 393.063, F.S.
- Be placed in any iBudget preenrollment category in any region (or, enrolled in the LTC managed care program effective July 1, 2026).⁴⁴

As of January 1, 2026, there are 913 individuals enrolled on the ICMC.⁴⁵

Working People with Disabilities Program

In 2019, the Legislature authorized the creation of the Working People with Disabilities program within the AHCA.⁴⁶ The program applies an income disregard for individuals with disabilities that earn income through paid employment, so the individuals can work without losing Medicaid benefits.⁴⁷ The Legislature instructed the AHCA to seek federal approval for the Program, and the waiver was approved by the federal Centers for Medicare and Medicaid Services on April 2, 2020.⁴⁸

To be eligible for the program, an individual must:

⁴⁰ Florida Agency for Health Care Administration, *Model Waiver*, available at: <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/model-waiver> (last visited 1/21/26).

⁴¹ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴² Chapter 2023-243, L.O.F.

⁴³ Chapter 2025-130, L.O.F.

⁴⁴ *Id.*

⁴⁵ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴⁶ Chapter 2019-115, L.O.F., Line Item 218.

⁴⁷ *Id.*

⁴⁸ Centers for Medicare and Medicaid Services, State Plan Amendment #20-0001, available at: <https://www.medicare.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/FL/FL-20-0001.pdf> (last visited 1/21/26).

- Be enrolled in the iBudget Waiver, the Long-Term Care Waiver, the Familial Dysautonomia Waiver, or the Model Waiver; **and**
- Earn income and assets through paid employment.⁴⁹

Prior to the program, individuals under the included waivers could not exceed a monthly income limit of 300 percent of the Federal Benefit Rate (FBR), which created an income limit of \$2,000 for an individual or \$3,000 for a couple.⁵⁰ After the implementation of the Program, an individual would remain eligible for Medicaid as long as their monthly income did not exceed 550 percent of the FBR and have cash assets under \$13,000 or \$24,000 for a single individual or couple, respectively.⁵¹ Additionally, the Program allows an individual to have a retirement account recognized by the Internal Revenue Service.

In 2026, the monthly FBR is \$994 for an individual and \$1,491 for an eligible couple.⁵² Thus, under the program's income disregard, an individual would retain Medicaid eligibility if their monthly income was less than \$5,467 for an individual or \$8,200.5 for an eligible couple, as it does not exceed 550 percent of the FBR.

III. Effect of Proposed Changes:

Section 1 creates s. 409.9041, F.S., to codify the Working People with Disabilities program within the Agency for Health Care Administration (AHCA). The program is intended to eliminate barriers to employment by allowing certain working adults with developmental disabilities to maintain eligibility for the Medicaid home and community-based services waiver programs while earning additional income.

To be eligible, an individual must meet all of the following criteria:

- Have a developmental disability as defined in s. 393.063, F.S.
- Be currently enrolled in a Medicaid HCBS services waiver program, including the following waivers:
 - Home and community based services Medicaid waiver program under s. 393.0662, F.S.;
 - Familial dysautonomia waiver program under s. 409.912(10), F.S.;
 - Long-term care managed care program under s. 409.978, F.S.;
 - The pilot program for individuals with developmental disabilities under s. 409.9855, F.S.;
 - or
 - The Florida Medicaid Model Waiver.
- Is at least 18 years of age.
- Is employed and earning income.

The bill requires an enrollee's maximum monthly income to be no more than 550 percent of the SSI Federal Benefit Rate to maintain Medicaid eligibility. The bill requires the AHCA and the

⁴⁹ Florida Agency for Health Care Administration, *Florida Medicaid Working People with Disabilities FAQ*, available at: https://ahca.myflorida.com/content/download/11061/file/wpwd_FAQ.pdf (last visited 1/21/26).

⁵⁰ Florida Agency for Health Care Administration, *Florida Medicaid Working People with Disabilities FAQ*, available at: https://ahca.myflorida.com/content/download/11061/file/wpwd_FAQ.pdf (last visited 1/21/26).

⁵¹ *Id.*

⁵² Social Security Administration, *SSI Federal Payment Amounts for 2026*, available at: <https://www.ssa.gov/oact/cola/SSI.html> (last visited 1/22/26).

Department of Children and Families (DCF) to disregard assets up to \$13,000 for an individual enrollee and \$24,000 for an enrollee and spouse. The bill also excludes assets held in an IRS-recognized retirement account from eligibility determinations.

The bill requires the DCF to provide written notice to eligible adults at the time of initial enrollment in a covered waiver program and at least annually thereafter. The notice must include information about program eligibility, the ability to maintain Medicaid benefits while earning income, the optional nature of the program, the availability and purpose of special needs trusts, and a program contact for eligibility assistance as well as the option to opt into the program.

Section 2 requires the DCF to provide the written notice required in s. 409.9041(5), F.S., to individuals who are currently eligible for the Working People with Disabilities program within 90 days after the effective date of the act.

Section 3 provides that the bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may provide an indeterminate positive economic impact for eligible individuals by allowing increased earnings while maintaining Medicaid eligibility and waiver services and supporting greater workforce participation.

C. Government Sector Impact:

The Department of Children and Families (DCF) estimates a cost of \$340,400 for changes to the department's eligibility determination system (ACCESS) to accommodate the new data provided by the Agency for Health Care Administration (AHCA) for individuals not already in the DCF system, modify workflows to designate applicants as opt-in participants or opt-out nonparticipants in the program, and ensure notices are sent at designated intervals. Depending on the timing, and in conjunction with ongoing ACCESS modernization efforts, the DCF should be able to leverage current funding to accomplish these changes.

The DCF also estimates an increase in agency mailing costs to accommodate the bills notice requirements to eligible adults. At \$0.78 per mailing, the DCF estimates \$61,522 for the 78,875 individuals already in the ACCESS system and an unknown amount for the Medicaid Social Security Income population yet to be quantified. These costs can be absorbed using existing department resources.⁵³

The AHCA states that the data sharing component of the bill will require minor information technology system changes that can be completed using existing agency resources.⁵⁴

The bill will have no fiscal impact on the Florida Medicaid program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 409.9041 of the Florida Statutes.

This bill creates an undesignated section of law.

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 Children, Families, and Elder Affairs Committee on January 27, 2026:

⁵³ Department of Children and Families, *Senate Bill 1016* (Feb. 3, 2026) (on file with Senate Appropriations Committee on Health and Human Services).

⁵⁴ Agency for Health Care Administration, *Senate Bill 1016* (Dec. 30, 2025) (on file with Senate Appropriations Committee on Health and Human Services).

- Requires the Agency for Health Care Administration to identify Medicaid recipients who are enrolled in a Supplemental Security Income program and a covered Medicaid HCBS waiver program and share such information with the Department of Children and Families (DCF). This is intended to streamline the process in which the DCF is required to provide written notice to adults eligible for the Working People with Disabilities program.
- Removes the automatic enrollment component of the Working People with Disabilities program and provides a requirement for notice to eligible individuals with the ability to opt-in to the program.

B. Amendments:

None.

By the Committee on Children, Families, and Elder Affairs; and
Senator Bradley

586-02239-26

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A bill to be entitled

An act relating to medical assistance eligibility for working persons with disabilities; creating s. 409.9041, F.S.; defining the term "department"; creating the Working People with Disabilities program within the Agency for Health Care Administration; providing the purpose of the program; specifying eligibility requirements; specifying income and asset requirements for eligibility in the program; requiring the Department of Children and Families to provide a written notice of specified information to eligible adults upon their initial enrollment in certain Medicaid waiver programs, and at least annually thereafter; requiring the agency to identify certain Medicaid recipients and share such information with the department for a specified purpose; requiring the department to provide the initial written notice to currently eligible enrollees within a specified timeframe; providing an effective date.

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

Section 1. Section 409.9041, Florida Statutes, is created to read:

409.9041 Working People with Disabilities program.—

(1) As used in this section, the term "department" means the Department of Children and Families.

(2) The Working People with Disabilities program is established within the agency. The purpose of the program is to

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

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eliminate barriers to employment by allowing certain working individuals with disabilities to maintain eligibility for Medicaid home and community-based services waiver programs while working and earning additional income.

(3) An individual is eligible for the program if he or she meets all of the following criteria:

(a) Has a developmental disability as defined in s. 393.063.

(b) Is currently enrolled in a Medicaid home and community-based services waiver program, including the home and community-based services Medicaid waiver program under s. 393.0662, the familial dysautonomia waiver program authorized under s. 409.912(10), the long-term care managed care program under s. 409.978, the pilot program for individuals with developmental disabilities under s. 409.9855, or the Florida Medicaid Model Waiver.

(c) Is at least 18 years of age.

(d) Is employed and earning income.

(4) To maintain Medicaid eligibility, the enrollee's maximum monthly income may not exceed 550 percent of the Supplemental Security Income Federal Benefit Rate established by the Social Security Administration. The agency and department shall disregard assets up to \$13,000 for an enrollee and up to \$24,000 for an enrollee and his or her spouse, and exclude an enrollee's assets held in a retirement account recognized by the Internal Revenue Service, when determining eligibility for the Medicaid program.

(5) The department shall provide written notice to eligible adults upon initial enrollment in a waiver program described in

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59 paragraph (3) (b) and at least annually thereafter. The notice
60 must clearly and concisely communicate all of the following
61 information with the option to opt into the program:

62 (a) Eligibility and qualifications for participation in the
63 program.

64 (b) The enrollee's ability to maintain Medicaid benefits
65 while earning income under the program.

66 (c) The optional nature of participation in the program.

67 (d) A brief overview of a special needs trust authorized by
68 the federal Social Security Act and how it may assist with
69 maintaining eligibility for benefits.

70 (e) The name and contact information for the person or
71 office within the department responsible for providing
72 information regarding eligibility for or assistance with the
73 program.

74 (6) The agency shall identify Medicaid recipients who are
75 enrolled in a Supplemental Security Income program and a
76 Medicaid home and community-based services waiver program listed
77 in paragraph (3) (b) and share such information with the
78 department as necessary to accomplish the purpose of this
79 section.

80 Section 2. The Department of Children and Families shall
81 provide the written notice required under s. 409.9041(5),
82 Florida Statutes, to currently eligible enrollees under s.
83 409.9041(3), Florida Statutes, within 90 days after the
84 effective date of this act.

85 Section 3. This act shall take effect upon becoming a law.



2026 AGENCY LEGISLATIVE BILL ANALYSIS

Department of Children and Families

<u>BILL INFORMATION</u>	
BILL NUMBER:	SB 1016
BILL TITLE:	Medical Assistance Eligibility for Working Persons with Disabilities
BILL SPONSOR:	Senator Jennifer Bradley
EFFECTIVE DATE:	

<u>COMMITTEES OF REFERENCE</u>
1) Senate Children, Families, and Elder Affairs
2) Senate Appropriations Committee on Health and Human Services
3) Senate Appropriations
4)
5)

<u>CURRENT COMMITTEE</u>
Senate Appropriations Committee on Health and Human Services

<u>SIMILAR BILLS</u>	
BILL NUMBER:	HB 0915
SPONSOR:	Representative Allison Tant

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	
SPONSOR:	
YEAR:	
LAST ACTION:	

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	
SPONSOR:	

<u>Is this bill part of an agency package?</u>
No.

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	For further information, please contact Chancer Teel at (850) 488-9410
LEAD AGENCY ANALYST:	
ADDITIONAL ANALYST(S):	
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

This bill creates the Working People with Disabilities program under the Agency for Health Care Administration (AHCA) to allow certain employed individuals with disabilities to retain Medicaid coverage while working and earning additional income. The Department of Children and Families (Department) is designated to implement the program, including automatically enrolling eligible individuals with developmental disabilities who are already participating in certain Medicaid home and community-based services waiver programs. The bill establishes an income limit of up to 550 percent of the Supplemental Security Income Federal Benefit Rate and requires specified assets, including certain retirement accounts, to be disregarded when determining eligibility. The bill requires the Department to provide written notice to eligible adults about the program, its benefits, and the option to participate.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Florida Department of Children and Families (Department), Office of Economic Self Sufficiency (ESS), is responsible for administering and determining eligibility for several government assistance programs including the Supplemental Nutrition Assistance Program, (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid for the State of Florida (Chapter 409, Part III, F.S. and Chapter 414, F.S.). Medicaid provides medical coverage to low-income individuals and families. Medicaid eligibility is based on financial and technical factors including income, assets, residency, and citizenship. While eligibility for Medicaid is determined by the Department, services and payment for services are administered by the Agency for Health Care Administration (AHCA). Individuals may receive Medicaid benefits for as long as they are eligible. The Department determines Medicaid eligibility for:

- Families with children.
- Children only.
- Pregnant women.
- Former foster care children ages 18 through 25.
- Family Planning for women ages 14 through 55.
- Non-citizens with medical emergencies.
- Aged and/or disabled individuals who are not currently receiving Supplemental Security Income (SSI).

(Individuals who are receiving SSI are determined eligible for Medicaid through the Social Security Administration, the Department does not determine eligibility for this population.)

Individuals who are not eligible for "full" Medicaid because their income or assets are over the Medicaid program limits may qualify for the Medically Needy program. Individuals enrolled in Medically Needy must meet a certain amount of medical bills each month before Medicaid can be approved. This is referred to as a "share of cost" and varies depending on the household's size and income.

Income and asset limits for Medicaid vary by coverage type.

The Department does not determine eligibility for SSI recipients. SSI is administered through the Social Security Administration and provides monthly payments to adults and children who have income and assets below certain financial limits, and who are 65 or older, blind, or disabled. In addition to the SSI monthly payment, SSI recipients are automatically eligible for Medicaid on the basis of receiving SSI. A Medicaid eligibility determination by the Department is not required for SSI recipients. Individuals who are enrolled in Medicaid and have been determined eligible because they are an SSI recipient, are visible to AHCA as they will oversee the provision of benefits.

When an individual loses SSI benefits, they are no longer eligible for SSI Medicaid. The individual is then referred to the Department through the SSI Ex Parte process to make a determination if the individual is eligible to receive Florida Medicaid in compliance with the eligibility standards established.

Medicaid Home and Community-Based Services (HCBS) enrollment occurs through AHCA, the Agency for Persons with Disabilities (APD), or the Department of Elder Affairs (DOEA). The Department receives verification of the HCBS enrollment after it occurs to ensure the appropriate Florida Medicaid waiver coverage is applied. In December 2025, 78,875 adult recipients were receiving waiver coverage through the Department. The data does not include individuals who are enrolled in HCBS and receiving SSI Medicaid.

In 2019 the Working People with Disabilities (WPwD) program was established through AHCA to allow certain individuals enrolled in Medicaid HCBS waiver programs to have increased income and asset limits while continuing

to be enrolled in Medicaid. Effective January 1, 2020, the WPwD Program was implemented within the Department for individuals with earned income from paid employment or a combination of earned and unearned income that is higher than standard HCBS limits. The current asset limits for an HCBS-enrolled working individual with a disability is up to \$13,000, while a couple is up to \$24,000. A retirement account recognized by the Internal Revenue Service is excluded. The income limit is 550% of the Federal Benefit Rate or \$5,467 for an individual and \$10,934 for a couple. The Department does not require a separate application for the WPwD program. The current eligibility system automatically assesses an individual at the higher income and asset limits if they are disabled, enrolled in a HCBS waiver, and receiving earned income that exceeds the HCBS waiver income and asset standards. If an individual meets the income and asset limits of HCBS waiver coverage the individual will remain in that coverage group. If the income and assets exceed the limits for HCBS waiver coverage, then the higher thresholds under WPwD will be applied.

An individual may qualify for Medicaid by establishing a Qualified Income Trust (QIT) if income exceeds the limit for the following Medicaid coverage groups: Institutionalized Care Program (ICP), institutionalized MEDS-AD, institutionalized Hospice, Home and Community Based Services (HCBS) and the Programs of All-Inclusive Care for the Elderly (PACE). In addition, a Special Needs Trust may be established for HCBS waiver recipients whose assets exceed the Federal Benefit Rate (FBR) to qualify for Medicaid. To qualify for the Special Needs Trust, the individual whose assets were used to establish the trust must be disabled as of the date the trust is established. QIT and Special Needs Trusts are excluded during the Medicaid eligibility determination made by the Department.

2. EFFECT OF THE BILL:

Section 1

Lines 25-56 establish the WPwD program within AHCA, with the purpose of eliminating barriers to employment by allowing individuals with certain disabilities to maintain Medicaid eligibility for HCBS programs while working and earning additional income. This section also establishes eligibility requirements that must be automatically applied if an individual:

- Has a developmental disability.
- Is currently enrolled in a Medicaid HCBS waiver program.
- Is at least 18 years of age.
- Employed and earning income.

This section directs the Department and AHCA to establish a maximum monthly income of 550% of the Federal Benefit Rate, and to disregard assets up to \$13,000 for an individual and \$24,000 for a couple. Eligibility must also exclude retirement accounts recognized by the Internal Revenue Service.

Lines 56-73 also require the Department to provide written notice to eligible individuals upon initial enrollment in a HCBS waiver program and annually thereafter. The notice must include the following information with the option to opt into the program:

- Eligibility and qualifications for participation in the program
- The individual's ability to maintain Medicaid while earning income
- The optional nature of the program
- A brief overview of a special needs trust and how it may assist with maintaining eligibility
- The name and contact information for the person or office within the Department responsible for providing information about eligibility

The Department does not maintain medical diagnoses as part of its eligibility system or collect this information during the Medicaid eligibility determination process. As a result, the Department would not have the data to distinguish developmental disabilities from other disability decisions to be compliant with the requirement to provide notification or automatically apply WPwD eligibility for individuals with a developmental disability.

The Department currently does not issue notices about the WPwD program to individuals who may qualify. The Department's role is limited to determining Florida Medicaid eligibility, not enrolling people into HCBS waiver programs.

Lines 74-79 require AHCA to identify Medicaid recipients enrolled in an SSI program and an HCBS waiver program listed in paragraph (3)(b), and that this information is shared with DCF. The Department does not have the information needed to identify all Medicaid recipients who are enrolled in HCBS waivers, since individuals who are receiving SSI Medicaid are also enrolled in such waivers. AHCA, as the designated entity to oversee the Medicaid program, would maintain the system of record for all individuals within the state who are accessing Medicaid benefits, regardless of their enrollment type. AHCA works in partnership with APD and DOEA to ensure accurate records of those enrolled onto HCBS waivers and would therefore know SSI recipients not known to the Department who may be impacted by this change. To implement the notice requirement, the Department and AHCA must create

a data sharing process, likely through a regular file transfer, so the Department can accurately identify eligible individuals and send the required notifications to be in compliance with this requirement.

Section 2

Lines 80-84 require the Department to provide the written notice outlined in Section 1 to currently eligible individuals within 90 days after the effective date of the legislation. The Department will incur additional mailing costs for any initial and ongoing WPwD notices that are issued to individuals.

3. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?

If yes, explain:	No
What is the expected impact to the agency's core mission?	N/A
Rule(s) impacted (provide references to F.A.C., etc.):	N/A

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

List any known proponents and opponents:	Unknown.
Provide a summary of the proponents' and opponents' positions:	Unknown.

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?

If yes, provide a description:	No
Date Due:	N/A
Bill Section Number(s):	N/A

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

Board:	N/A
Board Purpose:	N/A
Who Appoints:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. WHAT IS THE FISCAL IMPACT TO LOCAL GOVERNMENT?

Revenues:	N/A
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Expenditures:	N/A
Does the legislation increase local taxes or fees?	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. WHAT IS THE FISCAL IMPACT TO STATE GOVERNMENT?

Revenues:	
Expenditures:	The current mailing cost is \$0.78 per mailing. The estimated cost of initial notifications to 78,875 eligible individuals is \$61,522.50. These anticipated expenditures do not include individuals enrolled in HCBS and receiving SSI Medicaid. The Department does not maintain data on SSI recipients.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	NA

3. WHAT IS THE FISCAL IMPACT TO THE PRIVATE SECTOR?

Revenues:	
Expenditures:	
Other:	

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?

Does the bill increase taxes, fees or fines?	No
Does the bill decrease taxes, fees or fines?	No
What is the impact of the increase or decrease?	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

Does the legislation impact the agency's technology systems (i.e., IT support, licensing software, data storage, etc.)?	Yes
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<p>If yes, describe the anticipated impact to the agency including any fiscal impact.</p>	<p>Modification to the Department's ACCESS system will be needed to update the current notice to add information as it relates to the program and enrollment information. The estimated cost of these system enhancements is \$340,400.</p>
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FEDERAL IMPACT

<p>Does the legislation have a federal impact (i.e. federal compliance, federal funding, federal agency involvement, etc.)?</p>	<p>N/A</p>
<p>If yes, describe the anticipated impact including any fiscal impact.</p>	

ADDITIONAL COMMENTS

• LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

<p>Issues/concerns/comments and recommended action:</p>	<p>N/A</p>
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2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

<u>BILL INFORMATION</u>	
BILL NUMBER:	SB 1016
BILL TITLE:	Medical Assistance Eligibility for Working Persons with Disabilities
BILL SPONSOR:	Senator Bradley
EFFECTIVE DATE:	Upon becoming a law

<u>COMMITTEES OF REFERENCE</u>
1) Children, Families, and Elder Affairs
2) Appropriations Committee on Health and Human Services
3) Appropriations
4)
5)

<u>CURRENT COMMITTEE</u>
Children, Families, and Elder Affairs

<u>SIMILAR BILLS</u>	
BILL NUMBER:	HB 915
SPONSOR:	Representative Tant

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	
SPONSOR:	
YEAR:	
LAST ACTION:	

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	
SPONSOR:	

Is this bill part of an agency package?
Y ___ N_X__

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	12/30/2025
LEAD AGENCY ANALYST:	Kimberly Quinn
ADDITIONAL ANALYST(S):	
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

Senate Bill (SB) 1016 creates section 409.9041, Florida Statutes (F.S.), an act relating to medical assistance eligibility for working persons with disabilities. The Working People with Disabilities program would be established within the Agency for Health Care Administration (Agency) with the intent to eliminate barriers to employment by allowing certain working individuals with disabilities to maintain eligibility for Medicaid home and community-based services waiver programs. To maintain Medicaid eligibility, the enrollee's maximum monthly income may not exceed 550% (an increase from the current threshold of 300%) of the Supplemental Security Income Federal Benefit Rate established by the Social Security Administration. Additionally, the Agency and the Department of Children and Families (Department) when determining eligibility for the Medicaid program shall disregard assets up to \$13,000 (single) or up to \$24,000 (joint) and exclude an enrollee's assets held in a retirement account recognized by the Internal Revenue Service.

An individual would be eligible and automatically enrolled in the new program if they meet specific criteria.

The Working People with Disabilities program was operationalized in Florida in 2020 through a state plan amendment.

SB 1016 also requires the Department to provide written notice to eligible adults upon initial enrollment in a waiver, previously described, and must include the following:

1. Automatic enrollment in the program;
2. Eligibility and qualifications for participation in the program;
3. The enrollee's ability to maintain Medicaid benefits while earning income;
4. Participation in the program is optional;
5. A brief overview of a special needs trust authorized by the federal SSA and how it may assist with maintaining eligibility for benefits;
6. Name and contact information for the person or office with the Department.

The Department would be required to provide the same written notice as above to currently eligible adults enrolled in a qualifying waiver program within 90 days after the effective date of the act.

This bill has a minor operational impact and no fiscal impact on the Agency.

The bill shall take effect upon becoming a law.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Agency for Health Care Administration (Agency) is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act (SSA). This authority includes establishing and maintaining a Medicaid state plan approved by the Centers for Medicare & Medicaid Services (CMS) and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed by the Florida Legislature. The Department of Children and Families (Department) is designated as the state agency responsible for determining financial eligibility for Florida's Medicaid program in accordance with state statute and as federally approved in the Medicaid state plan.

A Medicaid state plan is an agreement between a state and the federal government describing how that state administers its Medicaid programs; it establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements. State Medicaid programs may request a formal waiver of the requirements codified in the SSA. Federal waivers give states flexibility not afforded through their Medicaid state plan.

Waivers

Home and Community-Based Services Waivers

Under federal law, Medicaid provides coverage for health care services to cure or ameliorate diseases; generally, Medicaid does not cover services that will not cure or mitigate the underlying diagnosis, or social services. However, aged or disabled people and people with developmental disabilities, while certainly requiring traditional medical services, need other kinds of services to maintain their independence and avoid institutionalization. Home and Community-Based Services (HCBS) are an alternative to institutionalizing aged or disabled people or people with developmental disabilities. Federal regulations require a functional

assessment for determination of institutional level of care for HCBS waiver eligibility. These waivers are authorized under section 1915(c) of the SSA. Enrollment into these waivers may be limited based on the availability of funds.

Florida currently has five approved HCBS waivers:

- The Familial Dysautonomia (FD) Waiver - provides HCBS services to individuals aged three and older with a diagnosis of Familial Dysautonomia;
- The Developmental Disabilities Individual Budgeting (iBudget) Waiver – provides HCBS services to individuals aged three and older who meet the eligibility requirements in accordance with Chapter 393, F.S.;
- The Statewide Medicaid Managed Care (SMMC) Long-Term Care (LTC) Waiver – provides HCBS services to disabled individuals age 18-64 and elderly individuals age 65 or older, including individuals over the age of 18 with a diagnosis of cystic fibrosis, AIDS, or a traumatic brain or spinal cord injury;
- The Model Waiver – provides HCBS services to children 20 years of age or younger who are medically complex/medically fragile or diagnosed with degenerative spinocerebellar disease; and
- The Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) Waiver – provides HCBS services to individuals aged 18 and over who meet the same eligibility requirements as the iBudget waiver, including the eligibility requirements in any of Categories 1 through 7 in s. 393.0659(5) F.S., who choose to receive HCBS services through the ICMC Waiver program.

In order to be enrolled in one of these waivers, an individual must meet program-specific clinical eligibility requirements and financial eligibility requirements for Medicaid under s. 409.904, F.S. Each of the HCBS waivers permits the individual to become financially eligible for Medicaid under a special income limit of 300% of the Federal Benefit Rate (FBR).

Working People with Disabilities Program

In 2019, through SB 2500 (General Appropriations Act), Specific Appropriation 218, the Legislature directed the Agency to seek federal authority to establish the Working People with Disabilities program. This legislation required the Agency to submit a request to CMS to raise the Medicaid monthly income limit to 550% of the Federal Benefit Rate for individuals in certain HCBS waiver programs who have earned income through paid employment. Additionally, cash assets can be up to the amount of \$13,000 for a single individual and \$24,000 for a couple, and individuals may have a retirement account recognized by the Internal Revenue Service.

CMS approved a state plan amendment to implement these changes for all HCBS waivers on April 2, 2020, with an effective date of January 1, 2020. This approval was effective for all section 1915(c) waivers, including any newly established waiver programs; individual waivers could not be targeted per CMS.

2. EFFECT OF THE BILL:

SB 1016 creates the Working People with Disabilities program. This bill does not direct the Agency to add new waiver slots or change any of the program elements such as clinical eligibility or services available through any of Florida's HCBS waivers, but instead allows eligible HCBS waiver participants who begin earning additional income to keep their Medicaid benefits while achieving a higher monthly income level.

An individual would be eligible and automatically enrolled in the Working People with Disabilities program if they meet the following criteria:

1. Have a developmental disability (defined in s. 393.063, F.S.);
2. Are currently enrolled in a Medicaid home and community-based waiver program, to include:
 - a. Home and Community-Based Services Waiver (s. 393.0662, F.S.),
 - b. Familial Dysautonomia Waiver (s. 409.912(10), F.S.),
 - c. Long-Term Managed Care Program (s. 409.978, F.S.),
 - d. Individuals with Developmental Disabilities Pilot Program (s. 409.9855, F.S.), or
 - e. Florida Medicaid Model Waiver
3. At least 18 years of age;

4. Employed and earning income.

The requirements for the Working People with Disabilities program included in SB 1016 align with the state and federal program implemented following the 2019 legislation, and was fully operationalized in Florida in 2020.

SB 1016 also requires the Department to provide written notice to eligible adults upon initial enrollment and annually thereafter that include Working People with Disabilities programmatic information as well as provide written notice to currently eligible adults enrolled in a qualifying waiver program within 90 days of the effective date of the act, in accordance with s. 409.9041(5), F.S.

The notification requirements of SB 1016 have a minor operational impact on the Agency as the Agency would need to identify for the Department the Medicaid recipients who are enrolled in SSI and also have eligibility for an HCBS waiver to allow the Department to send informational notices to these individuals. This would require system enhancements to produce a file/report for the Department, as well as enhancements to Department systems to automate the process to share information about the Working People with Disabilities Program. The operational process and system updates required by the Agency can be completed using existing Agency resources.

SB 1016 would not have a fiscal impact on the Agency.

Section 3 of SB 1016 states this act shall take effect upon becoming a law.

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

If yes, explain:	
Is the change consistent with the agency's core mission?	Y ___ N ___
Rule(s) impacted (provide references to F.A.C., etc.):	

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

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

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

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

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

Board:	
Board Purpose:	

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

FISCAL ANALYSIS

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

Revenues:	
Expenditures:	
Does the legislation increase local taxes or fees? If yes, explain.	
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	

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

Revenues:	
Expenditures:	
Does the legislation contain a State Government appropriation?	
If yes, was this appropriated last year?	

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

Revenues:	
Expenditures:	
Other:	

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

If yes, explain impact.	
Bill Section Number:	

TECHNOLOGY IMPACT

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

If yes, describe the anticipated impact to the agency including any fiscal impact.	
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FEDERAL IMPACT

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

If yes, describe the anticipated impact including any fiscal impact.	
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ADDITIONAL COMMENTS

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LEGAL – GENERAL COUNSEL’S OFFICE REVIEW

Issues/concerns/comments:	
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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Regulated Industries, *Chair*
Appropriations Committee on Higher
Education, *Vice Chair*
Appropriations Committee on Pre-K - 12 Education
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Joint Committee on Public Counsel Oversight,
Alternating Chair

SENATOR JENNIFER BRADLEY

6th District

January 12, 2025

Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services
415 Senate Building
404 South Monroe Street
Tallahassee, Florida 32399-1100

Dear Chair Trumbull:

I respectfully request that CS/SB 1016 be placed on the committee's agenda at your earliest convenience. This bill would codify the Working People with Disabilities Program which was authorized in proviso in the 2019 General Appropriations Act.

Thank you for your consideration and please reach out if you have any questions or concerns about the bill.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Bradley".

Jennifer Bradley

cc: Brooke McKnight, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 1845 East West Parkway, Suite 5, Fleming Island, Florida 32003 (904) 278-2085
- 406 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5006

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 Appropriations Committee on Health and Human Services

BILL: SB 1022

INTRODUCER: Senator Polsky

SUBJECT: Children's Initiatives

DATE: February 11, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	Favorable
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 1022 provides for the creation of the Bay County 32401 Children's Initiative within Bay County and the Pompano RYZE (Resilient Youth with Zeal to Excel) Children's Initiative within Broward County. Florida Children's Initiatives are community-based service networks located in disadvantaged areas of the state that are created to improve the educational, economic, and health outcomes for residents in the area.

The bill requires both Children's Initiatives to be managed by a not-for-profit corporation that complies with the requirements for not-for-profit corporations in ch. 617, F.S. The areas the Children's Initiatives serve must be large enough to include all the necessary components of community life, yet small enough to serve all members of the community who wish to participate in the project.

Both Children's Initiatives are operating currently and have completed the requirements to be designated as a Children's Initiatives according to the Ounce of Prevention Fund of Florida, the organization responsible for designating an area as a Children's Initiative.

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

The bill takes effect July 1, 2026.

II. Present Situation:

Florida Children's Initiatives

In 2008, the Legislature created Children's Initiatives.¹ Acknowledging the lack of infrastructure and opportunities that is present in some communities in the state, Children's Initiatives are intended to assist disadvantaged areas within the state in creating a community-based service network that develops, coordinates, and provides quality education, accessible health care, youth development programs, opportunities for employment, and safe and affordable housing for children and families living within that area.²

The state leverages investments that are intended to encourage community partners to commit financial resources to disadvantaged areas. Section 409.147, F.S., outlines the process for a county or municipality (or a county and one or more municipalities together) to apply to the Ounce of Prevention Fund of Florida to designate an area as a Florida Children's Initiative. Generally, the governing body of the county or municipality must first adopt a resolution finding the area has issues related to poverty, that changes are necessary for the area to improve, and that resources are necessary for the revitalization of the area.³ Following the adoption of the resolution, the county or municipality must establish a children's initiative planning team and develop and adopt a strategic community plan. Once a county or municipality has completed these steps, it must create a not-for-profit corporation.⁴

Florida Children's Initiative Planning Team

The Children's Initiative planning team is responsible for developing a planning process that builds a commitment to achieving the vision of the Florida Children's Initiative concept.⁵ The planning team must identify the opportunities, strengths, challenges, and problems in the Florida Children's Initiatives, and develop a vision of what the Florida Children's Initiative will look like when such issues are addressed. Additionally, the planning team must develop a strategic community plan that consists of goals, objectives, tasks, the designation of responsible parties, the identification of necessary resources, implementation timelines, and monitoring procedures.⁶

There is no statutory requirement for the number of individuals that must be on a planning team; however, at least half of the members must be residents of the area. The other half of the planning team may include representatives from community-based organizations and other community institutions.

Planning teams are required to designate working groups that address each of the following focus areas:

- Early development and care of children.
- Education of children and youth.

¹ Children's Initiatives were originally referred to as "Children's Zones" in 2008; in 2009, the Legislature changed the name to "Children's Initiatives." See ch. 2008-96, L.O.F. and ch. 2009-43, L.O.F.

² Section 409.147(1), F.S.

³ Section 409.147(4), F.S.

⁴ Section 409.147(4), F.S.

⁵ Section 409.147(5), F.S.

⁶ *Id.*

- Health and wellness.
- Youth support.
- Parent and guardian support.
- Adult education, training, and jobs.
- Community safety.
- Housing and community development.⁷

Florida Children’s Initiatives Strategic Community Plan

Each working group created by the planning team must develop objectives and identify strategies for each focus area.⁸ The following table outlines the objectives for each working group focus area:

Objectives for Each Working Group Focus Area	
Focus Area	Objectives for Working Group
Early Development and Care of Children	Providing resources to enable every child to be adequately nurtured during the first 3 years of life.
	Ensuring that all schools are ready for children and all children are ready for school by the time they reach kindergarten.
	Facilitating enrollment in half-day or full-day prekindergarten for all 3-year-old and 4-year-old children.
	Strengthening parent and guardian relationships with care providers.
	Providing support and education for families and child care providers.
Education of children and youth	Increasing the level and degree of knowledge and accountability of persons who are responsible for the development and well-being of all children in each Florida Children’s Initiative.
	Transforming the structure and function of schools to increase the quality and amount of time spent on instruction and increase programmatic options and offerings.
	Creating a safe and respectful environment for student learning.
	Identifying and supporting points of alignment between a Florida Children’s Initiative community plan and the school district’s strategic plan.
Health and Wellness	Facilitating enrollment of all eligible children in the Florida KidCare program and providing full access to high-quality drug and alcohol treatment services.
	Eliminating health disparities between racial and cultural groups, including improving outcomes and increasing interventions.
	Providing fresh, good quality, affordable, and nutritious food within a Children’s Initiative.
	Providing all children in a Florida Children’s Initiative with access to safe structured and unstructured recreation.
Youth support	Increasing the high school graduation, postsecondary enrollment, and postsecondary completion rates among neighborhood youth.
	Increasing leadership development and employment opportunities for neighborhood youth.
Parent and guardian support	Increasing parent and adult literacy.
	Expanding access for parents to critical resources, such as jobs, transportation, day care, and after-school care.
	Improving the effectiveness of how support systems communicate and collaborate with parents and how parents communicate and collaborate with support systems.

⁷ Section 409.147(5), F.S.

⁸ Section 409.147(6), F.S.

Objectives for Each Working Group Focus Area	
Focus Area	Objectives for Working Group
	Making the services of the Healthy Families Florida program available to provide multiyear support to expectant parents and people caring for infants and toddlers.
Adult education, training, and jobs	Creating job opportunities for adults that lead to career development.
	Establish a career and technical school, or a satellite of such a school within a Florida Children’s Initiative, which includes a one-stop career center.
Community safety	Providing a safe environment for all children at home, in school, and in the community.
	Eliminating the economic, political, and social forces that lead to a lack of safety within the family, the community, schools, and institutional structures.
	Assessing policies and practices, including sentencing, incarceration, detention, and data reporting, to reduce youth incarceration, violence, crime, and recidivism.
Housing and community development	Strengthening the residential real estate market.
	Building on existing efforts to promote socioeconomic diversity when developing a comprehensive land use strategic plan.
	Promoting neighborhood beautification strategies.

Florida Children’s Initiatives Corporation

Each Florida Children’s Initiative must identify an existing, qualified not-for-profit corporation or create a not-for-profit corporation that is registered, incorporated, organized, and operated in compliance with ch. 617, F.S.⁹ The corporation is expected to facilitate fundraising and secure broad community ownership of the initiative and assume the responsibility for planning from the planning team and begin the implementation and governance of the strategic community plan.¹⁰

Current Florida Children’s Initiatives

Currently, there are five recognized Florida Children’s Initiatives, as follows:

- Miami Children’s Initiative.
- The New Town Success Zone.
- The Orlando Kidz Zones.
- The Tampa Sulphur Springs Neighborhood of Promise (SSNOP).
- The Overtown Children and Youth Coalition.¹¹

Each Florida Children’s Initiative must update the strategic community plan every 5 years to reflect, at a minimum, all of the following:

- The current status of the area served by the Children’s Initiative.
- The goals, objectives, and strategies for each focus area.
- The tasks required to implement the strategies for the upcoming year.¹²

The Ounce of Prevention is required to provide technical assistance to the Children’s Initiative corporation to facilitate the implementation of the strategic community plan.¹³

⁹ Section 409.147(7), F.S. and Ch. 617, F.S.

¹⁰ Section 409.147(7), F.S.

¹¹ Section 409.147, F.S.

¹² Section 409.147(7), F.S.

¹³ *Id.*

Exemptions and Requirements for Florida Children’s Initiatives

Florida Children’s Initiatives are designed to encompass an area large enough to include all of the necessary components of community life, including, but not limited to, schools, places of worship, recreational facilities, commercial areas, and common space, yet small enough to allow programs and services to reach every member of the neighborhood who is willing to participate in the project.¹⁴ Not-for-profit corporations designated as Children’s Initiatives are not subject to the control, supervision, or direction by any department of the state.¹⁵ However, the corporations are subject to ch. 119, F.S., relating to public records; ch. 286, F.S. relating to public meetings and records; and ch. 287, F.S., relating to procurement of commodities or contractual services. Corporations must comply with these requirements to operate in the “most open and accessible manner” consistent with its public purpose.¹⁶

The Ounce of Prevention Fund of Florida

The Ounce of Prevention Fund of Florida (Ounce) is a private, nonprofit corporation dedicated to shaping prevention policy and investing in innovative prevention programs that provide measurable benefits to Florida’s children, families, and communities.¹⁷ The Ounce identifies, funds, supports, and tests programs to improve the life outcomes of children, preserve and strengthen families, and promote health behavior and functioning in society.¹⁸ The Ounce is identified in statute as the organization that is able to designate areas in Florida as Children’s Initiatives.¹⁹ Funds were appropriated in Fiscal Year 2022-2023 for the Ounce to develop a strategic business plan for each Children’s Initiatives.²⁰

Bay County 32401 Children’s Initiative

Bay County is located in the Panhandle region of Northwest Florida, spanning 1,033.3 square miles.²¹ As of July 1, 2024, the county population was estimated at 199,718, with the median household income from 2019-2023 of \$70,188.²² In Bay County, 11.6 percent of individuals are reported to live in poverty.²³

Goshen Community Resource and Recovery Center (Goshen) is the not-for-profit corporation associated with the Bay County 32401 Children’s Initiative.²⁴ Established in 2019, Goshen strives to provide educational, economic, and social assistance to those in the community that are

¹⁴ See Section 409.147, F.S.

¹⁵ Section 409.147(7), F.S.

¹⁶ See Section 409.147, F.S.

¹⁷ The Ounce of Prevention Fund of Florida, available at: <https://www.ounce.org/index.asp> (last visited 1/28/26).

¹⁸ *Id.*

¹⁹ Section 409.147(4), F.S.

²⁰ Chapter 2022-156, L.O.F., specific appropriation 318.

²¹ Bay County Florida, *Geography & Climate*, available at: <https://www.baycountyfl.gov/340/Geography-Climate> (last visited 1/28/26).

²² *Id.*

²³ United States Census Bureau, *Bay County, Florida*, available at: <https://www.census.gov/quickfacts/fact/table/baycountyflorida/PST045225> (last visited 1/28/26).

²⁴ E-mail with Winifred Heggins, Vice President of the Ounce of Prevention Fund of Florida (on file with the Senate Committee on Children, Families, and Elder Affairs).

abused, neglected, abandoned, and disenfranchised.²⁵ The organization facilitates food donation distributions, provides referral services to other community organizations, and operates a recovery center that provides counseling, education, and financial literacy supports to disenfranchised individuals in the community.²⁶

The Ounce of Prevention Fund of Florida reports that the Bay County 32401 has met the statutory requirements and was designated as a Children's Initiative in March 2025.²⁷

Pompano RYZE Children's Initiative

Broward County is a county located in Southeast Florida with 31 cities.²⁸ The county has an estimated 2,037,472 residents, with 11.7 percent of residents living in poverty.²⁹

The Community Foundation of Broward (Community Foundation) is the not-for-profit corporation associated with the Pompano RYZE Children's Initiative.³⁰ The Community Foundation is a grantmaking public charity that supports individuals, families, and local organizations as they create personalized charitable funds to assist Broward County.³¹ The Community Foundation has six focus areas that it emphasizes in grantmaking to improve the area, as follows:

- Education & Youth Enrichment;
- Social & Economic Mobility;
- Healthy & Thriving Communities;
- Art & Culture;
- Building Community and Opportunity; and
- Strong Nonprofit Community.³²

The Ounce of Prevention Fund of Florida reports that Pompano RYZE has met all statutory requirements and was designated as a Children's Initiative in February 2025.³³

²⁵ Goshen Community Resource and Recovery Center, Inc, *Experience Goshen Community Resource and Recovery Center*, available at: <https://www.goshencommunitypc.com/> (last visited 1/29/26).

²⁶ *Id.*

²⁷ E-mail with Winifred Heggins, Vice President of the Ounce of Prevention Fund of Florida (on file with the Senate Committee on Children, Families, and Elder Affairs).

²⁸ World Population Review, *Broward County, Florida*, available at: <https://worldpopulationreview.com/us-cities/florida/by-county/broward-county> (last visited 1/28/26).

²⁹ United States Census Bureau, *Broward County, Florida*, available at: <https://www.census.gov/quickfacts/fact/table/browardcountyflorida/PST045225> (last visited 1/28/26).

³⁰ *Supra* 29.

³¹ Community Foundation of Broward, *What We Do*, available at: <https://www.cfbroward.org/about-us/our-story> (last visited 1/29/26).

³² Community Foundation of Broward, *Mission, Vision, & Values*, available at: <https://www.cfbroward.org/about-us/mission-vision-values> (last visited 1/29/26).

³³ E-mail with Winifred Heggins, Vice President of the Ounce of Prevention Fund of Florida (on file with the Senate Committee on Children, Families, and Elder Affairs).

III. Effect of Proposed Changes:

The bill amends s. 409.147, F.S., to create the Bay County 32401 Children's Initiative within Bay County and the Pompano RYZE (Resilient Youth with Zeal to Excel) Children's Initiative within Broward County.

The bill requires both Children's Initiatives to be managed by a not-for-profit corporation that is registered, incorporated, organized, and operated in compliance with ch. 617, F.S. The Initiatives must operate in the most open and accessible manner consistent with its public purpose and are subject to the following:

- Chapter 119, relating to public records;
- Chapter 286, relating to public meetings and records; and
- Chapter 287, relating to the procurement of commodities or contractual services.

The bill provides that both Bay County 32401 Children's Initiative and Pompano RYZE Children's Initiative are designed to encompass an area large enough to include all of the necessary components of community life, including, but not limited to, schools, places of worship, recreational facilities, commercial areas, and common spaces, yet small enough to allow programs and services to reach every member of the neighborhood who is willing to participate in the project.

The bill takes effect July 1, 2026.

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

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has no fiscal impact on state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 409.147 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 Polsky

30-01095-26

20261022__

1 A bill to be entitled
 2 An act relating to children's initiatives; amending s.
 3 409.147, F.S.; establishing the Bay County 32401
 4 Children's Initiative in Bay County and the Pompano
 5 RYZE Children's Initiative in Broward County;
 6 providing for the projects to be managed by not-for-
 7 profit corporations; declaring that the initiatives
 8 are subject to state public records and meeting
 9 requirements and procurement of commodities and
 10 contractual services requirements; requiring
 11 designated children's initiatives to assist in the
 12 creation of community-based service networks and
 13 programming that provides certain services for
 14 children and families residing in disadvantaged areas
 15 of this state; providing for evaluation, fiscal
 16 management, and oversight of the projects; providing
 17 an effective date.

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

19 Section 1. Present subsection (14) of section 409.147,
 20 Florida Statutes, is redesignated as subsection (16) and
 21 amended, and new subsections (14) and (15) are added to that
 22 section, to read:

23 409.147 Florida Children's Initiatives.—

24 (14) THE BAY COUNTY 32401 CHILDREN'S INITIATIVE.—

25 (a) There is created within Bay County a project called the
 26 Bay County 32401 Children's Initiative managed by an entity
 27 organized as a not-for-profit corporation registered,
 28
 29

Page 1 of 4

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

30-01095-26

20261022__

30 incorporated, organized, and operated in compliance with chapter
 31 617 and this section. Public policy dictates that the Bay County
 32 32401 Children's Initiative operate in the most open and
 33 accessible manner consistent with its public purpose. Therefore,
 34 the Legislature declares that the Bay County 32401 Children's
 35 Initiative is subject to chapter 119, relating to public
 36 records; chapter 286, relating to public meetings and records;
 37 and chapter 287, relating to the procurement of commodities or
 38 contractual services.

39 (b) This initiative is designed to encompass an area that
 40 is large enough to include all of the necessary components of
 41 community life, including, but not limited to, schools, places
 42 of worship, recreational facilities, commercial areas, and
 43 common spaces, yet small enough to allow programs and services
 44 to reach every member of the neighborhood who is willing to
 45 participate in the project.

46 (15) POMPANO RYZE CHILDREN'S INITIATIVE.—

47 (a) There is created within Broward County a project called
 48 the Pompano RYZE (Resilient Youth with Zeal to Excel) Children's
 49 Initiative managed by an entity organized as a not-for-profit
 50 corporation registered, incorporated, organized, and operated in
 51 compliance with chapter 617 and this section. Public policy
 52 dictates that the Pompano RYZE Children's Initiative operate in
 53 the most open and accessible manner consistent with its public
 54 purpose. Therefore, the Legislature declares that the Pompano
 55 RYZE Children's Initiative is subject to chapter 119, relating
 56 to public records; chapter 286, relating to public meetings and
 57 records; and chapter 287, relating to the procurement of
 58 commodities or contractual services.

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59 (b) This initiative is designed to encompass an area that
 60 is large enough to include all of the necessary components of
 61 community life, including, but not limited to, schools, places
 62 of worship, recreational facilities, commercial areas, and
 63 common spaces, yet small enough to allow programs and services
 64 to reach every member of the neighborhood who is willing to
 65 participate in the project.

66 ~~(16)(14)~~ IMPLEMENTATION.—

67 (a) The Miami Children's Initiative, Inc., the New Town
 68 Success Zone, the Orlando Kidz Zones, the Tampa SSNOP, ~~and~~ the
 69 Overtown Children and Youth Coalition, the Bay County 32401
 70 Children's Initiative, and the Pompano RYZE Children's
 71 Initiative have been designated as Florida Children's
 72 Initiatives consistent with the legislative intent and purpose
 73 of s. 16, chapter 2009-43, Laws of Florida, and as such shall
 74 each assist the disadvantaged areas of this state in creating a
 75 community-based service network and programming that develops,
 76 coordinates, and provides quality education, accessible health
 77 care, youth development programs, opportunities for employment,
 78 and safe and affordable housing for children and families living
 79 within their boundaries.

80 (b) To implement this section for the Florida Children's
 81 Initiatives listed in this section, the department shall
 82 contract with a not-for-profit corporation, to work in
 83 collaboration with the governing body to adopt the resolution
 84 described in subsection (4), to establish the planning team as
 85 provided in subsection (5), and to develop and adopt the
 86 strategic community plan as provided in subsection (6). The not-
 87 for-profit corporation is also responsible for the development

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88 of a strategic business plan and for the evaluation, fiscal
 89 management, and oversight of the Florida Children's Initiatives.
 90 Section 2. This act shall take effect July 1, 2026.

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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
Joint Administrative Procedures

SELECT COMMITTEE:

Joint Select Committee on Collective Bargaining

SENATOR TINA SCOTT POLSKY

30th District

February 3, 2026

Chairman Trumbull
Appropriations Committee on Health and Human Services
201 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Trumbull,

I respectfully request that you place SB 1022, relating to Children's Initiatives on the agenda of the Appropriations Committee on Health and Human Services, 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,

A handwritten signature in black ink, appearing to read "Tina S. Polsky".

Senator Tina S. Polsky
Florida Senate, District 30

cc: Brooke McKnight, Staff Director
Robin Jackson, 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 Appropriations Committee on Health and Human Services

BILL: CS/CS/SB 1030

INTRODUCER: Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Gruters and others

SUBJECT: Substance Abuse Services

DATE: February 16, 2026 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kennedy</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1030 narrows the term “transfer,” for purposes of licensure of substance abuse service providers regulated by the Department of Children and Families (DCF), to mean the transfer of a majority ownership interest in a licensed entity or the transfer of responsibilities under the license to another entity by contractual arrangement.

The bill requires that for transfers involving five percent or more of the licensed entity's controlling ownership, the DCF shall require a Level 2 background screening of the officers, directors, managing members, and any individuals exercising operational control on behalf of the new owner.

Additionally, the bill prohibits the DCF from requiring an existing licensed service provider with no outstanding violations or licensure enforcement actions within the previous 12 months to admit individuals for services during a probationary licensing period when the provider is seeking to add levels of care at an existing licensed location or offer the same level of care at additional locations.

The bill has an insignificant negative fiscal impact on the DCF, which can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.⁴

Among people age 12 or older in 2023, 70.7 million people, or 24.9 percent of the population, used illicit drugs in the past year.⁵ The most commonly used was marijuana, which 61.8 million people used.⁶ In the past year:

- Among young adults ages 18 to 25, 12.4 million individuals, or 36.5 percent, reported marijuana use in the past year;
- 8.9 million individuals ages 12 and over misused opioids in the past year;
- 48.5 million individuals ages 12 and over, or 17.1 percent, had a past-year SUD, including 28.9 million with alcohol use disorder (AUD) and 27.2 million with a drug use disorder (DUD). The highest SUD rate was among young adults ages 18 to 25, which included 9.2 million individuals, or 27.1 percent of that age group.⁷

Substance Use Disorder Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse.⁸ The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.⁹ Each of these laws governed different aspects of addiction and different

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.afro.who.int/health-topics/substance-abuse> (last visited 1/22/2026); See also The National Institute on Drug Abuse (NIDA), *Drugs, Brains, and Behavior: The Science of Addiction; How Science Has Revolutionized the Understanding of Drug Addiction*, available at <https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction> (last visited 1/22/2026).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited 1/23/2026).

³ The Substance Abuse and Mental Health Services Administrator (The SAMHSA), *Substance Use Disorders*, available at <https://www.samhsa.gov/find-help/disorders> (last visited 1/23/2026).

⁴ Harvard Medical School, Harvard Health Publishing, *Brain Plasticity in Drug Addiction: Burden and Benefit*, available at <https://www.health.harvard.edu/blog/brain-plasticity-in-drug-addiction-burden-and-benefit-2020062620479#:~:text=Experience-dependent%20learning%2C%20including%20repeated%20drug%20use%2C%20might%20increase,drug%20use%2C%20where%20people%20ignore%20the%20negative%20consequences> (last visited 1/23/2026).

⁵ Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59)*, available at <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report> (last visited 1/23/2026).

⁶ *Id.*

⁷ *Id.*

⁸ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Children, Families, and Elder Affairs Committee).

⁹ *Id.*

rules were promulgated by the state to implement the legislation.¹⁰ However, because persons with substance abuse issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.¹¹ In 1993, legislation was adopted to combine chs. 396 and 397, F.S., into a single law referred to as the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹²

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.¹³ However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹⁴ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁵

The DCF administers a statewide system of safety net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based on state and federally established priority populations.¹⁶ The DCF provides treatment for SUD through a community-based provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.¹⁷

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.
- **Treatment Services:** Treatment services include assessment,¹⁸ counseling, case management, and support that are designed to help individuals who have lost their ability to control their substance use on their own and require formal, structured intervention and support.
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.¹⁹

¹⁰ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Children, Families, and Elder Affairs Committee).

¹¹ *Id.*

¹² Chapter 93-39, s. 2, L.O.F., codified as ch. 397, F.S.

¹³ See ss. 397.601(1) and (2), F.S., An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹⁴ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act, Risk RX*, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <https://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited 1/22/2026)(hereinafter cited as “fundamentals of the Marchman Act”).

¹⁵ *Id.*

¹⁶ See ch. 394 and 397, F.S.

¹⁷ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/services/samh/treatment> (last visited 1/22/2026).

¹⁸ Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.

¹⁹ The DCF, *Treatment for Substance Abuse*.

Overview of Florida’s Licensure Framework for Behavioral Health Providers

Licensure of behavioral health facilities and substance abuse service providers and facilities in Florida exists to ensure that individuals receiving substance use disorder (SUD) treatment are served in programs that meet minimum standards for health, safety, quality of care, and consumer protection.²⁰ Florida’s behavioral health licensure framework divides responsibility between the Agency for Health Care Administration (AHCA) and the DCF based on the type of services provided, requiring coordination between the two agencies when providers operate across both mental health and substance abuse systems.²¹ Licensure is intended to protect clients by requiring providers to comply with uniform statewide standards, including background screening of personnel, appropriate staffing and supervision, recordkeeping, and adherence to client rights and confidentiality laws.²² Under Florida law, licensed substance abuse facilities and providers must meet programmatic and operational requirements, such as maintaining written policies and procedures, providing services consistent with the level of care for which they are licensed, and ensuring that services are delivered by qualified staff.²³ Licensure also enables state agencies to conduct inspections, monitoring, and enforcement actions, including the denial, suspension, or revocation of a license when a provider fails to comply with statutory or rule requirements, thereby promoting accountability and public trust in the substance abuse treatment system.²⁴

Licensure of Substance Abuse Service Providers

As part of the larger behavioral health licensure structure, the DCF regulates substance use disorder treatment by licensing individual treatment components under ch. 397, F.S., and Rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention,²⁵ intervention,²⁶ and clinical treatment services.²⁷

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.²⁸ “Clinical treatment services” include, but are not limited to, the following licensable service components:

- Addictions receiving facility.
- Day or night treatment.
- Day or night treatment with community housing.
- Detoxification.
- Intensive inpatient treatment.

²⁰ Section 397.401, F.S.

²¹ Sections 394.875 and 408.805, F.S.

²² Section 397.407 and 397.501, F.S.

²³ Section 397.410, F.S.

²⁴ Section 397.415, F.S.

²⁵ Section 397.311(26)(c), F.S. “Prevention” is defined as “a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles.” See also The DCF, *Substance Abuse Prevention*, available at <https://www.myflfamilies.com/services/samh/substance-abuse-prevention> (last visited 1/22/2026).

²⁶ Section 397.311(26)(b), F.S. “Intervention” is defined as “structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.”

²⁷ Section 397.311(26), F.S.

²⁸ Section 397.311(26)(a), F.S.

- Intensive outpatient treatment.
- Medication-assisted treatment for opiate addiction.
- Outpatient treatment.
- Residential treatment.²⁹

Licensure Types

Under s. 397.407, F.S., substance abuse treatment providers in Florida are licensed under one of three primary licensure types, determined by a provider's compliance history and operational status:

- Probationary.
- Regular.
- Interim.

A regular license is issued to a provider that is in full compliance with all statutory and rule requirements and authorizes the provider to operate for the standard licensure period established by the DCF.³⁰ A probationary license may be issued to a provider that is not in full compliance but is able to correct identified deficiencies within a specified time period, allowing continued operation while the provider works toward compliance under heightened oversight.³¹ An interim license may be issued to a provider in limited circumstances, such as when a provider is awaiting a regular license decision, undergoing a change of ownership, or addressing temporary operational issues, and permits short-term operation subject to conditions imposed by the DCF.³² Together, these licensure types allow the DCF to maintain continuity of care for clients while ensuring providers progress toward or maintain compliance with Florida's substance abuse treatment standards.³³

Licensure Requirements

Florida law requires the DCF to establish minimum licensure standards for each substance abuse service component, including administrative management and clinical standards for the delivery of services.³⁴ The DCF is required to establish personnel and supervision standards, including staff qualifications and hours of coverage, and specifically set standards for "the maximum number of individuals who may receive clinical services together in a group setting."³⁵ In addition, Florida law requires facility standards to include, at a minimum, the safety and adequacy of the facility and grounds, and "space, furnishings, and equipment for each individual served," along with infection control, sanitation, maintenance, and meals/snacks as applicable.³⁶ Current rule mandates all licensed facilities used by a provider (including community housing) to comply with local fire safety standards, local health and zoning codes, and to maintain annual proof of compliance with applicable fire/safety and health inspections. For providers, treatment

²⁹ Section 397.311(26)(a), F.S.

³⁰ Section 397.407(1) and(2), F.S.

³¹ Section 397.407(3), F.S.

³² Section 397.407(4) and(5), F.S.

³³ Section 397.407, F.S.

³⁴ Section 397.410(1)(a)–(b), F.S.

³⁵ Section 397.410(1)(c), F.S.

³⁶ Section 397.410(1)(d), F.S.

space capacity is largely constrained by local building and fire requirements and may vary by location.³⁷

Licensure Denial, Suspension, and Revocation

When the DCF identifies serious noncompliance by a substance abuse service provider, the department is authorized to respond through licensure enforcement actions, including denial, suspension, or revocation of the provider's license.³⁸ A license may be denied or sanctioned when a provider's conduct demonstrates an inability to meet minimum standards for safe operation, including material violations of ch. 397, F.S., or applicable rules, failure to maintain required licensure standards, or the submission of false or misleading information to the department.³⁹ Licensure enforcement may also occur when a provider fails to correct cited deficiencies within the timeframe required by the department, reflecting an ongoing inability or unwillingness to come into compliance after regulatory review.⁴⁰ Because patient safety is central to licensure oversight, the statute also authorizes action when providers fail to comply with background screening requirements, including employing or retaining disqualified personnel or failing to provide required screening-related information to the department.⁴¹

Depending on the severity and circumstances of noncompliance, the DCF may impose intermediate sanctions short of license revocation, such as administrative fines, probationary status, or corrective action requirements, to compel compliance while maintaining continuity of care when appropriate.⁴² Any licensure action taken against a substance abuse service provider must comply with due process requirements, including notice and the opportunity for an administrative hearing under ch. 120, F.S., before final agency action becomes effective.⁴³

Background Screening

Chapter 435, F.S., establishes standard procedures for criminal history background screening of certain prospective employees working with vulnerable populations. There are two levels of background screening: level 1 and level 2. Level 1 screening includes, at a minimum, employment history checks and statewide criminal history record check through the Florida Department of Law Enforcement (FDLE) and a check of the Dru Sjodin National Sex Offender Public Website,⁴⁴ and may include criminal records checks through local law enforcement agencies.⁴⁵

Level 2 background screening includes, but is not limited to, fingerprinting for statewide criminal history records checks through the FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks

³⁷ Rule 65D-30.0047(11), F.A.C.

³⁸ Section 397.415(1), F.S.

³⁹ Section 397.415(2)(a)–(c), F.S.

⁴⁰ Section 397.415(2)(d), F.S.

⁴¹ Section 397.415(2)(e)–(g), F.S.

⁴² Section 397.415(3), F.S.

⁴³ Section 397.415(5), F.S.

⁴⁴ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site, available at <https://www.nsopw.gov/> (last visited 2/11/2026).

⁴⁵ Section 435.03, F.S.

through local law enforcement agencies.⁴⁶ In addition, level 2 screening includes a search of the sexual predator and sexual offender registries of any state in which the individual has lived during the preceding five years.⁴⁷

Every person required by law to be screened pursuant to ch. 435, F.S., must submit a complete set of information necessary to conduct a screening to his or her employer.⁴⁸ Such information for a level 2 screening includes fingerprints, which are taken by a vendor that submits them electronically to the FDLE.⁴⁹

Various agencies, programs, employers, and professionals serve vulnerable populations in Florida. Personnel working with entities that serve vulnerable populations are subject to background screening; however, due to restrictions placed on the sharing of criminal history information, persons who work for more than one agency or employer or who change jobs, or who wish to volunteer for such an entity, often must undergo a new and duplicative background screening and fingerprinting.⁵⁰ In 2012, the Legislature created the Care Provider Background Screening Clearinghouse to create a single “program” of screening individuals and allow for the results of criminal history checks of persons acting as covered care providers to be shared among the specified agencies.⁵¹ Designated agencies include the AHCA, the Department of Health (the DOH), the DCF, the DOEA, the Agency for Persons with Disabilities (the APD), the Department of Juvenile Justice (DJJ), the Department of Veterans’ Affairs (FDVA), and Vocational Rehabilitation within the Department of Education (the DOE).⁵²

III. Effect of Proposed Changes:

Section 1 amends s. 397.407, F.S., to narrow the definition of “transfer” to only mean the “transfer of a majority of the ownership interest in the licensed entity or the transfer of responsibilities under the license to another entity by contractual arrangement.”

The bill limits Level 2 background screening to officers, directors, managing members, and individuals exercising operational control over a licensed substance abuse service provider when more than five percent of a controlling interest of the licensed service provider is transferred to another person or entity. In current law, a change in majority ownership requires all owners to submit to a Level 2 background check.

Additionally, the bill prohibits the DCF from requiring an existing licensed service provider with no outstanding violations or licensure enforcement actions within the previous 12 months to admit individuals for services during a probationary licensing period when the provider is seeking to add levels of care at an existing licensed location or offer the same level of care at additional locations.

⁴⁶ Section 435.04, F.S.

⁴⁷ Section 435.04(1)(a)2., F.S.

⁴⁸ Section 435.05(1)(a), F.S.

⁴⁹ Sections 435.03(1) and 435.04(1)(a), F.S.

⁵⁰ Florida Department of Children and Families, *Frequently Asked Questions for Clearinghouse*: available at <https://www.myflfamilies.com/services/background-screening/frequently-asked-questions-clearinghouse> (last visited 1/22/2026).

⁵¹ Florida Department of Children and Families, *Frequently Asked Questions for Clearinghouse*: available at <https://www.myflfamilies.com/services/background-screening/frequently-asked-questions-clearinghouse> (last visited 1/22/2026); *see also* s. 435.12, F.S. and ch. 2012-73, L.O.F.

⁵² *Id.*

Currently, to move from a probationary license to a regular license, a service provider must admit clients to demonstrate its capability to operate. The bill removes this requirement for existing licensed service providers but maintains the requirement for new providers.

The bill takes effect July 1, 2026

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill will likely have a minimal fiscal impact on licensed substance abuse service providers. While some providers may incur additional costs for required level 2 background screenings when controlling ownership interest changes, the bill reduces licensing requirements for existing licensed service providers that add additional levels of care or expand their service locations.

C. Government Sector Impact:

The bill has an insignificant negative fiscal impact on the Department of Children and Families which can be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 397.407 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/CS by Appropriations Committee on Health and Human Services on February 12, 2026:

The committee substitute makes the following changes:

- Narrows the definition of “transfer” to mean the “transfer of a majority of the ownership interest in the licensed entity or the transfer of responsibilities under the license to another entity by contractual arrangement.”
- Requires level 2 background screening for officers, directors, managing members and individuals who exercise operational control over a licensed substance abuse entity when more than five percent of the controlling interest of the entity is transferred to another person or entity; and
- Prohibits the Department of Children and Families (DCF) from requiring existing licensed substance abuse service providers that are seeking to add additional levels of care at existing or new licensed locations to admit individuals for services during the probationary license period if the provider has no outstanding violation for the prior 12 months.

CS by Children, Families, and Elder Affairs Committee on January 27, 2026:

The committee substitute makes the following changes:

- Narrows the definition of “transfer” for the purposes of a substance abuse service providers to mean the sale or other transfer of ownership to a different individual or entity with a different federal employer or taxpayer identification number or the transfer of 51 percent or more of the ownership, shares, membership, or controlling interest of a licensed provider. This is changed from the current broader definition of transfer that “includes, but is not limited to, the transfer of majority of the ownership interest in the licensed entity or transfer of responsibilities under the licensee to another entity by contractual arrangement.”;
- Requires the issuance of a regular license within 30 days to an existing licensed service provider when seeking to add levels of care at an existing location or at one or more new locations if that service provider is in compliance with all licensure requirements for existing programs and prohibits the DCF from imposing additional requirements outside of existing licensure; and

- Prohibits a recovery residence credentialing entity from requesting or obtaining clinical or medical records when determining whether to suspend or revoke a certificate of compliance.

B. Amendments:

None.

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



613988

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/12/2026	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsections (6) and (7) of section 397.407,
Florida Statutes, are amended to read:

397.407 Licensure process; fees.—

(6) (a) The department may issue probationary, regular, and
interim licenses. The department may issue one license for all
service components operated by a service provider and defined



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11 pursuant to s. 397.311(27). The license is valid only for the
12 specific service components listed for each specific location
13 identified on the license. The licensed service provider must
14 ~~shall~~ apply for the addition of any service components and
15 obtain approval before initiating additional services. The
16 licensed service provider must notify the department and provide
17 any required documentation at least 30 days before the
18 relocation of any of its service sites. Provision of service
19 components or delivery of services at a location not identified
20 on the license may be considered an unlicensed operation that
21 authorizes the department to seek an injunction against
22 operation as provided in s. 397.401, in addition to other
23 sanctions authorized by s. 397.415. Probationary and regular
24 licenses may be issued only after all required information has
25 been submitted. A license may not be transferred. As used in
26 this subsection, the term "transfer" means ~~includes, but is not~~
27 ~~limited to,~~ the transfer of a majority of the ownership interest
28 in the licensed entity or transfer of responsibilities under the
29 license to another entity by contractual arrangement.

30 (b) If 5 percent or more of the controlling ownership
31 interest of a licensed entity is transferred to another person
32 or entity, the department must require only a level 2 background
33 screening pursuant to s. 397.4073 for officers, directors,
34 managing members, and individuals who exercise operational
35 control over the licensee on behalf of that person or entity.

36 (7)(a) Upon receipt of a complete application, payment of
37 applicable fees, and a demonstration of substantial compliance
38 with all applicable statutory and regulatory requirements, the
39 department may issue a probationary license to a service



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40 provider applicant with services that are not yet fully
41 operational. The department may not issue a probationary license
42 when doing so would place the health, safety, or welfare of
43 individuals at risk. A probationary license expires 90 days
44 after issuance and may not be reissued. During the probationary
45 period the department shall monitor the delivery of services.
46 Notwithstanding s. 120.60(5), the department may order a
47 probationary licensee to cease and desist operations at any time
48 it is found to be substantially out of compliance with licensure
49 standards. This cease-and-desist order is exempt from the
50 requirements of s. 120.60(6).

51 (b) The department may not require an existing licensed
52 service provider that is seeking to add one or more additional
53 levels of care at an existing licensed location, or that is
54 seeking to offer the same level of care at one or more of the
55 service provider's new locations that is currently licensed, to
56 admit individuals for services during the probationary licensing
57 period if the provider has no outstanding violations pursuant to
58 s. 397.411(7) and the department has not taken any action
59 against the provider's existing license pursuant to s. 397.415,
60 within the previous 12 months.

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

62
63 ===== T I T L E A M E N D M E N T =====

64 And the title is amended as follows:

65 Delete everything before the enacting clause
66 and insert:

67 A bill to be entitled
68 An act relating to recovery residences; amending s.



613988

69 397.407, F.S.; revising the definition of the term
70 "transfer"; providing that the Department of Children
71 and Families must require only a level 2 background
72 screening for certain individuals who have a
73 controlling ownership interest of a licensed entity
74 which exceeds a specified percentage; prohibiting the
75 department from requiring certain existing licensed
76 service providers to admit individuals for services
77 during the probationary licensing period if certain
78 requirements and conditions are met; providing an
79 effective date.

By the Committee on Children, Families, and Elder Affairs; and
Senators Gruters and Rouson

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A bill to be entitled

An act relating to substance abuse services; amending s. 397.407, F.S.; revising the definition of the term "transfer"; requiring the Department of Children and Families to issue a regular license to substance abuse service providers after the department receives a complete application from certain existing licensed service providers that are seeking to add licensed services or one or more additional levels of care at an existing licensed location or at one or more new locations within a specified timeframe, if certain requirements are met; prohibiting the imposition of additional requirements upon such service providers; amending s. 397.487, F.S.; prohibiting a credentialing entity from requesting or obtaining certain records when determining whether to suspend or revoke a licensed service provider's certificate to serve as a recovery residence; providing an effective date.

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

Section 1. Subsections (6), (7), and (8) of section 397.407, Florida Statutes, are amended to read:

397.407 Licensure process; fees.—

(6) The department may issue probationary, regular, and interim licenses. The department may issue one license for all service components operated by a service provider and defined pursuant to s. 397.311(27). The license is valid only for the specific service components listed for each specific location

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identified on the license. The licensed service provider must ~~shall~~ apply for the addition of any service components and obtain approval before initiating additional services. The licensed service provider must notify the department and provide any required documentation at least 30 days before the relocation of any of its service sites. Provision of service components or delivery of services at a location not identified on the license may be considered an unlicensed operation that authorizes the department to seek an injunction against operation as provided in s. 397.401, in addition to other sanctions authorized by s. 397.415. Probationary and regular licenses may be issued only after all required information has been submitted. A license may not be transferred. As used in this subsection, the term "transfer" means:

(a) An event in which the licensee sells or otherwise transfers its ownership to a different individual or entity as evidenced by a change in federal employer identification number or taxpayer identification number; or

(b) An event in which 51 percent or more of the ownership, shares, membership, or controlling interest of a licensee is in any manner transferred or otherwise assigned includes, but is not limited to, the transfer of a majority of the ownership interest in the licensed entity or transfer of responsibilities under the license to another entity by contractual arrangement.

(7) Upon receipt of a complete application, payment of applicable fees, and a demonstration of substantial compliance with all applicable statutory and regulatory requirements, the department may issue a probationary license to a new service provider applicant with services that are not yet fully

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operational. The department may not issue a probationary license when doing so would place the health, safety, or welfare of individuals at risk. A probationary license expires 90 days after issuance and may not be reissued. During the probationary period the department shall monitor the delivery of services. Notwithstanding s. 120.60(5), the department may order a probationary licensee to cease and desist operations at any time it is found to be substantially out of compliance with licensure standards. This cease-and-desist order is exempt from the requirements of s. 120.60(6).

(8) (a) A regular license may be issued to:

1. (a) A new applicant at the end of the probationary period.

2. (b) A licensed applicant that holds a regular license and is seeking renewal.

3. (c) An applicant for a service component operating under an interim license upon successful satisfaction of the requirements for a regular license.

(b) In order to be issued a regular license, the applicant must be in compliance with statutory and regulatory requirements. An application for renewal of a regular license must be submitted to the department at least 60 days before the license expires. The department may deny a renewal application submitted fewer than 30 days before the license expires.

(c) The department must issue a regular license within 30 calendar days after receipt of a complete application from an existing licensed service provider that is in compliance with all renewal requirements and that is seeking to add licensed services or one or more additional levels of care at an existing

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licensed location or at one or more new locations when the application is from a provider with the same federal tax identification number as the existing provider. No other additional requirements may be imposed upon an existing service provider seeking to add new levels of care or new locations.

Section 2. Paragraph (a) of subsection (8) of section 397.487, Florida Statutes, is amended to read:

397.487 Voluntary certification of recovery residences.—

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

(a) A credentialing entity may suspend or revoke a certification if the recovery residence is not in compliance with ~~any provision~~ of this section or has failed to remedy any deficiency identified by the credentialing entity within the time period specified. For purposes of this paragraph, the credentialing entity may not request or obtain clinical or medical records of a resident when determining whether to suspend or revoke a certificate, consistent with the privacy protections afforded pursuant to s. 397.501(7) and 42 C.F.R. part 2.

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1630

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Grall

SUBJECT: Aging and Disability Services

DATE: February 11, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kennedy</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Favorable</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1630 revises Florida’s aging and disability services statutes under the Department of Elder Affairs (DOEA) to modernize terminology, clarify service access pathways, expand dementia-related infrastructure, and strengthen administrative and guardianship oversight for elderly Floridians and adults with disabilities.

The bill:

- Replaces “wait list” terminology with “pre-enrollment list” and deletes expired statutory requirements related to receiving an offer for enrollment.
- Authorizes Aging and Disability Resource Centers (ADRC) personnel to place and release individuals on and from pre-enrollment lists and requires rescreening under specified circumstances.
- Shifts responsibility for prerelease assessments to ADRCs (rather than Comprehensive Assessment and Review for Long-Term Care Services – CARES - Program) and requires the CARES program to review or perform the initial level-of-care assessment for long-term care enrollees.
- Revises the purposes and duties of the DOEA to authorize direct service provision under specified circumstances.
- Establishes new expenditure and procurement requirements for area agencies on aging (AAA), and imposes an administrative salary cap of 150 percent of the DOEA Secretary’s salary for certain administrative employees of the AAAs paid from state-appropriated funds.

- Redesignates “aging resource centers” as “aging and disability resource centers” (ADRC) to reflect expanded service populations and revises ADRC duties accordingly.
- Deletes certain responsibilities for provider agencies related to collecting and assessing fees for specified purposes and updates subsidy payment language to include food and nutritional supplements as part of covered supports.

The bill creates s. 430.72, F.S., establishing the Florida Alzheimer’s Center of Excellence within DOEA to support and connect individuals with Alzheimer’s disease or related dementias and their caregivers to services and resources. The bill also provides that high-risk vulnerable adults may receive priority consideration for Community Care for the Elderly (CCE) services.

The bill strengthens oversight of professional and public guardians by revising continuing education requirements to include Alzheimer’s disease and related dementias and by enhancing enforcement and investigative authority to include the issuance of subpoenas and fines.

The bill does not have a fiscal impact on state expenditures however, the bill may have a indeterminate positive fiscal impact on state revenues due to the bill’s provisions that authorize the DOEA to collect a fine. **See Section V, Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

The Medicaid Program

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan approved by the federal Centers for Medicare & Medicaid Services (CMS). The state plan outlines Medicaid eligibility standards, policies, and reimbursement methodologies.

Florida Medicaid is administered by the Agency for Health Care Administration (AHCA) and financed with federal and state funds.¹ Approximately 4.2 million Floridians are currently enrolled in Medicaid, and the program’s estimated expenditures for FY 2025–26 are over \$35.6 billion.²

Eligibility for Florida Medicaid is based on a number of factors, including age (or other eligibility category), household or individual income, and coverage group assets.³ State Medicaid coverage/payment categories are provided in s. 409.903, F.S. (Mandatory Payments for Eligible Persons) and s. 409.904, F.S. (Optional Payments for Eligible Persons), which authorize the AHCA to make payments for covered groups who are determined eligible subject

¹ Florida Agency for Health Care Administration, *Medicaid overview* page: available at <https://ahca.myflorida.com/medicaid> (last visited 1/20/2026).

² Social Services Estimating Conference, *Medicaid Caseloads and Expenditures, July 17, 24, and 30, 2025 — Executive Summary*: available at <http://edr.state.fl.us/Content/conferences/medicaid/exccsummary.pdf> (last visited 1/20/2026).

³ Florida Department of Children and Families, *Medicaid Eligibility*: available at <https://www.myflfamilies.com/medicaid> (last visited 1/20/2026); and Florida Department of Children and Families, *Determining your Income Limit*: available at <https://www.myflfamilies.com/medicaid/determining-your-income-limit> (last visited 1/20/2026).

to the income, assets, and categorical eligibility tests set forth in federal and state law.⁴ Minimum coverage thresholds are established in federal law for certain population groups, including children, through mandatory coverage requirements in federal Medicaid regulations.⁵

Statewide Medicaid Managed Care

The Statewide Medicaid Managed Care (SMMC) program is Florida's statewide, integrated managed care delivery system for Medicaid covered services.⁶ In the SMMC program, Medicaid recipients generally receive their services through a managed care plan, rather than through multiple separate payment entities, with the SMMC structure organized into the Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental components.⁷ The SMMC program is administered by the AHCA and is financed with federal and state funds. Eligibility for Medicaid (and therefore eligibility to participate in SMMC, if enrolled in managed care) is determined by the Department of Children and Families (DCF) for most non-Supplemental Security Income (SSI) coverage groups (and by the Social Security Administration for SSI recipients).⁸

Within the SMMC program, the MMA program provides primary and acute medical assistance and related services to enrollees.⁹ The LTC Program provides services to frail elderly or disabled Medicaid recipients in nursing facilities and in community settings, including an individual's home, an assisted living facility, or an adult family care home.¹⁰

Implementation of the LTC Program required federal approval from the CMS under concurrent s. 1915(b) and s. 1915(c) waiver authority submitted by the AHCA, with CMS approving Florida's LTC waiver approach on February 1, 2013, for an effective start of July 1, 2013.¹¹ The currently approved 1915(b) LTC managed care waiver period is April 1, 2022 through March 31, 2027, and the AHCA's home and community based services (HCBS) s. 1915(c) LTC waiver (FL.0962) reflects an approved effective date of April 1, 2022.¹²

⁴ Section 409.903 and Section 409.904, F.S.

⁵ Electronic Code of Federal Regulations, 42 C.F.R. § 435.118, *Infants and children under age 19*: available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-B/subject-group-ECFR5862e2658e2b5d6/section-435.118> (last visited 1/20/2026).

⁶ Section 409.964, F.S.

⁷ Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited 1/20/2026); and Florida Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*: available at https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/SMMC_Snapshot.pdf (last visited 1/20/2026).

⁸ Florida Agency for Health Care Administration, *Eligibility for Medicaid Services*: available at <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/program-policy/eligibility-for-medicaid-services> (last visited 1/20/2026).

⁹ Section 409.971, F.S.

¹⁰ Florida Agency for Health Care Administration, *Find Out About Long-Term Care Services*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program/find-out-about-long-term-care-services> (last visited 1/20/2026).

¹¹ Florida Agency for Health Care Administration, *Florida Medicaid 1915(b) Managed Care Waiver—Long-Term Care Program (Waiver #FL-17)*: available at https://ahca.myflorida.com/content/download/26140/file/FL_Long-Term-Managed-Care_FL-17_2025_Amendment%20PDF%20version.pdf (last visited 1/20/2026).

¹² Florida Agency for Health Care Administration, *Florida Medicaid 1915(b) Managed Care Waiver—Long-Term Care Program (Waiver #FL-17) (Effective Dates: 4/1/22–3/31/27) (PDF)*: available at https://ahca.myflorida.com/content/download/26140/file/FL_Long-Term-Managed-Care_FL-17_2025_Amendment%20PDF%20version.pdf (last visited 1/20/2026).

Long-Term Care Program

The LTC Program provides long-term care services, including nursing facility and home and community based services, to eligible Medicaid recipients. Federal law requires state Medicaid programs to cover nursing facility services for individuals age 21 or older who meet the applicable need/level-of-care criteria.¹³ States may place appropriate utilization controls (such as medical necessity), but they may not arbitrarily deny or reduce the amount, duration, or scope of a required service to an otherwise eligible beneficiary solely because of diagnosis, illness, or condition.¹⁴ By contrast, HCBS are optional benefits that states may offer through authorities such as s. 1915(c) waivers.¹⁵

In Florida, HCBS long-term care services are delivered through an approved federal waiver.¹⁶ Federal guidance and waiver design allow 1915(c) federal waiver programs to be limited in enrollment (capped) and, as a result, states may maintain waiting lists for waiver services.¹⁷ Consistent with this structure, Florida’s LTC program is managed through a priority-based wait list/release process, and offers for enrollment are made subject to the availability of funds.¹⁸

As of November 30, 2025, there were 159,338 individuals enrolled in the LTC Program, including 110,197 individuals enrolled in the HCBS portion of the program and 49,141 individuals classified as NON-HCBS (non-HCBS/facility setting).¹⁹

LTC Program Eligibility

To be eligible for the LTC Program, an individual must:

- Be age 65 or older and eligible for Medicaid, or age 18 or older and eligible for Medicaid by reason of a disability;²⁰
- Have gross monthly income at or below the Institutional Care Program/Home and Community-Based Services (ICP/HCBS) special income limit (300% of the SSI federal benefit rate) or otherwise qualify through an income trust if over the limit.”;²¹ and,

¹³ U.S. Government Publishing Office, 42 C.F.R. § 440.40: available at <https://www.govinfo.gov/link/cfr/42/440?link-type=pdf§ionnum=40&year=mostrecent> (last visited 1/20/2026).

¹⁴ Government Publishing Office, 42 C.F.R. § 440.230(c), *Sufficiency of amount, duration, and scope* (most recent): available at <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec440-230.pdf> (last visited 1/20/2026).

¹⁵ Medicaid.gov, *Home & Community-Based Services 1915(c)* (HCBS waiver authority overview): available at <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c> (last visited 1/20/2026).

¹⁶ Medicaid.gov, *FL Long-Term Care Waiver (0962.R02.00)*: available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81391> (last visited 1/20/2026).

¹⁷ Congressional Research Service, *Medicaid Section 1915(c) Home- and Community-Based Services Waivers*: available at https://www.congress.gov/crs_external_products/R/PDF/R48519/R48519.1.pdf (last visited 1/20/2026).

¹⁸ Section 409.979, F.S.

¹⁹ Florida Agency for Health Care Administration, *Medicaid Monthly Enrollment Report—November 2025* (worksheet “LTC”—“SMMC Long Term Care Capitated Enrollment Report,” row “LTC_ENR_TOTAL”): available at https://ahca.myflorida.com/content/download/27802/file/ENR_202511.xls (last visited 1/20/2026).

²⁰ Section 409.979(1)(a), F.S.

²¹ Florida Department of Children and Families, *SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: January 2025*, available at <https://www.myflfamilies.com/sites/default/files/2024-12/Appendix-A-9.pdf> (last visited 1/21/2026); and U.S. Centers for Medicare & Medicaid Services, *MACPro Integrated Governance – Individuals in Institutions Eligible Under a Special Income Level* (states income eligibility is capped at 300% of the SSI federal benefit rate (FBR)), available at <https://www.medicaid.gov/resources-for-states/downloads/macpro-ig-individuals-in-institutions-eligible-under-a-special-income-level.pdf> (last visited 1/21/2026).

- Be determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program to require nursing facility care (or an equivalent level of care).²²

In addition, an individual seeking Medicaid eligibility must demonstrate that he or she meets limits on personal assets, as state Medicaid programs impose financial resource limits that applicants must satisfy in order to qualify for long-term care coverage.²³ Both federal and state law set parameters for Medicaid long-term care eligibility based on personal property (e.g., treatment of a home and a vehicle) and on financial assets (e.g., bank accounts and other countable resources).²⁴

LTC Program Enrollment

LTC Program enrollment is administered through the combined roles of the Department of Elder Affairs (DOEA), the Department of Children and Families (DCF), and the AHCA, with Aging and Disability Resource Centers (ADRC) serving as the entry point for screening.²⁵ An individual seeking LTC services must contact the appropriate ADRC to request a screening, and the screening is designed to collect information about the person's needs and level of frailty.²⁶ During screening, ADRC staff gather information such as health status and functional needs (including help with activities of daily living), which is used to generate the person's priority score and resulting priority rank.²⁷ State law directs the DOEA to prioritize individuals for potential enrollment for home and community-based services through the LTC managed care program using a frailty-based screening tool that results in a priority score, and that score is used to set the order for releasing individuals from the wait list for potential enrollment.²⁸

The prioritization of the waitlist is described in AHCA administrative rule.²⁹ Priority score and rank are used to ensure that the most fragile Floridians are offered LTC Program enrollment when it becomes available, and the AHCA groups scores into low and high priority ranges with multiple ranks (including ranks for "imminent risk" and Adult Protective Services high-risk referrals).³⁰ Under the AHCA's coverage rule, "priority score" is an automatically generated number based on the DOEA's screening, and "priority rank" is an automatically generated number indicating assessed need for LTC services.³¹

²² Section 409.979(1)(b), F.S.

²³ Medicaid Planning Assistance, *Medicaid Eligibility: 2026 Income, Asset & Care Requirements*: available at <https://www.medicaidplanningassistance.org/medicaid-eligibility/> (last visited 1/21/2026).

²⁴ U.S. Congress, 42 U.S.C. § 1396p: available at [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1396p%20edition:prelim](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1396p%20edition:prelim) (last visited 1/21/2026); and Florida Department of Children and Families, *What is Institutional Care Program (ICP)*: available at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=802> (last visited 1/21/2026).

²⁵ Florida Agency for Health Care Administration, *Long-Term Care Program*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program> (last visited 1/21/2026)

²⁶ Agency for Health Care Administration, *Statewide Medicaid Managed Care Long-Term Care Program—Screening*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/statewide-medicare-managed-care-long-term-care-program-screening> (last visited 1/21/2026).

²⁷ *Id.*

²⁸ Section 409.979, F.S.

²⁹ Rule 59G-4.193, F.A.C.

³⁰ Agency for Health Care Administration, *SMMC LTC Program Waitlist Release*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/smmc-ltc-program-waitlist-release> (last visited 1/21/2026).

³¹ Rule 59G-4.193, F.A.C.

Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program

The Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program is Florida’s preadmission screening process used to ensure that only individuals whose conditions require long-term care services are enrolled in the Medicaid long-term care managed care program.³² Florida law requires the AHCA to operate CARES through an interagency agreement with DOEA.³³ The CARES program must assess or review each person who requests Medicaid payment for nursing facility services or who seeks home and community-based services through Medicaid long-term care authorities (including SMMC LTC).³⁴ CARES determines medical eligibility for the Medicaid Institutional Care Program (ICP), for Medicaid waivers that provide home and community-based services, and conducts medical assessments for nursing facility residents entering court-ordered receivership.³⁵ Operating 17 field offices statewide CARES completed 145,603 assessments in State Fiscal Year 2023–2024 with total federal/state funding of \$19,954,875.³⁶

The Florida Department of Elder Affairs (DOEA)

The DOEA is Florida’s designated State Unit on Aging and is responsible for administering human services programs for older adults and developing policy recommendations for long-term care.³⁷ The DOEA’s statutory duties include administering human services and long-term care programs (including programs funded under the federal Older Americans Act) and ensuring that each Area Agency on Aging (AAA) operates to provide the best services possible to elders in Florida.³⁸ The DOEA delivers many services through 11 AAAs, which operate as ADRCs and function as Florida’s coordinated “no wrong door” entry system for information and access to long-term care resources.³⁹ The DOEA administers statewide services such as ADRC access services, the Long-Term Care Ombudsman Program, SHINE (Medicare counseling), CARES, and legal and caregiver supports.⁴⁰

DOEA reports that more than 1.2 million Floridians age 60 plus received Department services in FY 2022–2023, and that over 97% of the Department’s \$432.2 million combined state and federal budget was spent providing direct services.⁴¹

³² Section 409.985(1), F.S.

³³ Section 409.985(2), F.S.

³⁴ Florida Agency for Health Care Administration, *CARES Assessment of Long-Term Care Needs*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/cares-assessment-of-long-term-care-needs> (last visited 1/21/2026).

³⁵ Florida Department of Elder Affairs, *Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program*: available at <https://elderaffairs.org/programs-services/comprehensive-assessment-and-review-for-long-term-care-services-cares-program/> (last visited 1/21/2026).

³⁶ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, (on file with the Children, Families, and Elder Affairs Committee).

³⁷ Office of Program Policy Analysis and Government Accountability (OPPAGA), *Department of Elder Affairs—Program Summary (Program #5054)*: available at <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5054> (last visited 1/21/2026).

³⁸ Section 430.04, F.S.

³⁹ Florida Department of Elder Affairs, *Ageing and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁰ Florida Department of Elder Affairs, Elder Affairs Florida, *Programs & Services* (navigation landing page): available at <https://elderaffairs.org/programs-and-services/> (last visited 1/21/2026).

⁴¹ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, (on file with the Children, Families, and Elder Affairs Committee).

Aging and Disability Resource Centers (ADRCs)

The DOEA administers programs and services for elders across the state of Florida through 11 AAA, which operate as ADRCs.⁴² These ADRCs function as a single, coordinated system for information and access to services for Floridians seeking long-term care resources.⁴³ The primary functions of the ADRCs include:

- Providing information and referral services.
- Ensuring eligibility determinations are done properly and efficiently.
- Triaging clients who require assistance and managing the availability of financial resources for certain key long-term care programs to ensure financial viability and stability.⁴⁴
- Providing the initial screening of clients requesting long-term care services.
- Determining eligibility for specified long-term care programs.
- Establishing a frailty-based priority ranking.
- Managing the availability of financial resources for those programs within the ADRC's service area.⁴⁵

Florida's 11 ADRCs are distributed throughout the state as shown in the map below:⁴⁶

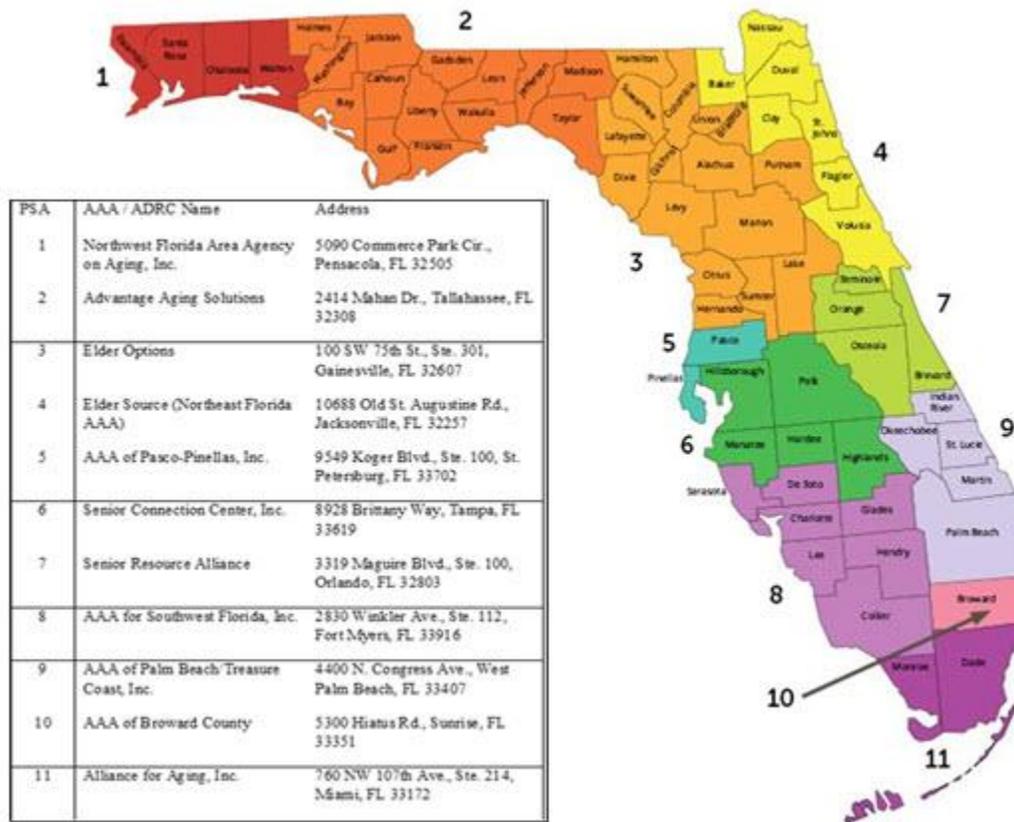
⁴² Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴³ *Id.*

⁴⁴ Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁵ Section 430.2053(3), F.S.

⁴⁶ Section 430.2053(3), F.S.



Emergency Authority and Continuity of Care

The DOEA is responsible for ensuring that each AAA operates in a manner that ensures Florida’s elders receive the best services possible. If the DOEA finds specified conditions, it may rescind an AAA’s designation or take “intermediate measures,” including corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs, probationary status, a moratorium on agency action, financial penalties for nonperformance, or other administrative action.⁴⁷ One statutory trigger for this emergency-related intervention authority is when an AAA “has failed to continue the provision or expansion of services after the declaration of a state of emergency.”⁴⁸ Operationally, the DOEA’s Emergency Coordinating Officer coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The DOEA also ensures AAAs and local service providers have all-hazards Disaster and Continuity of Operations Plans that are implemented during a threat of imminent disaster, supporting continuity of care and services for older adults.⁴⁹

⁴⁷ Section 430.04(2), F.S.

⁴⁸ Section 430.04(2)(d), F.S.

⁴⁹ Florida Department of Elder Affairs, *Disaster Preparedness*, available at <https://elderaffairs.org/resources/disaster-preparedness/> (last visited 1/23/2026).

Community Care for the Elderly (CCE)

The DOEA administers The Community Care for the Elderly (CCE) program to provide community-based services in a continuum of care to help elders with functional impairments remain in the least restrictive and most cost-effective environment appropriate to their needs.⁵⁰

The CCE program offers a broad range of services tailored to individual needs, including adult day care, chore assistance, counseling, home-delivered meals, home nursing, legal assistance, material aid, medical therapeutic services, personal care, respite, transportation, and other community-based services.⁵¹

The CCE program is administered through the AAA, which in turn subcontract with local CCE Lead Agencies to deliver services.⁵² Service delivery is provided by 47 Lead Agencies statewide, ensuring geographic coverage across Florida.⁵³ The CCE program is not a Medicaid program and is funded through a combination of state general revenue and client contributions, with client co-payments assessed on a sliding scale developed by the DOEA.⁵⁴

To be eligible for the CCE program, an individual must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments.⁵⁵ Priority consideration for services is given to elders referred by the DCF Adult Protective Services (APS) who are determined to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm.⁵⁶ Individuals not referred by APS may still receive services based on prioritization criteria, including the individual's level of frailty, likelihood of institutional placement, and ability to pay, with priority given to those least able to contribute toward the cost of care.⁵⁷

In FY 2024–2025, CCE state funding totaled \$86,628,033 and served 83,366 clients.⁵⁸

Alzheimer's Disease Initiative (ADI) in Florida

Florida's Alzheimer's disease and related dementias (ADRD) population is substantial, with approximately 580,000 Floridians age 65 plus living with Alzheimer's disease and approximately 870,000 caregivers.⁵⁹ Florida's Alzheimer's Disease Initiative (ADI) is a state-created continuum of dementia services and supports administered by the DOEA.⁶⁰ ADI's statutory framework includes the Alzheimer's Disease Advisory Committee (ADAC) which

⁵⁰ Section 430.202, F.S.

⁵¹ Florida Department of Elder Affairs, *Summary of Programs and Services—Community Care for the Elderly*: available at <https://elderaffairs.org/programs-services/community-care-for-the-elderly-cce/> (last visited 1/21/2026).

⁵² Section 430.203(7), F.S.

⁵³ Florida Department of Elder Affairs, *2024 Department Overview*, p. 10 (on file with the Children, Families, and Elder Affairs Committee).

⁵⁴ Section 430.205(5)(a), F.S.

⁵⁵ Section 430.205(5)(b), F.S.

⁵⁶ Section 430.205(5)(b), F.S.

⁵⁷ Section 430.205(5)(a)–(b), F.S.

⁵⁸ *Florida Department of Elder Affairs, 2024 2025 Year in Review*, p. 40 (on file with the Senate Appropriations Committee on Health and Human Service).

⁵⁹ Florida Alzheimer's Disease Advisory Committee, *Annual Report 2023*: available at <https://elderaffairs.org/wp-content/uploads/Alzheimers-Disease-Advisory-Committee-%E2%80%9393-Annual-Report-2023.pdf> (last visited 1/22/2026).

⁶⁰ Section 430.501–430.504, F.S.

advises the DOEA and the Florida Legislature on Alzheimer's and related dementias (ADRD) policy and program needs.⁶¹ ADI also includes state-funded Memory Disorder Clinics (MDCs) and directs the DOEA to contract for respite care services.⁶² Florida law further provides that client-identifying information for programs created or funded under the ADI statutes is confidential and exempt from public disclosure, unless written consent is provided.⁶³

ADI was legislatively established in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by ADRD.⁶⁴ Key components of the ADI program include: (1) ADI respite services, (2) Memory Disorder Clinics, and (3) the Florida Brain Bank.⁶⁵ In fiscal year 2024-2025 the state of Florida appropriated \$71,818,744 for the ADI program, impacting 25,023 clients, with Alzheimer's respite care programs established in all 67 Florida counties.⁶⁶

Memory Disorder Clinics

Florida law establishes and funds Memory Disorder Clinics (MDCs) at specified sites statewide to provide research, training, and clinical services in a diagnostic and therapeutic setting for individuals with Alzheimer's disease and related memory disorders.⁶⁷ The MDC network provides statewide services and supports Alzheimer's research and training through clinic contracts and performance expectations.⁶⁸ In FY 2024–2025, MDC state funding totaled \$12,409,285 and provided services to 21,053 unduplicated persons.⁶⁹

Florida Brain Bank

The Florida Brain Bank operates as a component of Florida's ADI that supports research by facilitating registration and autopsies for individuals affected by Alzheimer's disease and related dementias.⁷⁰ In FY 2024–2025, state funding for the Brain Bank totaled \$117,535, with 40 persons registered and 30 autopsies completed.⁷¹

Home Care for the Elderly (HCE)

Florida's Home Care for the Elderly (HCE) program is a program that helps Floridians age 60 and older remain in family-type living arrangements within private homes as an alternative to institutional or nursing facility care, with a basic subsidy intended to support the elder's support and maintenance (including some medical costs).⁷² When needed, the program can also provide a special subsidy for specific services and supplies which can include case management supports.

⁶¹ Section 430.501, F.S.

⁶² Section 430.502(1) and (8), F.S.

⁶³ Section 430.504, F.S.

⁶⁴ Florida Department of Elder Affairs, 2025 Year in Review, p. 33 (on file with the *Senate Appropriations Committee on Health and Human Service*).

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ Section 430.502(1), F.S.

⁶⁸ Florida Department of Elder Affairs, 2025 Year in Review, p. 35 (on file with the *Senate Appropriations Committee on Health and Human Service*).

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.* at pg. 35.

⁷² Florida Department of Elder Affairs, Home Care for the Elderly (HCE) Program, available at <https://elderaffairs.org/programs-and-services/home-care-for-the-elderly-hce-program/> (last visited 1/23/2026).

Most participants receive a monthly subsidy, and those special subsidies cover items such as incontinence supplies, medications, medical supplies, wheelchairs/assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aides, and skilled nursing services.⁷³ In FY 2024–2025 HCE state funding totaled \$18,303,357 and served 9,641 clients.⁷⁴

Guardianship

When an individual is unable to make legal decisions regarding his or her person or property, a guardian may be appointed to act on his or her behalf. A guardian is someone who is appointed by the court to act on behalf of a ward (a person for whom a guardian has been appointed) regarding his or her person or property, or both.⁷⁵ Adjudicating a person totally incapacitated and in need of a guardian deprives a person of his or her civil and legal rights.⁷⁶ The Legislature has recognized that the least restrictive form of guardianship should be used to ensure the most appropriate level of care and the protection of that person’s rights.⁷⁷

The process to determine an individual’s incapacity and the subsequent appointment of a guardian begins with a verified petition detailing the factual information supporting the reasons the petitioner believes the individual to be incapacitated, including the rights the alleged incapacitated person is incapable of exercising.⁷⁸ Once a person has been adjudicated incapacitated, and a guardian is appointed, the person is termed a “ward”, the court appoints a guardian and the letters of guardianship are issued.⁷⁹ The order appointing a guardian must be consistent with the ward’s welfare and safety, must be the least restrictive appropriate alternative, and must reserve to the ward the right to make decisions in all matters commensurate with his or her ability to do so.⁸⁰

Public and Professional Guardians

A professional guardian is a guardian who has at any time rendered services to three or more wards; however, a person serving as a guardian for two or more relatives is not considered a professional guardian.⁸¹ A public guardian is considered a professional guardian for purposes of regulation, education, and registration.⁸²

Office of Public and Professional Guardians

In 1999, the Legislature created the “Public Guardianship Act” and established the Statewide Public Guardianship Office (SPGO) within the DOEA.⁸³ In 2016, the Legislature renamed the Statewide Public Guardianship Office as the Office of Public and Professional Guardians (OPPG), required the OPPG to regulate professional guardians and investigate complaints, and

⁷³ Florida Department of Elder Affairs, *2024 Year Review: Elder Affairs Department Overview*, at 37 (PDF p. 40).

⁷⁴ *Florida Department of Elder Affairs, 2024 2025 Year in Review*, p. 40 (on file with the Senate Appropriations Committee on Health and Human Service).

⁷⁵ Section 744.102(9), F.S.

⁷⁶ Section 744.1012(1), F.S.

⁷⁷ Section 744.1012(2), F.S.

⁷⁸ Section 744.3201, F.S.

⁷⁹ *See s. 744.345*, F.S.

⁸⁰ Section 744.2005, F.S.

⁸¹ Section 744.102(17), F.S.

⁸² *Id.*

⁸³ Chapter 99-277, L.O.F.

added six full-time equivalent positions to the OPPG, including an attorney and investigators.⁸⁴ The OPPG appoints local public guardian offices to provide guardianship services to people who have neither adequate income nor assets to afford a private guardian, nor any willing family or friend to serve.⁸⁵ There are 15 public guardian offices that serve all 67 counties.⁸⁶ Since 2016, approximately 550 professional guardians have registered with the OPPG statewide.⁸⁷

Registration

A professional guardian must register with the OPPG annually.⁸⁸ As part of the registration, the professional guardian must:

- Provide sufficient information to identify the professional guardian;
- Complete a minimum of 40 hours of instruction and training through a course approved or offered by the OPPG;⁸⁹
- Successfully pass an examination approved by the DOEA to demonstrate competency to act as a professional guardian;
- Undergo a criminal background check by the Federal Bureau of Investigation and the Florida Department of Law Enforcement;
- Submit to a credit history check; and
- Maintain a current blanket bond.⁹⁰

OPPG Disciplinary Action

Disciplinary action may be taken against a professional guardian for:

- Making a misleading, deceptive, or fraudulent representation in or related to the practice of guardianship;
- Violating any rule governing guardians or guardianship adopted by OPPG;
- Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to a crime which relates to the practice of, or ability to practice as, a professional guardian;
- Failing to comply with the educational course requirements for professional guardians;
- Having a registration, license, or authority to practice a regulated profession revoked;
- Knowingly filing a false report or complaint with OPPG against another guardian;
- Attempting to obtain, obtaining, or renewing a registration or license to practice a profession by bribery, fraud, or a known error;
- Failing to report to OPPG any person the professional guardian knows is in violation of ch. 744, F.S., or the rules of OPPG adopted thereunder;
- Failing to perform a legal or statutory obligation;

⁸⁴ Chapter 2016-40, L.O.F.

⁸⁵ Florida Department of Elder Affairs, *Office of Public & Professional Guardians (OPPG)*: available at <https://elderaffairs.org/programs-and-services/office-of-public-professional-guardians-oppg/> (last visited 1/21/2026).

⁸⁶ *Id.*

⁸⁷ Florida Auditor General, *Department of Elder Affairs—Office of Public and Professional Guardians and Selected Administrative Activities*, Report No. 2025-092 (Jan. 2025), p. 1: available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/22/2026).

⁸⁸ Section 744.2002, F.S.

⁸⁹ This training may not be paid with the assets of the ward.

⁹⁰ Section 744.2003(2), F.S., further requires the bond to be maintained by the guardian in an amount not less than \$50,000 and must cover all wards for whom the guardian has been appointed at any given time. The liability of the provider of the bond is limited to the face amount of the bond, regardless of the number of wards for whom the professional guardian has been appointed; Sections 744.2002(3) and 744.3135, F.S.

- Making or filing a false report that is signed in the person’s capacity as professional guardian;
- Using the position of guardian for financial gain;
- Violating or failing to comply with an order from OPPG or failing to comply with a subpoena lawfully issued by OPPG;
- Improperly interfering with an investigation;
- Using the guardianship relationship to engage or attempt to engage in sexual activity;
- Failing to report to OPPG within 30 days in writing being convicted or found guilty of, or enter a plea of guilty or nolo contendere (regardless of adjudication) to a crime;
- Being unable to perform the functions of guardian;
- Failing to post and maintain a blanket fiduciary bond;
- Failing to maintain all records relating to a guardianship for a reasonable time after the court has closed the guardianship matter; or
- Violating any provision of ch. 744, F.S., or any rules adopted thereunder.⁹¹

When the OPPG finds that a professional guardian is guilty of any of the grounds for discipline, it may take action against that guardian by entering an order imposing one or more penalties on the professional guardian.⁹² When determining what action is appropriate against a professional guardian, prior to consideration of any mitigation or rehabilitation for the professional guardian, the OPPG must first consider what sanctions are necessary to safeguard the wards and protect the public.⁹³

The OPPG may impose any combination of the following sanctions:

- Refuse to register an applicant as a professional guardian;
- Suspend or revoke a professional guardian’s registration;
- Issue a reprimand or letter of concern;
- Require treatment, completion of continuing education courses, or reexamination;
- Require restitution; or
- Require remedial education.⁹⁴

If the final determination from a disciplinary proceeding is to suspend or revoke the guardian’s registration, the determination must be provided to any court that oversees any guardianship to which the professional guardian is appointed.⁹⁵

Guardian Complaints and Investigations

Any person may submit a complaint against a professional guardian to the OPPG. In 2016, the Legislature expanded the responsibility and authority of the OPPG, requiring the OPPG to investigate allegations of suspected wrongdoing perpetrated by public and professional

⁹¹ Section 744.20041(1), F.S.

⁹² Section 744.20041(2), F.S.

⁹³ Section 744.20041(3), F.S.

⁹⁴ Section 744.20041(2), F.S.

⁹⁵ Section 744.20041(9), F.S.

guardians.⁹⁶ Once the OPPG receives a complaint a procedure is initiated to investigate the complaint and the OPPG is required to:

- Review and, if determined legally sufficient,⁹⁷ investigate complaints against professional guardians;
- Initiate an investigation no later than 10 business days after the OPPG receives a complaint;
- Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and person filing the complaint within 45 days;
- Obtain supporting information, including interviewing the ward, family member, or interested party, or documentation to determine the legal sufficiency of a complaint;
- Dismiss any complaint that is not legally sufficient; and
- Coordinate with the clerks of the court to avoid duplication of duties.⁹⁸

On July 14, 2016, the OPPG entered into a memorandum of understanding (MOU) with six clerks in different regions of the state,⁹⁹ collectively referred to as the Statewide Investigation Alliance (SIA), to investigate complaints for the OPPG.¹⁰⁰

Investigations which find substantiated allegations of violations by professional guardians may be referred to law enforcement, the Office of the Attorney General, the Office of the State Attorney, or the Florida Bar, as appropriate.¹⁰¹

Auditor General Report

In January 2025, the Florida Auditor General released Report No. 2025-092, an operational audit of the DOEAs' Office of Public and Professional Guardians (OPPG), including follow-up to findings 1 through 6 from the August of 2020 Florida Auditor General Report No. 2021-010 in.¹⁰² The report detailed the following findings related to the OPPG:

- *Finding 1: Monitoring of Private Professional Guardians –* Contrary to State law, OPPG had not developed and implemented an effective monitoring tool to ensure private professional guardians complied with OPPG standards of practice intended to ensure wards receive appropriate care and treatment, are safe, and their assets are protected.
- *Finding 2: Monitoring of Offices of Public Guardians (OPGs) –* OPPG monitoring efforts need enhancement to ensure OPGs are monitored at least once every 2 years, monitoring results are supported by source documentation, and appropriate follow-up occurs on deficiencies.
- *Finding 3: Complaint Processing and Investigation –* OPPG complaint processing controls need improvement to ensure complaints and related investigation activities are timely and

⁹⁶ The Florida Senate, CS/CS/CS/SB 232 (2016) Bill Summary (directing OPPG to receive and investigate complaints): available at <https://www.flsenate.gov/Committees/bills/summaries/2016/html/232> (last visited 1/21/2026).

⁹⁷ Section 744.2004(1), F.S., states that a complaint is legally sufficient if it contains ultimate facts that show a violation of a standard of practice by a professional guardian has occurred.

⁹⁸ Section 744.2004, F.S.

⁹⁹ The six county clerks comprising the SIA are: Palm Beach County; Pinellas County; Sarasota County; Lee County; Okaloosa County; and Polk County; Florida Court Clerks & Comptrollers, *Clerks' Statewide Investigations Alliance webinar materials*: available at https://cdn.ymaws.com/www.flclerks.com/resource/resmgr/webinars/Clerks%27_Statewide_Investigat.pdf (last visited 1/21/2026)

¹⁰⁰ Section 744.2004, F.S.

¹⁰¹ Section 744.2004(1)(e), F.S.

¹⁰² *State of Florida Auditor General, Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit, Report No. 2025-092* (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

conducted in accordance with State law and OPPG policies and procedures, and that complaint records are complete.

- *Finding 4: Online Registered Professional Guardian Profiles* – OPPG did not include information for all substantiated complaints and related disciplinary actions in online guardian profiles, frustrating the intent of State law and limiting the public’s ability to assess guardian fitness
- *Finding 5: Annual Registration Renewal* – OPPG controls did not adequately promote timely submittal and processing of annual professional guardian renewal registrations.
- *Finding 6: Assessment of Financial Penalties* – Contrary to contract terms, OPPG did not assess financial penalties when OPGs did not timely provide contract deliverables.
- *Finding 7: Collection Safeguards and Reconciliations* – Controls over collecting and depositing professional guardian registration fees need enhancement.
- *Finding 8: OPG Reports Follow-Up/Review* – OPPG did not always follow up on untimely OPG report submissions, assess penalties for late submissions, or document review of annual report resubmissions.
- *Finding 9: OPPG Rules* – Contrary to State law, the Department still had not adopted rules for certain OPPG processes, including investigating complaints against guardians.
- *Finding 10: Sentry System Access Controls* – User access privileges to the Sentry system were not periodically reviewed for appropriateness and were not always timely deactivated after employee separation.
- *Finding 11: Security Controls – User Authentication* – Certain security controls related to Sentry system user authentication need improvement.

Finding 1 – Monitoring of Private Professional Guardians

The Auditor General found that OPPG did not have an effective monitoring framework for private professional guardians, even though State law requires OPPG to develop and implement a monitoring tool to ensure guardians comply with OPPG standards of practice intended to protect wards’ care, safety, and assets. During the audit period (July 2022 through January 2024), 566 professional guardians were registered with OPPG, and OPPG received 174 complaints, including 138 complaints against private professional guardians, underscoring the volume of activity and the importance of meaningful oversight.¹⁰³

Finding 3 – Complaint Processing and Investigations

The Auditor General found that OPPG’s complaint processing and investigation controls needed improvement to ensure legally sufficient complaints are handled timely and records are complete. The audit reviewed 25 complaints (18 closed and seven open) from the population of 174 complaints received during July 2022 through January 2024 and identified delays and documentation gaps that can frustrate statutory timelines—specifically, State law requires initiation of an investigation within 10 business days after a complaint is determined legally sufficient, but OPPG’s internal process timeline did not promote meeting that requirement. In the sample reviewed, legal sufficiency determinations were delayed for seven complaints (taking five to 26 business days, averaging 11 business days), and investigations associated with three of those seven complaints were initiated late (16 to 28 business days, averaging 21 business days);

¹⁰³ State of Florida Auditor General, *Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit*, Report No. 2025-092, at p. 4–5 (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

the Auditor General also found incomplete complaint records for 13 complaints, including eight complaints missing key dates needed to demonstrate timeliness and compliance.¹⁰⁴

III. Effect of Proposed Changes:

Long-Term Care

Section 1 amends s. 409.979(2), (3), F.S., to modernize pre-enrollment and assessment processes for long-term care services. The bill:

- Deletes expired provisions requiring Medicaid recipients enrolled in the Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic Fibrosis Waiver, and Project AIDS Care Waiver to transition into long-term care managed care by January 1, 2018, and removes authorization to terminate these waivers.
- Requires the Department of Elderly Affairs (DOEA) to maintain a statewide pre-enrollment list rather than a wait list for home and community-based services.
- Authorizes Aging and Disability Resource Centers (ADRC) personnel certified by the DOEA to place clients on and release clients from pre-enrollment lists for Alzheimer's Disease Initiative, Community Care for the Elderly, Home Care for the Elderly, and Statewide Medicaid Managed Care Long-Term Care programs.
- Expands who may administer eligibility rescreening from solely aging resource center personnel to staff authorized and certified by the DOEA, allowing for greater flexibility in staffing.
- Transfers responsibility for conducting prerelease assessments from the Comprehensive Assessment and Review (CARES) program to ADRCs.
- Authorizes individuals who meet all financial and medical eligibility criteria to enroll in the long-term care managed care program upon release from the pre-enrollment list.

Section 2 amends s. 409.983(4), F.S., to clarify that the CARES program is responsible for reviewing or performing the initial assessment of an enrollee's level of care.

Aging and Disability Resource Centers (ADRCs) Regulation

Section 4 amends s. 430.04(2), F.S., to authorize the DOEA to rescind the designation of an AAA, or to take intermediate corrective measures, when the AAA has failed to efficiently manage program budgets.

Section 5 creates s. 430.09, F.S., to establish procurement requirements and salary limitations for Area Agencies on Aging (AAA). The bill:

- Requires AAA and their subcontractors to comply with applicable state and federal law and follow all regulations in procurement of commodities or contractual services.
- Requires AAA to competitively procure of all contracts over \$35,000.
- Authorizes the DOEA to impose financial consequences, as established by the department and incorporated into contracts, for noncompliance with applicable local, state, or federal law regarding procurement.

¹⁰⁴ State of Florida Auditor General, Department of Elder Affairs, *Office of Public and Professional Guardians – Operational Audit*, Report No. 2025-092, at p. 5, 9–10 (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

- Prohibits any administrative employee of an AAA from receiving a salary exceeding 150 percent of the annual salary paid to the Secretary of the DOEA from state-appropriated funds or state-appropriated federal funds, regardless of the number of contracts executed with the department.
- Clarifies that the salary limitation does not prohibit compensation from non-state funds to area agency administrative employees.

Section 6 amends s. 430.203(3), (5), (9)(c), F.S., to revise definitions for community care for the elderly programs. The bill modifies the definition of:

- “Community care service system” to clarify that services are provided by or through a designated lead agency by the AAA.
- “Core services” to delete a prohibition on the AAA from directly providing care services.
- “Lead agency” by removing references to adult day care and information and referral from the list of services that must be coordinated by lead agencies.

Section 7 amends s. 430.204(1), (4), (5), (8), F.S., to revise community care for the elderly core services and departmental powers. The bill:

- Removes the requirement for the DOEA to fund *more than one* community care service system in each county.
- Prohibits the AAA from directly providing core services unless the designated lead agency is unable to perform its duties or in the event of a state of emergency and the department approves.
- Deletes the 10 percent local match requirement for entities contracting to provide core services.
- Eliminates the fee schedule and fee assessment requirements and removes the responsibility of provider agencies to collect and assess fees for services from functionally impaired elderly persons.

Section 8 amends s. 430.205(1), (2), (4), (5)(a), F.S., to revise community care service system requirements and training standards. The bill:

- Removes the requirement for the department to fund *more than one* community care service system in each county.
- Requires the inservice training for CCE service providers that may be designed and implemented by the DOEA be an *annual* inservice training program.
- Adds *high-risk* vulnerable adults, instead of vulnerable adults, to those who may be given priority consideration for receiving community-care-for-the-elderly services, this is in addition to the existing mandatory priority for victims of abuse, neglect, or exploitation.
- Deletes obsolete language.

Section 9 amends s. 430.2053, F.S., to redesignate aging resource centers as Aging and Disability Resource Centers (ADRCs) and revise their purpose and duties. The bill:

- Renames aging resource centers to ADRCs throughout the section to reflect expanded service to adults with disabilities.
- Expands their purposes to include serving adults with disabilities in addition to elders, and updates language to reference persons rather than solely elders.

- Revises duties to authorize ADRCs to place on and release from the pre-enrollment lists clients eligible for the Alzheimer's Disease Initiative or the Community Care for the Elderly, Home Care for the Elderly, or Statewide Medicaid Managed Care Long-term Care programs.
- Deletes a requirement that ADRCs convene a work group for planning, implementation, and evaluation, and to develop annual program improvement plans.
- Deletes a requirement that ADRCs provide enrollment and coverage information to Medicaid managed long-term care enrollees.
- Clarifies the prohibition on direct service provision by ADRCs, other than information and referral services, outreach, screening, and intake and requires ADRCs to receive a waiver from the DEOA to be the provider of any other direct services.
- Updates Long-Term Care Community Diversion Project language to Statewide Medicaid Managed Care Long-term Care Program.
- Deletes obsolete language requiring establishing eligibility requirements for AAA to begin transitioning to aging resource centers.

Section 13 amends s. 430.901(2), F.S., to update terminology in the definition of a “multiservice senior center” by replacing *aging resource center* with *aging and disability resource center*, conforming to terminology used elsewhere in the bill.

Florida Alzheimer’s Center of Excellence (FACE)

Section 12 creates s. 430.72, F.S., to establish the Florida Alzheimer's Center of Excellence (the Center). The bill:

- Establishes that the purpose of the Center is to assist persons with Alzheimer's disease or related dementia and their caregivers to connect them with community resources, with legislative intent to:
 - Allow Floridians living with Alzheimer's or related dementia to age in place; and
 - Empower family caregivers to improve their well-being.
- Defines “Center” as the Florida Alzheimer's Center of Excellence and “Department” as the Department of Elder Affairs.
- Requires the Center to address, at a minimum: early and accurate diagnosis; caregiver health; improved access to care; health care use costs; strengthening a dementia-capable workforce; underreporting of Alzheimer's and related dementia; and disparities in access to dementia care.
- Requires the Center provide caregivers access to care consultation, support groups, education and training programs, and various caregiver support services including companions, wellness programs, care support teams, technology-based services, care coordination, diagnosis assistance, end-of-life care assistance, medical care resources, care planning, relationship guidance, communication skills, and behavioral symptom management.
- Requires the Center work with AAA, Alzheimer's Disease Advisory Committee, Alzheimer's Disease Initiative, Dementia Care and Cure Initiative, universities, hospitals, and other community resources.
- Authorizes the Center to provide direct services or contract for services as necessary.
- Establishes eligibility criteria requiring: at least one household member caring for a person diagnosed with or suspected of having Alzheimer's or related dementia; Florida residency of the caregiver or person with dementia; and the goal of providing in-home care. Services are

subject to availability of funds and resources.

Office of Public and Professional Guardians Regulation

Section 14 amends s. 744.2003(3), F.S., to require at least 1 hour on Alzheimer's disease and related dementias training as part of a professional guardians required biennial continuing education training. The bill also reduces the required guardianship law component from 4 hours to 3 hours.

Section 15 amends s. 744.2004(2), F.S., to expand disciplinary actions available to the Office of Public and Professional Guardians (OPPG) by clarifying that the OPPG may impose additional monitoring on the professional guardian, rather than the guardianship offices to which the guardian is appointed.

Section 16 amends s. 744.20041(2), F.S., to authorize the OPPG to impose fines up to \$500 per violation when a professional guardian is found guilty of a violation.

Section 17 amends s. 744.2104, F.S., to expand the investigative powers of the OPPG. The bill:

- Authorizes the OPPG to issue subpoenas duces tecum¹⁰⁵ to financial institutions, insurance companies, the ward's caregivers, any facility where the ward resides or has resided, and the facility's professional guardians or employees to compel production of records relevant to an investigation.
- Authorizes the OPPG to petition the court for an order requiring production of records if there is substantial noncompliance with a subpoena duces tecum. The petition must be made in the county where a noncompliant person resides or has their place of business.

Other

Section 3 amends s. 430.03(7), F.S., to authorize the DOEA to provide direct services for the Community Care for the Elderly Program, the Home Care for the Elderly Program, and the Alzheimer's Disease Initiative only during a declared state of emergency or when a contracted service provider or subcontractor is unable to provide required services.

Section 10 amends s. 430.503, F.S., to remove provider agency responsibilities for collecting and assessing fees under the Alzheimer's Disease Initiative, including eliminating the fee schedule based on ability to pay and the option to accept services in lieu of fees.

Section 11 amends s. 430.605(3), F.S., to expand allowable subsidy payments under the Home Care for the Elderly Program by adding food and nutritional supplements to the list of special supplements that may be provided when necessary to maintain the health, safety, and well-being of an elderly person.

Sections 18 through 20 reenact ss. 110.501(4), 430.504, and 430.603, F.S., respectively, to incorporate by reference the bill's amendments to s. 430.204, 430.503, and 430.605, F.S.

¹⁰⁵ In Latin, *duces tecum* means "you shall bring with you." Subpoena duces tecum is a type of subpoena that requires the witness to produce documents, books, records, or other evidence pertinent to a legal proceeding; Legal Information Institute, "subpoena duces tecum," available at: https://www.law.cornell.edu/wex/subpoena_duces_tecum.

The bill takes effect July 1, 2026

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminant negative fiscal impact on the Area Agencies on Aging (AAA) and their subcontracted service providers who may experience administrative or operational costs related to the new procurement requirements, oversight authority, and fee collection responsibilities provided in the bill.

The bill may have an indeterminate negative fiscal impact on professional guardians who may incur additional costs associated with new disciplinary provisions, including potential fines of up to \$500 per violation, and compliance with expanded continuing education requirements related to Alzheimer's disease and related dementias.

C. Government Sector Impact:

The bill may have an indeterminate positive fiscal impact on state revenues due to the bill's provisions that authorize the Department of Elder Affairs to collect a fine for certain violations by professional guardians.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.979, 409.983, 430.03, 430.04, 430.203, 430.204, 430.205, 430.2053, 430.503, 430.605, 430.901, 744.2003, 744.2004, 744.20041, and 744.2104.

This bill creates the following sections of the Florida Statutes: 430.09 and 430.72.

This bill reenacts the following sections of the Florida Statutes: 110.501, 430.504, and 430.603.

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 Children, Families, and Elder Affairs on January 27, 2026:

The CS makes the following changes:

- Allows an area agency on aging to directly provide core services when the lead agency is unable to do so or when there is a state of emergency; and
- Simplifies the area agency on aging procurement requirements by requiring competitive procurement of all contracts over \$35,000.

- B. **Amendments:**

None.

By the Committee on Children, Families, and Elder Affairs; and
Senator Grall

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1 A bill to be entitled
2 An act relating to aging and disability services;
3 amending s. 409.979, F.S.; requiring the Department of
4 Elderly Affairs to maintain a statewide pre-enrollment
5 list, rather than a wait list, for certain services;
6 deleting expired requirements for Medicaid recipients
7 to receive an offer for enrollment for long-term care
8 services; requiring aging and disability resource
9 center personnel to place on and release certain
10 clients from the pre-enrollment lists; requiring
11 certain staff to administer a rescreening under
12 certain circumstances; deleting a requirement for the
13 Comprehensive Assessment and Review for Long-term Care
14 Services (CARES) program to conduct prerelease
15 assessments; requiring an aging and disability
16 resource center to conduct a prerelease assessment;
17 authorizing individuals who meet financial and medical
18 eligibility criteria to enroll in the long-term care
19 managed care program; conforming provisions to changes
20 made by the act; amending s. 409.983, F.S.; requiring
21 the CARES program to review or perform the initial
22 assessment of an enrollee's level of care; amending s.
23 430.03, F.S.; revising the purposes of the department
24 to include the provision of services for certain
25 programs only under certain circumstances; amending s.
26 430.04, F.S.; making a technical change; creating s.
27 430.09, F.S.; providing procurement requirements for
28 area agencies on aging; prohibiting an administrative
29 employee of an area agency on aging from receiving a

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30 specified salary amount; providing construction;
31 amending s. 430.203, F.S.; revising definitions;
32 amending s. 430.204, F.S.; deleting certain funding
33 responsibilities of the department and certain
34 entities; prohibiting the area agency on aging from
35 directly providing core services; providing
36 exceptions; deleting the responsibility of provider
37 agencies to collect and assess fees for certain
38 services; amending s. 430.205, F.S.; deleting certain
39 funding responsibilities of the department; deleting a
40 provision providing construction; revising frequency
41 of inservice training for certain providers; requiring
42 that high-risk vulnerable adults be given priority
43 consideration for receiving community-care-for-the-
44 elderly services; replacing the term "primary
45 consideration" with "priority consideration"; amending
46 s. 430.2053, F.S.; renaming aging resource centers as
47 aging and disability resource centers; revising the
48 purposes and duties of such centers; authorizing aging
49 and disability resource centers to place on and
50 release certain individuals from pre-enrollment lists;
51 deleting a requirement for a work group to be
52 convened; deleting a requirement to provide enrollment
53 and coverage information to certain individuals;
54 requiring the aging and disability resource center to
55 receive a waiver from the department to be the
56 provider of certain direct services; revising the
57 services for which the department and an area agency
58 on aging may not make payments; deleting an

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59 eligibility requirement for an area agency on aging to
 60 transition to an aging resource center; revising with
 61 whom the department may consult to develop capitation
 62 rates; revising construction; conforming provisions to
 63 changes made by the act; amending s. 430.503, F.S.;
 64 deleting the responsibility of provider agencies to
 65 collect and assess fees for certain purposes; amending
 66 s. 430.605, F.S.; revising certain subsidy payments to
 67 include food and nutritional supplements; creating s.
 68 430.72, F.S.; providing the purpose of and legislative
 69 intent for the Florida Alzheimer's Center of
 70 Excellence; encouraging certain actions related to
 71 innovative and efficient program development; defining
 72 terms; providing powers and duties of the center;
 73 requiring the center to work with specified entities
 74 to ensure full use of state infrastructure;
 75 authorizing the center to provide direct services or
 76 contract for the provision of services; providing
 77 eligibility criteria for services; authorizing the
 78 center to provide assistance to persons meeting such
 79 criteria, subject to availability of funds and
 80 resources; amending s. 430.901, F.S.; conforming
 81 provisions to changes made by the act; amending s.
 82 744.2003, F.S.; revising professional and public
 83 guardians' continuing education requirements to
 84 include Alzheimer's disease and related dementias;
 85 amending ss. 744.2004 and 744.20041, F.S.; revising
 86 certain disciplinary actions and penalties; amending
 87 s. 744.2104, F.S.; authorizing the Office of Public

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88 and Professional Guardians to issue certain subpoenas
 89 to certain entities to compel the production of
 90 records in conducting certain investigations;
 91 authorizing the office to petition the court for a
 92 certain purpose under certain circumstances;
 93 reenacting s. 110.501(4), F.S., relating to
 94 definitions, to incorporate the amendment made to s.
 95 430.204, F.S., in a reference thereto; reenacting s.
 96 430.504, F.S., relating to confidentiality of
 97 information, to incorporate the amendment made to s.
 98 430.503, F.S., in a reference thereto; reenacting s.
 99 430.603, F.S., relating to home care for the elderly
 100 and rules, to incorporate the amendment made to s.
 101 430.605, F.S., in a reference thereto; providing an
 102 effective date.

103
 104 Be It Enacted by the Legislature of the State of Florida:

105
 106 Section 1. Subsections (2) and (3) of section 409.979,
 107 Florida Statutes, are amended to read:

108 409.979 Eligibility.—

109 (2) PRE-ENROLLMENT ENROLLMENT OFFERS.—Subject to the
 110 availability of funds, the Department of Elderly Affairs shall
 111 make offers for enrollment to eligible individuals based on a
 112 pre-enrollment list ~~wait-list~~ prioritization. Before making
 113 enrollment offers, the agency and the Department of Elderly
 114 Affairs shall determine that sufficient funds exist to support
 115 additional enrollment into plans.

116 ~~(a) A Medicaid recipient enrolled in one of the following~~

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117 ~~Medicaid home and community-based services waiver programs who~~
 118 ~~meets the eligibility criteria established in subsection (1) is~~
 119 ~~eligible to participate in the long-term care managed care~~
 120 ~~program and must be transitioned into the long-term care managed~~
 121 ~~care program by January 1, 2018:~~

- 122 1. ~~Traumatic Brain and Spinal Cord Injury Waiver.~~
- 123 2. ~~Adult Cystic Fibrosis Waiver.~~
- 124 3. ~~Project AIDS Care Waiver.~~

125 ~~(b) The agency shall seek federal approval to terminate the~~
 126 ~~Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic~~
 127 ~~Fibrosis Waiver, and the Project AIDS Care Waiver once all~~
 128 ~~eligible Medicaid recipients have transitioned into the long-~~
 129 ~~term care managed care program.~~

130 (3) PRE-ENROLLMENT WAIT LIST, RELEASE, AND OFFER PROCESS.-
 131 The Department of Elderly Affairs shall maintain a statewide
 132 pre-enrollment wait list for enrollment for home and community-
 133 based services through the long-term care managed care program.

134 (a) The Department of Elderly Affairs shall prioritize
 135 individuals for potential enrollment for home and community-
 136 based services through the long-term care managed care program
 137 using a frailty-based screening tool that results in a priority
 138 score. The priority score is used to set an order for releasing
 139 individuals from the pre-enrollment wait list for potential
 140 enrollment in the long-term care managed care program. If
 141 capacity is limited for individuals with identical priority
 142 scores, the individual with the oldest date of placement on the
 143 pre-enrollment wait list shall receive priority for release.

144 1. Pursuant to s. 430.2053, aging and disability resource
 145 center personnel certified by the Department of Elderly Affairs

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146 shall perform the screening for each individual requesting
 147 enrollment for home and community-based services through the
 148 long-term care managed care program. Aging and disability
 149 resource center personnel shall place on and release from the
 150 pre-enrollment lists clients eligible for the Alzheimer's
 151 Disease Initiative or the Community Care for the Elderly, Home
 152 Care for the Elderly, or Statewide Medicaid Managed Care Long-
 153 Term Care programs. The Department of Elderly Affairs shall
 154 request that the individual or the individual's authorized
 155 representative provide alternate contact names and contact
 156 information.

157 2. The individual ~~requesting the long-term care services,~~
 158 or the individual's authorized representative, must participate
 159 in an initial screening or rescreening for placement on the pre-
 160 enrollment wait list. The screening or rescreening must be
 161 completed in its entirety before placement on the pre-enrollment
 162 wait list.

163 3. Pursuant to s. 430.2053, staff authorized and certified
 164 by the Department of Elderly Affairs ~~aging resource center~~
 165 ~~personnel~~ shall administer rescreening annually or upon
 166 notification of a significant change in an individual's
 167 circumstances for an individual with a high priority score.
 168 Aging and disability resource center personnel may administer
 169 rescreening annually or upon notification of a significant
 170 change in an individual's circumstances for an individual with a
 171 low priority score.

172 4. The Department of Elderly Affairs shall adopt by rule a
 173 screening tool that generates the priority score and shall make
 174 publicly available on its website the specific methodology used

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175 to calculate an individual's priority score.

176 (b) Upon completion of the screening or rescreening
177 process, the Department of Elderly Affairs shall notify the
178 individual or the individual's authorized representative that
179 the individual has been placed on the pre-enrollment wait list,
180 unless the individual has a low priority score. The Department
181 of Elderly Affairs must maintain contact information for each
182 individual with a low priority score for purposes of any future
183 rescreening. Aging and disability resource center personnel
184 shall inform individuals with low priority scores of community
185 resources available to assist them and inform them that they may
186 contact the aging and disability resource center for a new
187 assessment at any time if they experience a change in
188 circumstances.

189 (c) If the Department of Elderly Affairs is unable to
190 contact the individual or the individual's authorized
191 representative to schedule an initial screening or rescreening,
192 and documents the actions taken to make such contact, it shall
193 send a letter to the last documented address of the individual
194 or the individual's authorized representative. The letter must
195 advise the individual or his or her authorized representative
196 that he or she must contact the Department of Elderly Affairs
197 within 30 calendar days after the date of the notice to schedule
198 a screening or rescreening and must notify the individual that
199 failure to complete the screening or rescreening will result in
200 his or her termination from the screening process and the pre-
201 enrollment wait list.

202 (d) After notification by the agency of available capacity,
203 the ~~CARES program shall conduct a prerelease assessment. The~~

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204 Department of Elderly Affairs shall release individuals from the
205 pre-enrollment wait list based on the priority scoring process
206 ~~and prerelease assessment results. The aging and disability~~
207 resource center shall conduct a prerelease assessment. Upon
208 release, individuals who meet all financial and medical
209 eligibility criteria may enroll in the long-term care managed
210 care program.

211 (e) The Department of Elderly Affairs may terminate an
212 individual's inclusion on the pre-enrollment wait list if the
213 individual:

- 214 1. Does not have a current priority score due to the
- 215 individual's action or inaction;
- 216 2. Requests to be removed from the pre-enrollment wait
- 217 list;
- 218 3. Does not keep an appointment to complete the rescreening
- 219 without scheduling another appointment and has not responded to
- 220 three documented attempts by the Department of Elderly Affairs
- 221 to contact the individual;
- 222 4. Receives an offer to begin the eligibility determination
- 223 process for the long-term care managed care program; or
- 224 5. Begins receiving services through the long-term care
- 225 managed care program.

226
227 An individual whose inclusion on the pre-enrollment wait list is
228 terminated must initiate a new request for placement on the pre-
229 enrollment wait list, and any previous priority considerations
230 must be disregarded.

231 (f) Notwithstanding this subsection, the following
232 individuals are afforded priority enrollment for home and

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233 community-based services through the long-term care managed care
 234 program and do not have to complete the screening or pre-
 235 enrollment list wait-list process if all other long-term care
 236 managed care program eligibility requirements are met:

237 1. An individual who is 18, 19, or 20 years of age who has
 238 a chronic debilitating disease or condition of one or more
 239 physiological or organ systems which generally make the
 240 individual dependent upon 24-hour-per-day medical, nursing, or
 241 health supervision or intervention.

242 2. A nursing facility resident who requests to transition
 243 into the community and who has resided in a Florida-licensed
 244 skilled nursing facility for at least 60 consecutive days.

245 3. An individual who is referred by the Department of
 246 Children and Families pursuant to the Adult Protective Services
 247 Act, ss. 415.101-415.113, as high risk and who is placed in an
 248 assisted living facility temporarily funded by the Department of
 249 Children and Families.

250 (g) The Department of Elderly Affairs and the agency may
 251 adopt rules to implement this subsection.

252 Section 2. Subsection (4) of section 409.983, Florida
 253 Statutes, is amended to read:

254 409.983 Long-term care managed care plan payment.—In
 255 addition to the payment provisions of s. 409.968, the agency
 256 shall provide payment to plans in the long-term care managed
 257 care program pursuant to this section.

258 (4) The initial assessment of an enrollee's level of care
 259 shall be reviewed or performed ~~made~~ by the Comprehensive
 260 Assessment and Review for Long-Term Care Services (CARES)
 261 program, which shall assign the recipient into one of the

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262 following levels of care:

263 (a) Level of care 1 consists of recipients residing in or
 264 who must be placed in a nursing home.

265 (b) Level of care 2 consists of recipients at imminent risk
 266 of nursing home placement, as evidenced by the need for the
 267 constant availability of routine medical and nursing treatment
 268 and care, and who require extensive health-related care and
 269 services because of mental or physical incapacitation.

270 (c) Level of care 3 consists of recipients at imminent risk
 271 of nursing home placement, as evidenced by the need for the
 272 constant availability of routine medical and nursing treatment
 273 and care, who have a limited need for health-related care and
 274 services and are mildly medically or physically incapacitated.

275
 276 The agency shall periodically adjust payment rates to account
 277 for changes in the level of care profile for each managed care
 278 plan based on encounter data.

279 Section 3. Subsection (7) of section 430.03, Florida
 280 Statutes, is amended to read:

281 430.03 Purposes.—The purposes of the Department of Elderly
 282 Affairs are to:

283 (7) Oversee implementation of federally funded and state-
 284 funded programs and services for the state's elderly population.
 285 The department may provide direct services for the Community
 286 Care for the Elderly Program, Home Care for the Elderly Program,
 287 and the Alzheimer's Disease Initiative only in the event of a
 288 state of emergency or in the event a contracted service provider
 289 or subcontractor is unable to provide services.

290 Section 4. Present paragraph (g) of subsection (2) of

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291 section 430.04, Florida Statutes, is redesignated as paragraph
292 (h), a new paragraph (g) is added to that subsection, and
293 paragraph (f) of that subsection is amended to read:

294 430.04 Duties and responsibilities of the Department of
295 Elderly Affairs.—The Department of Elderly Affairs shall:

296 (2) Be responsible for ensuring that each area agency on
297 aging operates in a manner to ensure that the elderly of this
298 state receive the best services possible. The department shall
299 rescind designation of an area agency on aging or take
300 intermediate measures against the agency, including corrective
301 action, unannounced special monitoring, temporary assumption of
302 operation of one or more programs by the department, placement
303 on probationary status, imposing a moratorium on agency action,
304 imposing financial penalties for nonperformance, or other
305 administrative action pursuant to chapter 120, if the department
306 finds that:

307 (f) The agency has failed to properly determine client
308 eligibility as defined by the department.

309 (g) The agency has failed to ~~ex~~ efficiently manage program
310 budgets.

311 Section 5. Section 430.09, Florida Statutes, is created to
312 read:

313 430.09 Area agencies on aging expenditures.—

314 (1) The procurement of commodities or contractual services
315 by an area agency on aging and its subcontractors must comply
316 with applicable state and federal law and follow all
317 regulations.

318 (a) Area agencies on aging shall competitively procure all
319 contracts in excess of \$35,000.

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320 (b) The department shall impose financial consequences, as
321 established by the department and incorporated into the
322 contract, for noncompliance with applicable local, state, or
323 federal law for the procurement of commodities or contractual
324 services.

325 (2) An administrative employee of an area agency on aging
326 may not receive a salary in excess of 150 percent of the annual
327 salary paid to the secretary of the Department of Elderly
328 Affairs from state-appropriated funds or from state-appropriated
329 federal funds. This limitation applies regardless of the number
330 of contracts an area agency on aging may execute with the
331 department. This subsection does not prohibit any party from
332 providing compensation that is not from state funds to an area
333 agency on aging administrative employee.

334 Section 6. Subsections (3) and (5) and paragraph (c) of
335 subsection (9) of section 430.203, Florida Statutes, are amended
336 to read:

337 430.203 Community care for the elderly; definitions.—As
338 used in ss. 430.201-430.207, the term:

339 (3) "Community care service system" means a service network
340 comprising a variety of home-delivered services, day care
341 services, and other basic services, hereinafter referred to as
342 "core services," for functionally impaired elderly persons which
343 are provided by or through a designated single lead agency by
344 the area agency on aging. Its purpose is to provide a continuum
345 of care encompassing a full range of preventive, maintenance,
346 and restorative services for functionally impaired elderly
347 persons.

348 (5) "Core services" means a variety of home-delivered

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349 services, day care services, and other basic services that may
 350 be provided by several entities. Core services are those
 351 services that are most needed to prevent unnecessary
 352 institutionalization. ~~The area agency on aging shall not~~
 353 ~~directly provide core services.~~

354 (9) "Lead agency" means an agency designated at least once
 355 every 6 years by an area agency on aging as the result of a
 356 competitive procurement conducted through a request for
 357 proposal.

358 (c) In each community care service system, the lead agency
 359 must be given the authority and responsibility to coordinate
 360 some or all of the services, either directly or through
 361 subcontracts, for functionally impaired elderly persons. These
 362 services must include case management, homemaker and chore
 363 services, respite care, ~~adult day care~~, personal care services,
 364 home-delivered meals, counseling, ~~information and referral~~, and
 365 emergency home repair services. The lead agency must compile
 366 community care statistics and monitor, when applicable,
 367 subcontracts with agencies providing core services.

368 Section 7. Subsections (1), (4), (5), and (8) of section
 369 430.204, Florida Statutes, are amended to read:

370 430.204 Community-care-for-the-elderly core services;
 371 departmental powers and duties.—

372 (1)(a) The department shall fund, through each area agency
 373 on aging, at least one community care service system the primary
 374 purpose of which is the prevention of unnecessary
 375 institutionalization of functionally impaired elderly persons
 376 through the provision of community-based core services. Whenever
 377 feasible, an area agency on aging shall be the contracting

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378 agency of preference to engage only in the planning and funding
 379 of community-care-for-the-elderly core services for functionally
 380 impaired elderly persons.

381 ~~(b) The department shall fund, through each area agency on~~
 382 ~~aging in each county as defined in s. 125.011(1), more than one~~
 383 ~~community care service system the primary purpose of which is~~
 384 ~~the prevention of unnecessary institutionalization of~~
 385 ~~functionally impaired elderly persons through the provision of~~
 386 ~~community-based core services.~~

387 (4) The department or contracting agency shall contract for
 388 the provision of the core services required by a community care
 389 service area. The area agency on aging may not directly provide
 390 core services unless the designated lead agency is unable to
 391 perform its duties or in the event of a state of emergency and
 392 the department approves.

393 ~~(5) Entities contracting to provide core services under ss.~~
 394 ~~430.201-430.207 must provide a minimum of 10 percent of the~~
 395 ~~funding necessary for the support of project operations. In-kind~~
 396 ~~contributions, whether materials, commodities, transportation,~~
 397 ~~office space, other types of facilities, or personal services,~~
 398 ~~and contributions of money or services from functionally~~
 399 ~~impaired elderly persons may be evaluated and counted as part or~~
 400 ~~all of the required local funding.~~

401 ~~(8) Provider agencies are responsible for the collection of~~
 402 ~~fees for services in accordance with rules adopted by the~~
 403 ~~department. Provider agencies shall assess fees for services~~
 404 ~~rendered in accordance with those rules. To help pay for~~
 405 ~~services received from community care for the elderly, a~~
 406 ~~functionally impaired elderly person shall be assessed a fee~~

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407 ~~based on an overall ability to pay. The fee to be assessed shall~~
 408 ~~be fixed according to a schedule established by the department~~
 409 ~~in cooperation with area agencies, lead agencies, and service~~
 410 ~~providers.~~

411 Section 8. Subsections (1), (2), and (4) and paragraph (a)
 412 of subsection (5) of section 430.205, Florida Statutes, are
 413 amended to read:

414 430.205 Community care service system.—

415 (1)~~(a)~~ The department, through the area agency on aging,
 416 shall fund in each planning and service area at least one
 417 community care service system that provides case management and
 418 other in-home and community services as needed to help the older
 419 person maintain independence and prevent or delay more costly
 420 institutional care.

421 ~~(b) The department shall fund, through the area agency on~~
 422 ~~aging in each county as defined in s. 125.011(1), more than one~~
 423 ~~community care service system that provides case management and~~
 424 ~~other in-home and community services as needed to help elderly~~
 425 ~~persons maintain independence and prevent or delay more costly~~
 426 ~~institutional care.~~

427 (2) Core services and other support services may be
 428 furnished by public or private agencies or organizations. Each
 429 community care service system must be under the direction of a
 430 lead agency that coordinates the activities of individual
 431 contracting agencies providing community-care-for-the-elderly
 432 services. When practicable, the activities of a community care
 433 service area may be directed from a multiservice senior center,
 434 as defined in s. 430.901, and coordinated with other services
 435 offered therein. ~~This subsection does not require programs in~~

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436 ~~existence prior to the effective date of this act to be~~
 437 ~~relocated.~~

438 (4) A preservice and annual inservice training program for
 439 community-care-for-the-elderly service providers and staff may
 440 be designed and implemented to help assure the delivery of
 441 quality services. The department shall specify in rules the
 442 training standards and requirements for the community-care-for-
 443 the-elderly service providers and staff. Training must be
 444 sufficient to ensure that quality services are provided to
 445 clients and that appropriate skills are developed to conduct the
 446 program.

447 (5) Any person who has been classified as a functionally
 448 impaired elderly person is eligible to receive community-care-
 449 for-the-elderly core services.

450 (a) Those elderly persons who are determined by protective
 451 investigations to be high risk vulnerable adults in need of
 452 services, pursuant to s. 415.104(3)(b), or to be victims of
 453 abuse, neglect, or exploitation who are in need of immediate
 454 services to prevent further harm and are referred by the adult
 455 protective services program, shall be given priority primary
 456 consideration for receiving community-care-for-the-elderly
 457 services. As used in this paragraph, ~~the term "priority primary~~
 458 ~~consideration"~~ means that an assessment and services must
 459 commence within 72 hours after referral to the department or as
 460 established in accordance with department contracts by local
 461 protocols developed between department service providers and the
 462 adult protective services program. Regardless, a community-care-
 463 for-the-elderly services provider may dispute a referral under
 464 this paragraph by requesting that adult protective services

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465 negotiate the referral placement of, and the services to be
 466 provided to, a vulnerable adult or victim of abuse, neglect, or
 467 exploitation. If an agreement cannot be reached with adult
 468 protective services for modification of the referral decision,
 469 the determination by adult protective services shall prevail.

470 Section 9. Section 430.2053, Florida Statutes, is amended
 471 to read:

472 430.2053 Aging and disability resource centers.—

473 (1) The department, in consultation with the Agency for
 474 Health Care Administration and the Department of Children and
 475 Families, shall develop pilot projects for aging and disability
 476 resource centers.

477 (2) The purposes of an aging and disability resource center
 478 are shall be:

479 (a) To provide Florida's elders, adults with disabilities,
 480 and their families with a locally focused, coordinated approach
 481 to integrating information and referral for all available
 482 services for persons elders with the eligibility determination
 483 entities for state and federally funded long-term-care services.

484 (b) To provide for easier access to long-term-care services
 485 by Florida's elders, adults with disabilities, and their
 486 families by creating multiple access points to the long-term-
 487 care network that flow through one established entity with wide
 488 community recognition.

489 (3) The duties of an aging and disability resource center
 490 are to:

491 (a) Develop referral agreements with local community
 492 service organizations, such as senior centers, existing elder
 493 service providers, volunteer associations, and other similar

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494 organizations, to better assist clients who do not need or do
 495 not wish to enroll in programs funded by the department or the
 496 agency. The referral agreements must also include a protocol,
 497 developed and approved by the department, which provides
 498 specific actions that an aging and disability resource center
 499 and local community service organizations must take when a
 500 person or a person's an elder or an elder's representative
 501 seeking information on long-term-care services contacts a local
 502 community service organization before ~~prior to~~ contacting the
 503 aging and disability resource center. The protocol shall be
 504 designed to ensure that persons elders and their families are
 505 able to access information and services in the most efficient
 506 and least cumbersome manner possible.

507 (b) Provide an initial screening of all clients who request
 508 long-term-care services to determine whether the person would be
 509 most appropriately served through any combination of federally
 510 funded programs, state-funded programs, locally funded or
 511 community volunteer programs, or private funding for services.

512 (c) Determine eligibility for the programs and services
 513 listed in subsection (9) for persons residing within the
 514 geographic area served by the aging and disability resource
 515 center and determine a priority ranking for services which is
 516 based upon the potential recipient's frailty level and
 517 likelihood of institutional placement without such services.

518 (d) Place on and release from the pre-enrollment lists
 519 clients eligible for the Alzheimer's Disease Initiative or the
 520 Community Care for the Elderly, Home Care for the Elderly, or
 521 Statewide Medicaid Managed Care Long-term Care programs.

522 (e) Manage the availability of financial resources for the

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523 programs and services listed in subsection (9) for persons
 524 residing within the geographic area served by the aging and
 525 disability resource center.

526 ~~(f)(e)~~ When financial resources become available, refer a
 527 client to the most appropriate entity to begin receiving
 528 services. The aging and disability resource center shall make
 529 referrals to lead agencies for service provision that ensure
 530 that persons ~~individuals~~ who are vulnerable adults in need of
 531 services pursuant to s. 415.104(3)(b), or who are victims of
 532 abuse, neglect, or exploitation in need of immediate services to
 533 prevent further harm and are referred by the adult protective
 534 services program, are given priority ~~primary~~ consideration for
 535 receiving community-care-for-the-elderly services in compliance
 536 with the requirements of s. 430.205(5)(a) and that other
 537 referrals for services are in compliance with s. 430.205(5)(b).

538 ~~(f)~~ Convene a work group to advise in the planning,
 539 implementation, and evaluation of the aging resource center. The
 540 work group shall be comprised of representatives of local
 541 service providers, Alzheimer's Association chapters, housing
 542 authorities, social service organizations, advocacy groups,
 543 representatives of clients receiving services through the aging
 544 resource center, and any other persons or groups as determined
 545 by the department. The aging resource center, in consultation
 546 with the work group, must develop annual program improvement
 547 plans that shall be submitted to the department for
 548 consideration. The department shall review each annual
 549 improvement plan and make recommendations on how to implement
 550 the components of the plan.

551 (g) Enhance the existing area agency on aging in each

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552 planning and service area by integrating, either physically or
 553 virtually, the staff and services of the area agency on aging
 554 with the staff of the department's local CARES Medicaid
 555 preadmission screening unit and a sufficient number of staff
 556 from the Department of Children and Families' Economic Self-
 557 Sufficiency Unit necessary to determine the financial
 558 eligibility for all persons age 60 and older residing within the
 559 area served by the aging and disability resource center that are
 560 seeking Medicaid services, Supplemental Security Income, and
 561 food assistance.

562 (h) Assist clients who request long-term care services in
 563 being evaluated for eligibility for enrollment in the Medicaid
 564 long-term care managed care program as eligible plans become
 565 available in each of the regions pursuant to s. 409.981(2).

566 ~~(i) Provide enrollment and coverage information to Medicaid~~
 567 ~~managed long-term care enrollees as qualified plans become~~
 568 ~~available in each of the regions pursuant to s. 409.981(2).~~

569 ~~(j)~~ Assist Medicaid recipients enrolled in the Medicaid
 570 long-term care managed care program with informally resolving
 571 grievances with a managed care network and assist Medicaid
 572 recipients in accessing the managed care network's formal
 573 grievance process as eligible plans become available in each of
 574 the regions defined in s. 409.981(2).

575 (4) The department shall select the entities to become
 576 aging and disability resource centers based on each entity's
 577 readiness and ability to perform the duties listed in subsection
 578 (3) and the entity's:

579 (a) Expertise in the needs of each target population the
 580 center proposes to serve and a thorough knowledge of the

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581 providers that serve these populations.

582 (b) Strong connections to service providers, volunteer
583 agencies, and community institutions.

584 (c) Expertise in information and referral activities.

585 (d) Knowledge of long-term-care resources, including
586 resources designed to provide services in the least restrictive
587 setting.

588 (e) Financial solvency and stability.

589 (f) Ability to collect, monitor, and analyze data in a
590 timely and accurate manner, along with systems that meet the
591 department's standards.

592 (g) Commitment to adequate staffing by qualified personnel
593 to effectively perform all functions.

594 (h) Ability to meet all performance standards established
595 by the department.

596 (5) The aging and disability resource center shall have a
597 governing body which shall be the same entity described in s.
598 20.41(7), and an executive director who may be the same person
599 as described in s. 20.41(7). The governing body shall annually
600 evaluate the performance of the executive director.

601 (6) The aging and disability resource center may not be a
602 provider of direct services other than information and referral
603 services, outreach, and screening, and intake. The aging and
604 disability resource center must receive a waiver from the
605 department to be the provider of any other direct services.

606 (7) The aging and disability resource center must agree to
607 allow the department to review any financial information the
608 department determines is necessary for monitoring or reporting
609 purposes, including financial relationships.

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610 (8) The duties and responsibilities of the community care
611 for the elderly lead agencies within each area served by an
612 aging and disability resource center shall be to:

613 (a) Develop strong community partnerships to maximize the
614 use of community resources for the purpose of assisting persons
615 ~~elders~~ to remain in their community settings for as long as it
616 is safely possible.

617 (b) Conduct comprehensive assessments of clients that have
618 been determined eligible and develop a care plan consistent with
619 established protocols that ensures that the unique needs of each
620 client are met.

621 (9) The services to be administered through the aging and
622 disability resource center shall include those funded by the
623 following programs:

624 (a) Community care for the elderly.

625 (b) Home care for the elderly.

626 (c) Contracted services.

627 (d) Alzheimer's Disease Initiative.

628 (e) Older Americans Act.

629 (10) The department shall, ~~before~~ prior to designation of
630 an aging and disability resource center, develop by rule
631 operational and quality assurance standards and outcome measures
632 to ensure that clients receiving services through all long-term-
633 care programs administered through an aging and disability
634 resource center are receiving the appropriate care they require
635 and that contractors and subcontractors are adhering to the
636 terms of their contracts and are acting in the best interests of
637 the clients they are serving, consistent with the intent of the
638 Legislature to reduce the use of and cost of nursing home care.

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639 The department shall by rule provide operating procedures for
 640 aging and disability resource centers, which shall include:

641 (a) Minimum standards for financial operation, including
 642 audit procedures.

643 (b) Procedures for monitoring and sanctioning of service
 644 providers.

645 (c) Minimum standards for technology utilized by the aging
 646 and disability resource center.

647 (d) Minimum staff requirements which shall ensure that the
 648 aging and disability resource center employs sufficient quality
 649 and quantity of staff to adequately meet the needs of the elders
 650 residing within the area served by the aging and disability
 651 resource center.

652 (e) Minimum accessibility standards, including hours of
 653 operation.

654 (f) Minimum oversight standards for the governing body of
 655 the aging and disability resource center to ensure its
 656 continuous involvement in, and accountability for, all matters
 657 related to the development, implementation, staffing,
 658 administration, and operations of the aging and disability
 659 resource center.

660 (g) Minimum education and experience requirements for
 661 executive directors and other executive staff positions of aging
 662 and disability resource centers.

663 (h) Minimum requirements regarding any executive staff
 664 positions that the aging and disability resource center must
 665 employ and minimum requirements that a candidate must meet in
 666 order to be eligible for appointment to such positions.

667 (11) In an area in which the department has designated an

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668 area agency on aging as an aging and disability resource center,
 669 the department and the agency ~~may shall~~ not make payments for
 670 the services listed in subsection (9) and the Statewide Medicaid
 671 Managed Care Long-term Care Program Long-Term Care Community
 672 Diversion Project for such persons who were not screened and
 673 enrolled through the aging and disability resource center. The
 674 department shall cease making payments for recipients in
 675 eligible plans as eligible plans become available in each of the
 676 regions defined in s. 409.981(2).

677 (12) Each aging and disability resource center shall enter
 678 into a memorandum of understanding with the department for
 679 collaboration with the CARES unit staff. The memorandum of
 680 understanding shall outline the staff person responsible for
 681 each function and shall provide the staffing levels necessary to
 682 carry out the functions of the aging and disability resource
 683 center.

684 (13) Each aging and disability resource center shall enter
 685 into a memorandum of understanding with the Department of
 686 Children and Families for collaboration with the Economic Self-
 687 Sufficiency Unit staff. The memorandum of understanding shall
 688 outline which staff persons are responsible for which functions
 689 and shall provide the staffing levels necessary to carry out the
 690 functions of the aging and disability resource center.

691 (14) If any of the state activities described in this
 692 section are outsourced, either in part or in whole, the contract
 693 executing the outsourcing shall mandate that the contractor or
 694 its subcontractors shall, either physically or virtually,
 695 execute the provisions of the memorandum of understanding
 696 instead of the state entity whose function the contractor or

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697 subcontractor now performs.

698 (15) (a) ~~In order to be eligible to begin transitioning to~~
 699 ~~an aging resource center, an area agency on aging board must~~
 700 ~~ensure that the area agency on aging which it oversees meets all~~
 701 ~~of the minimum requirements set by law and in rule.~~

702 ~~(16) (a) Once an aging resource center is operational,~~ The
 703 department, in consultation with the aging and disability
 704 resource center agency, may develop capitation rates for any of
 705 the programs administered through the agency aging resource
 706 ~~center~~. Capitation rates for programs shall be based on the
 707 historical cost experience of the state in providing those same
 708 services to the population age 60 or older residing within each
 709 area served by an aging and disability resource center. Each
 710 capitated rate may vary by geographic area as determined by the
 711 department.

712 (b) The department and the agency may determine for each
 713 area served by an aging and disability resource center whether
 714 it is appropriate, consistent with federal and state laws and
 715 regulations, to develop and pay separate capitated rates for
 716 each program administered through the aging and disability
 717 resource center or to develop and pay capitated rates for
 718 service packages which include more than one program or service
 719 administered through the aging and disability resource center.

720 (c) Once capitation rates have been developed and certified
 721 as actuarially sound, the department and the agency may pay
 722 service providers the capitated rates for services when
 723 appropriate.

724 (d) The department, in consultation with the agency, shall
 725 annually reevaluate and recertify the capitation rates,

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726 adjusting forward to account for inflation, programmatic
 727 changes.

728 ~~(16)-(17)~~ This section does ~~shall~~ not be construed to allow
 729 an aging and disability resource center to restrict, manage, or
 730 impede the local fundraising activities of service providers.

731 Section 10. Section 430.503, Florida Statutes, is amended
 732 to read:

733 430.503 Alzheimer's Disease Initiative; short title fees
 734 ~~and administrative expense.~~

735 ~~(1)~~ Sections 430.501-430.504 may be cited as the
 736 "Alzheimer's Disease Initiative."

737 ~~(2)~~ ~~Provider agencies are responsible for the collection of~~
 738 ~~fees for services in accordance with rules adopted by the~~
 739 ~~department. Provider agencies shall assess fees for services~~
 740 ~~rendered in accordance with those rules. To help pay for~~
 741 ~~services received pursuant to the Alzheimer's Disease~~
 742 ~~Initiative, a functionally impaired elderly person shall be~~
 743 ~~assessed a fee based on an overall ability to pay. The fee to be~~
 744 ~~assessed shall be fixed according to a schedule to be~~
 745 ~~established by the department. Services of specified value may~~
 746 ~~be accepted in lieu of a fee. The fee schedule shall be~~
 747 ~~developed in cooperation with the Alzheimer's Disease Advisory~~
 748 ~~Committee, area agencies on aging, and service providers.~~

749 Section 11. Subsection (3) of section 430.605, Florida
 750 Statutes, is amended to read:

751 430.605 Subsidy payments.—The department shall develop a
 752 schedule of subsidy payments to be made to persons providing
 753 home care, and to providers of goods and services, for certain
 754 eligible elderly persons. Payments must be based on the

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755 financial status of the person receiving care. Payments must
756 include, but need not be limited to:

757 (3) When necessary, special supplements to provide for any
758 goods and services, including food and nutritional supplements,
759 and specialized care required to maintain the health, safety,
760 and well-being of the elderly person. Extraordinary medical,
761 dental, or pharmaceutical expenses may be paid as a special
762 supplement.

763 Section 12. Section 430.72, Florida Statutes, is created to
764 read:

765 430.72 Florida Alzheimer's Center of Excellence.-

766 (1) PURPOSE AND INTENT.-

767 (a) The purpose of this section is to assist and support
768 persons with Alzheimer's disease or related forms of dementia
769 and their caregivers by connecting them with resources in their
770 communities. The Legislature intends to create a holistic care
771 model for persons with Alzheimer's disease or related forms of
772 dementia and their caregivers to address two primary goals:

773 1. To allow Floridians living with Alzheimer's disease or
774 related forms of dementia to age in place.

775 2. To empower family caregivers to improve their own well-
776 being.

777 (b) The development of innovative approaches to program
778 management, staff training, and service delivery which have an
779 impact on cost-avoidance, cost-effectiveness, and program
780 efficiency is encouraged.

781 (2) DEFINITIONS.-As used in this section, the term:

782 (a) "Center" means the Florida Alzheimer's Center of
783 Excellence.

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784 (b) "Department" means the Department of Elderly Affairs.

785 (3) POWERS AND DUTIES.-

786 (a) There is created within the department the Florida
787 Alzheimer's Center of Excellence, which shall be responsible for
788 improving the quality of care for persons living with
789 Alzheimer's disease or related forms of dementia and improved
790 quality of life for family caregivers.

791 (b) The center shall aim to address, at a minimum, all of
792 the following:

793 1. Early and accurate diagnosis.

794 2. Caregiver health.

795 3. Improved access to care.

796 4. Health care use costs.

797 5. Strengthening a dementia-capable workforce.

798 6. Underreporting of Alzheimer's disease and related forms
799 of dementia.

800 7. Disparities in access to dementia care.

801 (c) The center shall provide caregivers access to services,
802 including, but not limited to, all of the following:

803 1. Care consultation.

804 2. Support groups.

805 3. Education and training programs.

806 4. Caregiver support services such as:

807 a. Caregiver companions.

808 b. Caregiver wellness programs.

809 c. Care support teams.

810 d. Technology-based services.

811 e. Coordinating or monitoring care and services.

812 f. Assistance in obtaining diagnosis or prognosis of

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813 dementia.

814 g. Assistance in obtaining end-of-life care.

815 h. Assistance connecting to resources for medical care.

816 i. Assistance with planning for current or future care.

817 j. Guidance for coping with relationship changes for

818 persons with dementia and their caregivers.

819 k. Skills for communicating with persons with dementia.

820 l. Understanding or managing behavioral symptoms of

821 dementia.

822 (d) The center shall work with area agencies on aging; the

823 Alzheimer's Disease Advisory Committee; the Alzheimer's Disease

824 Initiative, including the state-funded memory disorder clinics;

825 the Dementia Care and Cure Initiative; universities; hospitals;

826 and other available community resources to ensure full use of

827 the state's infrastructure.

828 (e) As necessary to fulfill its duties under this section,

829 the center may provide direct services or contract for the

830 provision of services.

831 (4) ELIGIBILITY FOR SERVICES.—

832 (a) Persons seeking assistance from the center must meet

833 all of the following criteria to be eligible for services:

834 1. At least one person in the household is a caregiver for

835 a person who has been diagnosed with, or is suspected of having,

836 Alzheimer's disease or a related form of dementia.

837 2. The caregiver or person diagnosed with, or suspected of

838 having, Alzheimer's disease or a related form of dementia is a

839 resident of this state.

840 3. Have the goal of providing in-home care for the person

841 who has been diagnosed with, or is suspected of having,

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842 Alzheimer's disease or a related form of dementia.

843 (b) If the person seeking assistance meets the criteria in

844 paragraph (a), the center may provide assistance to the

845 caregiving family, subject to the availability of funds and

846 resources.

847 Section 13. Subsection (2) of section 430.901, Florida

848 Statutes, is amended to read:

849 430.901 Multiservice senior center; definition; purpose.—A

850 "multiservice senior center" is:

851 (2) An entity that may partner with an aging and disability

852 resource center to provide for easier access to long-term care

853 services by seniors and their families who reside within the

854 local community.

855 Section 14. Subsection (3) of section 744.2003, Florida

856 Statutes, is amended to read:

857 744.2003 Regulation of professional guardians; application;

858 bond required; educational requirements.—

859 (3) Each professional guardian as defined in s. 744.102(17)

860 and public guardian must receive a minimum of 40 hours of

861 instruction and training. Each professional guardian must

862 receive a minimum of 30 hours of continuing education every 2

863 calendar years after the year in which the initial 40-hour

864 educational requirement is met. The required continuing

865 education must include at least 2 hours on fiduciary

866 responsibilities; 2 hours on professional ethics; 1 hour on

867 advance directives; 1 hour on Alzheimer's disease and related

868 dementias; 3 hours on abuse, neglect, and exploitation; and 3 4

869 hours on guardianship law. The instruction and education must be

870 completed through a course approved or offered by the Office of

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871 Public and Professional Guardians. The expenses incurred to
 872 satisfy the educational requirements prescribed in this section
 873 may not be paid with the assets of any ward. This subsection
 874 does not apply to any attorney licensed to practice law in this
 875 state or an institution acting as guardian under s. 744.2002(7).

876 Section 15. Subsection (2) of section 744.2004, Florida
 877 Statutes, is amended to read:

878 744.2004 Complaints; disciplinary proceedings; penalties;
 879 enforcement.-

880 (2) The Office of Public and Professional Guardians shall
 881 establish disciplinary proceedings, conduct hearings, and take
 882 administrative action pursuant to chapter 120. Disciplinary
 883 actions may include, but are not limited to, requiring a
 884 professional guardian to participate in additional educational
 885 courses provided or approved by the Office of Public and
 886 Professional Guardians, imposing additional monitoring by the
 887 Office of Public and Professional Guardians, imposing a fine
 888 ~~office of the guardianships to which the professional guardian~~
 889 ~~is appointed~~, and suspension or revocation of a professional
 890 guardian's registration.

891 Section 16. Paragraph (g) is added to subsection (2) of
 892 section 744.20041, Florida Statutes, to read:

893 744.20041 Grounds for discipline; penalties; enforcement.-

894 (2) When the Office of Public and Professional Guardians
 895 finds a professional guardian guilty of violating subsection
 896 (1), it may enter an order imposing one or more of the following
 897 penalties:

898 (g) Requirement that the professional guardian pay a fine,
 899 not to exceed \$500 per violation.

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900 Section 17. Present subsection (2) of section 744.2104,
 901 Florida Statutes, is redesignated as subsection (4), and a new
 902 subsection (2) and subsection (3) are added to that section, to
 903 read:

904 744.2104 Access to records by the Office of Public and
 905 Professional Guardians; confidentiality.-

906 (2) In conducting an investigation, the Office of Public
 907 and Professional Guardians may issue subpoenas duces tecum to
 908 financial institutions, insurance companies, the ward's
 909 caregivers, any facility in which the ward is residing or has
 910 resided, and the facility's professional guardians or employees
 911 to compel the production of records relevant to the
 912 investigation conducted by the office.

913 (3) If there is substantial noncompliance with a subpoena
 914 duces tecum issued by the Office of Public and Professional
 915 Guardians, the office may petition the court in the county in
 916 which the noncompliant person resides or has her or his place of
 917 business for an order requiring the person to produce such
 918 records as specified in the subpoena duces tecum.

919 Section 18. For the purpose of incorporating the amendment
 920 made by this act to section 430.204, Florida Statutes, in a
 921 reference thereto, subsection (4) of section 110.501, Florida
 922 Statutes, is reenacted to read:

923 110.501 Definitions.-As used in this act:

924 (4) "Volunteer" means any person who, of his or her own
 925 free will, provides goods or services, or conveys an interest in
 926 or otherwise consents to the use of real property pursuant to
 927 chapter 260, to any state department or agency, or nonprofit
 928 organization, with no monetary or material compensation. A

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929 person registered and serving in Older American Volunteer
 930 Programs authorized by the Domestic Volunteer Service Act of
 931 1973, as amended (Pub. L. No. 93-113), shall also be defined as
 932 a volunteer and shall incur no civil liability as provided by s.
 933 768.1355. A volunteer shall be eligible for payment of volunteer
 934 benefits as specified in Pub. L. No. 93-113, this section, and
 935 s. 430.204.

936 Section 19. For the purpose of incorporating the amendment
 937 made by this act to section 430.503, Florida Statutes, in a
 938 reference thereto, section 430.504, Florida Statutes, is
 939 reenacted to read:

940 430.504 Confidentiality of information.—Information about
 941 clients of programs created or funded under s. 430.501 or s.
 942 430.503 which is received through files, reports, inspections,
 943 or otherwise, by the department or by authorized departmental
 944 employees, by persons who volunteer services, or by persons who
 945 provide services to clients of programs created or funded under
 946 s. 430.501 or s. 430.503 through contracts with the department
 947 is confidential and exempt from the provisions of s. 119.07(1).
 948 Such information may not be disclosed publicly in such a manner
 949 as to identify a person who receives services under s. 430.501
 950 or s. 430.503, unless that person or that person's legal
 951 guardian provides written consent.

952 Section 20. For the purpose of incorporating the amendment
 953 made by this act to section 430.605, Florida Statutes, in a
 954 reference thereto, section 430.603, Florida Statutes, is
 955 reenacted to read:

956 430.603 Home care for the elderly; rules.—The department
 957 shall by rule establish minimum standards and procedures for the

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958 provision of home care for the elderly and for the approval of
 959 persons seeking to provide such care. Any person who is approved
 960 to provide care, goods, or services for an elderly person shall
 961 be eligible for the subsidy payments described in s. 430.605.
 962 However, the home care for the elderly program must be operated
 963 within the funds appropriated by the Legislature.

964 Section 21. This act shall take effect July 1, 2026.

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The Florida Senate

Committee Agenda Request

To: Senator Jay Trumbull, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: January 29, 2026

I respectfully request that **Senate Bill #1630**, relating to Aging & Disability Services, be placed on the:

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

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

Senator Erin Grall
Florida Senate, District 29

CourtSmart Tag Report

Room: KB 412

Case No.:

Type:

Caption: Senate Appropriations Committee on Health and Human Services

Judge:

Started: 2/12/2026 2:30:55 PM

Ends: 2/12/2026 3:32:47 PM

Length: 01:01:53

2:30:55 PM Sen. Trumbull (Chair)
2:31:45 PM S 1002
2:31:47 PM Sen. Gaetz
2:32:36 PM Sen. Rouson
2:32:46 PM Sen. Gaetz
2:33:34 PM Barney Bishop, Florida Smart Justice Alliance
2:34:20 PM Sen. Gaetz
2:34:58 PM S 1630
2:35:00 PM Sen. Grall
2:37:12 PM Karen Murillo, AARP (waives in support)
2:37:16 PM Jason Maine, Florida Association of Area Agencies on Aging (waives in support)
2:37:22 PM Tyler Jefferson, Alzheimer's Association (waives in support)
2:37:31 PM Sen. Sharief
2:37:59 PM Sen. Harrell
2:38:45 PM Sen. Grall
2:39:13 PM S 1022
2:39:16 PM Sen. Polsky
2:40:18 PM Barney Bishop, Florida Smart Justice Alliance (waives in support)
2:40:29 PM Sen. Polsky
2:40:31 PM Sen. Trumbull
2:40:32 PM Sen. Polsky
2:41:01 PM S 1030
2:41:06 PM Sen. Rouson
2:41:20 PM Am. 613988
2:41:28 PM Sen. Rouson
2:42:35 PM Sen. Harrell
2:43:12 PM Sen. Rouson
2:43:21 PM S 1030 (cont.)
2:43:26 PM Barney Bishop, Florida Smart Justice Alliance (waives in support)
2:43:38 PM Sen. Rouson
2:44:09 PM S 864
2:44:16 PM Sen. Sharief
2:45:41 PM S 36
2:45:47 PM Sen. Sharief
2:46:38 PM Am. 508632
2:46:40 PM Sen. Sharief
2:47:59 PM Jill Pucket, Florida Association of Nurse Practitioners (waives in support)
2:48:08 PM Alison Carvajal, Florida Nurse Practitioner Network (waives in support)
2:48:14 PM Erin Ballas, Florida Nurses Association (waives in support)
2:48:24 PM Florida Association of Nurse Anesthesiology (waives in support)
2:48:38 PM Sen. Sharief
2:48:44 PM S 36 (cont.)
2:48:50 PM Sen. Burton
2:49:04 PM Sen. Sharief
2:50:46 PM S 6
2:50:50 PM Sen. Calatayud
2:52:40 PM Sen. Brodeur (Chair)
2:53:06 PM Recording Paused
2:55:50 PM Recording Resumed
2:56:09 PM S 778
2:56:13 PM Sen. Simon
2:56:34 PM Sen. Brodeur

2:56:37 PM Sen. Simon
2:57:46 PM Barney Bishop, Florida Smart Justice Alliance (waives in support)
2:57:51 PM Emily Reeves (waives in support)
2:58:01 PM Sen. Simon
2:58:25 PM S 1016
2:58:33 PM Sen. Bradley
2:59:42 PM Tyler Sununu, Florida ARF (waives in support)
2:59:45 PM Summer Pfeiffer, Arc of Florida (waives in support)
3:00:11 PM Laura Minutello, Disability Rights Florida
3:04:59 PM Michael McCreight
3:09:01 PM Sen. Harrell
3:10:00 PM Sen. Bradley
3:11:07 PM Sen. Trumbull (Chair)
3:11:53 PM S 844
3:11:54 PM Sen. Jones
3:13:52 PM Am. 464074
3:13:54 PM Sen. Jones
3:14:10 PM S 844 (cont.)
3:14:26 PM Josiah Frierson
3:16:47 PM Paula Knowles
3:19:08 PM Aanaís Fernandez
3:22:40 PM Kemba Gosier
3:24:32 PM Kenley LaFrance
3:26:36 PM Jill Puckett, Florida Association of Nurse Practitioners (waives in support)
3:26:45 PM Sen. Jones
3:28:13 PM S 560
3:28:15 PM Sen. Garcia
3:28:26 PM Sen. Trumbull
3:28:30 PM Sen. Garcia
3:28:31 PM Sen. Trumbull
3:28:36 PM Sen. Garcia
3:30:17 PM Am. 464074
3:30:20 PM Sen. Garcia
3:30:48 PM S 560 (cont.)
3:30:52 PM Jorge Chamizo, Magellan Healthcare (waives in support)
3:31:05 PM Sen. Garcia
3:32:08 PM Sen. Rodriguez
3:32:13 PM Sen. Trumbull