

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

MEETING DATE: Wednesday, February 25, 2026
TIME: 10:00—11:30 a.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	SB 162 Davis (Identical H 93)	Protection from Surgical Smoke; Defining the terms “smoke evacuation system” and “surgical smoke”; requiring hospitals and ambulatory surgical centers, by a specified date, to adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures, etc.	HP 01/20/2026 Favorable AHS 02/25/2026 RC
2	SB 254 Harrell (Compare CS/H 121, S 742)	Nursing Education Programs; Requiring the Department of Health to issue temporary provisional licenses to graduate registered nurses and graduate licensed practical nurses; revising application requirements for nursing education program approval; requiring the Florida Center for Nursing to develop graduate nursing preceptorship standards by a specified date; authorizing agents or employees of the department to conduct onsite evaluations and inspections of approved and accredited nursing education programs, etc.	HP 11/18/2025 Favorable AHS 02/25/2026 FP
3	SB 688 Rodriguez (Similar H 223, Compare S 542)	Naturopathic Medicine; Creating the Board of Naturopathic Medicine within the Department of Health; prohibiting unlicensed persons from practicing naturopathic medicine or promoting, identifying, or describing themselves using specified titles or abbreviations; providing for licensure by examination of naturopathic doctors; providing for licensure by endorsement of naturopathic doctors; revising continuing education requirements for naturopathic doctors, etc.	HP 02/11/2026 Favorable AHS 02/25/2026 FP

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Wednesday, February 25, 2026, 10:00—11:30 a.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 794 Children, Families, and Elder Affairs / Jones (Similar CS/H 565)	Agency for Persons with Disabilities; Requiring level 2 employment screening for all employees of residential facilities and adult day training programs; requiring the agency to contract with a state university to develop and administer certain surveys for a specified purpose; requiring the state university to submit a final report to the agency by a specified date; requiring the agency to use certain information to identify certain core competencies and performance metrics and make recommendations for standardizing assessments, etc.	
		CF 02/10/2026 Fav/CS AHS 02/25/2026 FP	
5	CS/SB 1110 Banking and Insurance / Truenow (Similar H 1301)	Coverage for Orthotics and Prosthetics Services; Authorizing the Agency for Health Care Administration to authorize and pay for specified orthotics and prosthetics services for Medicaid recipients who are eligible individuals; requiring the agency to seek federal approval and amend contracts as necessary to implement the act; requiring individual health insurance policies; group, blanket, and franchise health insurance policies; and health maintenance contracts, respectively, to provide coverage for specified orthotics and prosthetics services for eligible individuals, etc.	
		BI 02/11/2026 Fav/CS AHS 02/25/2026 AP	
6	SB 1574 Bracy Davis (Similar H 1335)	Newborn Screenings; Citing this act as “Mattie’s Law”; requiring that newborns, beginning on a specified date, be screened for biliary atresia; requiring the Department of Health to consult with the Genetics and Newborn Screening Advisory Council before adopting certain rules; requiring hospitals that provide birthing services to screen for biliary atresia in a specified manner, etc.	
		HP 02/11/2026 Favorable AHS 02/25/2026 FP	

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 162

INTRODUCER: Senator Davis

SUBJECT: Protection from Surgical Smoke

DATE: February 24, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	Pre-meeting
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 162 requires hospitals and ambulatory surgical centers to, by January 1, 2027, adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

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:

Surgical smoke is produced by the thermal destruction of tissue using lasers or electrosurgical devices.¹ Surgical smoke has been shown to contain toxic gases, vapors and particulates, dead and live cellular material, and viruses.² The chemical contents of surgical smoke may include such substances denoted in the following chart:³

¹ The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at <https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html> (last visited Jan. 13, 2026).

² *Id.*

³ Centers for Disease Control and Prevention, *Surgical Smoke Inhalation: Dangerous Consequences for the Surgical Team*, June 18, 2020, available at <https://blogs.cdc.gov/niosh-science-blog/2020/06/18/surgical-smoke/>, (last visited Jan. 13, 2026).

Chemical Contents of Surgical Smoke				
Acetonitrile	Acetylene	Acrolin	Acrylonitrile	Alkyl benzene
Benzaldehyde	Benzene	Benzonitrile	Butadiene	Butene
3-Butenenitrile	Carbon monoxide	Creosol	1-Decene	2,3-Dihydro indene
Ethane	Ethyl benzene	Ethylene	Formaldehyde	Furfural
Hexadecanoic acid	Hydrogen cyanide	Indole	Methane	3-Methyl butenal
6-Methyl indole	4-Methyl phenol	2-Methyl propanol	Methyl pyrazine	Phenol
Propene	2-Propylene nitrile	Pyridine	Pyrrole	Styrene
Toluene	1-Undecene	Xylene		

At high concentrations, such smoke can cause ocular and upper respiratory tract irritation in health care personnel and can obstruct a surgeon's view. The smoke has been shown to have mutagenic potential.⁴ Studies have shown that surgical smoke may be associated with complications such as carcinogenicity, toxicity, mutagenicity, irritants, respiratory diseases, spread of pathogenic microorganisms, Human Papillomavirus DNA transfer, Hepatitis B transfer, tumor cell transmission, headache, dizziness, drowsiness, bad hair odor, and runny eyes.⁵ Some researchers have suggested that surgical smoke may act as a vector for cancerous cells that may be inhaled.⁶

According to the federal Occupational Safety and Health Administration, recognized controls and work practices for surgical smoke include:

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator "ON" (activated) at all times when airborne particles are produced during all surgical or other procedures.
- Considering all tubing, filters, and absorbers as infectious waste and dispose of them appropriately.
- Using new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.⁷

Additionally, the Joint Commission, a major accrediting organization for hospitals and ambulatory surgical centers, addressed the issue of surgical smoke in its newsletter entitled

⁴ The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures: Engineering Controls Database*, last updated Nov. 16, 2018, available at <https://www.cdc.gov/niosh/engcontrols/ecd/detail193.html>, (last visited Jan. 13, 2026).

⁵ Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. *Iran J Public Health*. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/>, (last visited Jan. 13, 2026).

⁶ United States Department of Labor, Occupational Safety and Health Administration, *Surgical Suite >> Smoke Plume*, available at <https://www.osha.gov/etools/hospitals/surgical-suite/smoke-plume>, (last visited Jan. 13, 2026).

⁷ *Supra* n. 5.

“Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke.”⁸ In the newsletter the Joint Commission recommends that “health care organizations that conduct surgery and other procedures using lasers and other devices that produce surgical smoke should take the following actions to help protect patients and especially staff from the dangers of surgical smoke.

- Implement standard procedures for the removal of surgical smoke and plume through the use of engineering controls, such as smoke evacuators and high filtration masks.
- Use specific insufflators for patients undergoing laparoscopic procedures that lessen the accumulation of methemoglobin buildup in the intra-abdominal cavity. (Surgical smoke is cytotoxic if absorbed into the blood and can cause elevated methemoglobin.) For example, a lapro-shield smoke evacuation device — a filter that attaches to a trocar — helps clear the field inside the abdomen.
- During laser procedures, use standard precautions, such as those promulgated by the Blood-Borne Pathogen Standard (29 CFR 1910.1030) and the Center for Disease Control and Prevention’s Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, to prevent exposure to the aerosolized blood, blood by-products and pathogens contained in surgical smoke plumes.
- Establish and periodically review policies and procedures for surgical smoke safety and control. Make these policies and procedures available to staff in all areas where surgical smoke is generated.
- Provide surgical team members with initial and ongoing education and competency verification on surgical smoke safety, including the organization’s policies and procedures.
- Conduct periodic training exercises to assess surgical smoke precautions and consistent evacuation for the surgical suite or procedural area.”

III. Effect of Proposed Changes:

The bill creates s. 395.1013, F.S., to require that hospitals and ambulatory surgical centers (ASC) adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke. The bill defines:

- “Smoke evacuation system” to mean equipment that effectively captures, filters, and eliminates surgical smoke at the point of origin before the smoke makes contact with the eyes or respiratory tract of occupants in the room; and
- “Surgical smoke” to mean the gaseous byproduct produced by energy-generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bioaerosols, laser-generated airborne contaminants, and lung-damaging dust.

The bill requires hospitals and ASCs to adopt and implement the required policies by January 1, 2027.

The bill takes effect July 1, 2026.

⁸ Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke., Joint Commission, December 2020, available at <https://digitalassets.jointcommission.org/api/public/content/0aab00e86a2241c7afd0b117ce83610a?v=50bb955a>, (last visited Jan. 13, 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:

SB 162 may have an indeterminant negative fiscal impact on a hospital or an ambulatory surgical center (ASC) if the hospital or ASC is required to purchase and maintain equipment in order to meet the requirements of 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 creates section 395.1013 of the Florida Statutes.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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

By Senator Davis

5-00545-26

2026162__

1 A bill to be entitled
 2 An act relating to protection from surgical smoke;
 3 creating s. 395.1013, F.S.; defining the terms "smoke
 4 evacuation system" and "surgical smoke"; requiring
 5 hospitals and ambulatory surgical centers, by a
 6 specified date, to adopt and implement policies
 7 requiring the use of smoke evacuation systems during
 8 certain surgical procedures; providing an effective
 9 date.

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

12
 13 Section 1. Section 395.1013, Florida Statutes, is created
 14 to read:

15 395.1013 Smoke evacuation systems required.-

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

17 (a) "Smoke evacuation system" means equipment that
 18 effectively captures, filters, and eliminates surgical smoke at
 19 the point of origin before the smoke makes contact with the eyes
 20 or respiratory tracts of occupants in the room.

21 (b) "Surgical smoke" means the gaseous byproduct produced
 22 by energy-generating devices, such as lasers and electrosurgical
 23 devices. The term includes, but is not limited to, surgical
 24 plume, smoke plume, bioaerosols, laser-generated airborne
 25 contaminants, and lung-damaging dust.

26 (2) By January 1, 2027, each licensed facility shall adopt
 27 and implement policies that require the use of a smoke
 28 evacuation system during any surgical procedure that is likely
 29 to generate surgical smoke.

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

5-00545-26

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 254

INTRODUCER: Senator Harrell

SUBJECT: Nursing Education Programs

DATE: February 24, 2026

REVISED: _____

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

I. Summary:

SB 254 revises regulatory oversight of prelicensure nursing education programs (programs) and creates a temporary provisional license for certain graduate nurses. The bill:

- Requires the Department of Health (DOH) to issue a temporary provisional license to certain graduate registered nurses and graduate licensed practical nurses to allow them to begin working while waiting for full licensure.
- Requires programs with nurse licensure exam passage rates more than 10 percentage points below the national average to offer a graduate nursing preceptorship and free remediation to certain students.
- Requires programs to administer an exit examination to assess licensure exam readiness.
- Authorizes the Board of Nursing (BON) to deny approval or revoke approval of certain programs that has been subject to adverse action in another U.S. jurisdiction.
- Requires program directors to submit annual reports to the BON and authorizes the BON to terminate programs for failure to submit such reports. Authorizes penalties against directors who fail to submit timely reports.
- Requires each program’s nurse licensure exam passage rates to be published on the program’s website and on the BONs website.
- Requires a remediation plan for all programs placed on probation and authorizes the BON to take specified action for failure to comply. Eliminates the BON’s authority to extend probation for a third year.
- Authorizes DOH employees to conduct onsite inspections of programs to verify compliance or investigate violations.
- Eliminates the BON’s authority to grant an extension for approved programs to obtain accreditation.

The bill has a significant, negative fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Florida Postsecondary Nursing Education Programs

As of January 9, 2025, the Florida Board of Nursing (BON) has approved 314 Registered Nurse (RN) programs, five Professional Diploma programs, and 194 Practical Nursing (LPN) programs for pre-licensure education.¹ Pre-licensure nursing programs include pre-licensure programs offered by Florida's state universities, colleges, public school districts, private institutions licensed by the Florida Commission for Independent Education (CIE), private institutions that are members of the Independent Colleges and Universities of Florida (ICUF), and religious institutions authorized by law to offer nursing programs.²

Post-licensure nursing programs advance the training of licensed RNs and 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.) programs, and nursing certificates. Upon completion of some master's and doctorate programs, RNs transition to an advanced practice registered nurse (APRN) license. These roles include nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), psychiatric mental health nurse practitioner, and certified registered nurse anesthetist (CRNA).³

Pre-licensure Nursing Education Programs

Educational institutions that wish to conduct a program in Florida for the pre-licensure education of RNs or LPNs must meet specific requirements to be approved by the BON.⁴ The program application must include the legal name of the educational institution, the legal name of the nursing education program, and, if such institution is accredited, the name of the accrediting agency. The application must also document:⁵

- For an RN education program, that the program director and at least 50 percent of the program's faculty members must be RNs who have a master's degree or higher in nursing or a bachelor's degree in nursing and a master's or higher degree in a field related to nursing.
- For an LPN education program, the program director and at least 50 percent of the program's faculty members must be RNs who have a bachelor's degree or higher in nursing.
- The program's nursing major curriculum consists of at least:
 - Fifty percent clinical training in the U.S., the District of Columbia (D.C.), or a possession or territory of the U.S. for an LPN, ARN, or a diploma RN;

¹ Department of Health, *Senate Bill 526 Legislative Analysis* (Feb. 28, 2025) (on file with the Senate Committee on Health Policy).

² Florida Center for Nursing (2025), *The State of Nursing Education in Florida - 2025*, Tampa, Fla., available at <https://issuu.com/flcenterfornursing/docs/newthestateofnursingeducationinflorida> (last visited Nov. 20, 2025).

³ *Id.*

⁴ Section. 464.019, F.S. and Florida Board of Nursing, *Education and Training Programs*, available at <https://floridasnursing.gov/education-and-training-programs/> (last visited Nov. 20, 2025).

⁵ Section 464.019(1), F.S.

- Forty percent of clinical training in a U.S. state, D.C., or a possession or territory of the U.S. for a Bachelor of Science degree RN education program, and no more than 50 percent of the program's clinical training may consist of clinical simulation.
- The RN and LPN educational degree requirements may be documented by an official transcript or by a written statement from the educational institution verifying that the institution conferred the degree.
- The program must have signed agreements with each agency, facility, and organization included in the curriculum plan as clinical training sites and community-based clinical experience sites.
- The program must have written policies for faculty which include provisions for direct or indirect supervision by faculty or clinical preceptors for students in clinical training consistent with the following standards:
 - The number of program faculty members must equal at least one faculty member directly supervising every 12 students unless the written agreement between the program and the agency, facility, or organization providing clinical training sites allows more students, not to exceed 18, to be directly supervised by one program faculty member;
 - For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor and a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility;
 - For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility;
 - For community-based clinical experiences not involving student participation in invasive or complex nursing activities, indirect supervision may occur only when a supervising program faculty member is available to the student by telephone; and
 - A program's clinical training policies must require that a clinical preceptor who is supervising students in an RN education program be an RN or, if supervising students in an LPN education program, be an RN or LPN.
- The RN or LPN nursing curriculum plan must document clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. An RN curriculum plan must also document clinical experience and theoretical instruction in psychiatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings.
- An RN or LPN education program must provide theoretical instruction and clinical application in the following:
 - Personal, family, and community health concepts.
 - Nutrition.
 - Human growth and development throughout the lifespan.
 - Body structure and function.
 - Interpersonal relationship skills.
 - Mental health concepts.
 - Pharmacology and administration of medications; and
 - Legal aspects of practice.
- An RN nursing education program must also provide theoretical instruction and clinical experience in:

- Interpersonal relationships and leadership skills.
- Professional role and function. Health teaching and counseling skills.

Program Approval Process

Upon receipt of a program application and the required fee, the Department of Health (DOH) must examine the application to determine if it is complete. If the application is not complete, the DOH must notify the educational institution in writing of any errors or omissions within 30 days after the DOH's receipt of the application. A program application is deemed complete upon the DOH's receipt of:

- The initial application, if the DOH does not notify the educational institution of any errors or omissions within the initial 30-day period after receipt; or
- Upon receipt of a revised application that corrects each error and omission that the DOH has notified the applicant of within the initial 30-day period after receipt of the application.⁶

Once a complete application is received, the BON may conduct an onsite evaluation if necessary to document the applicant's curriculum and staffing. Within 90 days after the DOH's receipt of the complete program application, the BON must:

- Approve the application; or
- Provide the educational institution with a Notice of Intent to Deny if information or documents are missing.⁷

The notice must specify in writing the reasons for the BON's denial of the application, and the BON may not deny an application because an educational institution failed to correct an error or omission that the DOH failed to notify the institution of within the 30-day notice period. The educational institution may request a hearing on the Notice of Intent to Deny the application pursuant to ch. 120, F.S. A program application is deemed approved if the BON does not act within the 90-day review period. Upon the BON's approval of a program application, the program becomes an "approved" program.⁸

Approved Nursing Pre-licensure Education Programs Annual Report

Each approved pre-licensure education program must submit to the BON an annual report by November 1, which must include:

- An affidavit certifying continued compliance with s. 465.019(1), F.S.
- A summary description of the program's compliance with s. 465.019(1), F.S.
- Documentation for the previous academic year that describes:
 - The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates;
 - The program's retention rates for students tracked from program entry to graduation; and
 - The program's accreditation status, including identification of the accrediting agency.⁹

⁶ Sections 464.019(2) and 464.003(4), F.S.

⁷ *Id.*

⁸ *Id.*

⁹ Section 464.019(3), F.S.

If an approved program fails to submit the required annual report, the BON must notify the program director and president or chief executive officer of the institution in writing within 15-days after the due date. The program director must appear before the BON to explain the delay. If the program director fails to appear, or if the program does not submit the annual report within six months after the due date, the BON must terminate the program.¹⁰

Approved Nursing Pre-licensure Education Programs Accountability

Graduate Passage Rates

An approved nursing pre-licensure education program must achieve a graduate National Council of State Boards of Nursing Licensing Examination (NCLEX) passage rate of first-time test takers which is not more than ten percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are U.S. educated, first-time test takers, as calculated by the contracted testing service of the National Council of State Boards of Nursing.¹¹

For purposes of s. 464.019(5), F.S., an approved program is comparable to all degree programs of the same program type from among the following program types:¹²

- RN nursing education programs that terminate in a bachelor's degree.
- RN nursing education programs that terminate in an associate degree.
- RN nursing education programs that terminate in a diploma.
- LPN nursing education programs.

If an approved program's graduate passage rates do not equal or exceed the required passage rates for two consecutive calendar years, the BON must place the program on probationary status and the program director must appear before the BON to present a remediation plan, which must include specific benchmarks to identify progress toward a graduate passage rate goal. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any one calendar year.¹³

The BON must deny a program application for a new pre-licensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the BON must remove the program's probationary status.

If the program, during the two calendar years following its placement on probation, does not achieve the required passage rate for any one calendar year, the BON may extend the program's probationary status for one additional year if certain criteria are met. If the program is not granted the one-year extension or fails to achieve the required passage rate by the end of the extension, the BON must terminate the program. If students from a program that is terminated transfer to an approved or accredited program under the direction of the Commission for

¹⁰ Section 464.019(5), F.S.

¹¹ *Id.*

¹² *Id.*

¹³ *Id.*

Independent Education, the BON must recalculate the passage rates of the programs receiving the transfer students and exclude the test scores of those students transferring more than 12-credits.¹⁴

An “accredited” nursing education program is a program for the pre-licensure education of RNs or LPNs that is conducted at a U.S. educational institution, whether in Florida, another state, or D.C., and that is accredited by a specialized nursing accrediting agency that is nationally recognized by the U.S. Secretary of Education to accredit nursing education programs.¹⁵ Accredited programs do not have to meet requirements related to program application, approval, or submission of annual reports to the BON.¹⁶

All approved and accredited programs must meet accountability requirements related to the graduate passage rate on the NCLEX.

All approved nursing programs, except those specifically excluded,¹⁷ must seek accreditation within five years of enrolling the program’s first students.¹⁸ An approved program that has been placed on probation must disclose its probationary status in writing to the program’s students and applicants.¹⁹ If an accredited program ceases to be accredited, the educational institution conducting the program must provide written notice to that effect to the BON, the program’s students and applicants, and each entity providing clinical training sites or experiences. It may then apply to be an approved program.²⁰

Board of Nursing Rulemaking Authority

The BON does not have rulemaking authority to administer s. 464.019, F.S., except:

- The BON must adopt rules that prescribe the format for submitting program applications and annual reports, and to administer the documentation of the accreditation of nursing education programs.²¹

¹⁴ Section 464.019(5), F.S.

¹⁵ Section 464.003(1), F.S. Eligible institutional and accrediting Agencies available to Florida Nursing Programs are: Accreditation Commission for Education in Nursing (ACEN), Inc., formerly, National League for Nursing Accrediting Commission; Commission on Collegiate Nursing Education (CCNE)); National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA); National Nurse Practitioner Residency and Fellowship Training Consortium;. and Florida Board of Nursing, See U.S. Department of Education, Accreditation in the U.S., available at https://www.ed.gov/laws-and-policy/higher-education-laws-and-policy/college-accreditation/college-accreditation-united-states/college-accreditation-in-the-united-states--pg-4#National_Institutional#National_Institutional (last visited Nov. 20, 2025); and Florida Board of Nursing, *What is the difference between an “approved” and an “accredited” pre-licensure nursing education program in Florida?* available at <https://floridasnursing.gov/help-center/what-is-the-difference-between-an-approved-and-an-accredited-pre-licensure-nursing-education-program-in-florida/> (last visited Nov. 20, 2025).

¹⁶ Section 464.019(9), F.S.

¹⁷ Excluded institutions are those exempt from licensure by the Commission of Independent Education under ss. 1005.06(1) and 464.019(11)(d), F.S.

¹⁸ Section 464.019(11)(a)-(d), F.S.

¹⁹ *Id.*

²⁰ Section 464.019(9)(b), F.S.

²¹ Section 464.019(8), F.S.

- The board may adopt rules relating to the nursing curriculum, including rules relating to the uses and limitations of simulation technology, and rules relating to the criteria to qualify for an extension of time to meet the accreditation requirements.²²

Under these rulemaking requirements and authority, the BON may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in s. 464.019, F.S.²³

III. Effect of Proposed Changes:

Temporary Provisional Licenses

Section 1 amends s. 464.008, F.S., to create a temporary provisional license. The Department of Health (DOH) must issue a temporary provisional license to any applicant who is eligible to sit for the National Council of State Boards of Nursing Licensing Examination (NCLEX) exam and seeks to practice as a graduate registered nurse or graduate practical nurse.²⁴ The license is valid for up to 180 days, is nonrenewable, and automatically expires when the applicant passes the exam and is issued a full license or fails the exam. A temporary provisional licensee may practice only under direct supervision of a registered nurse (RN) or licensed practical nurse (LPN), as applicable, and the supervising nurse must file a written protocol with the DOH. The Board of Nursing (BON) must adopt rules to implement the supervision requirements.

Section 2 amends s. 464.019, F.S., revising the regulatory oversight of prelicensure nursing education programs.

Application Requirements

The bill requires that a program application must include the legal name of the nursing education program director and requires the program director to certify the accuracy of faculty credentials reported to the BON.

Admissions Criteria

The bill requires professional and practical nursing education programs to implement standardized admissions criteria that identify students who may require additional academic preparation and support to succeed. For each such student, the program must maintain documentation of an individualized academic support plan.

²² Section 464.019(8), F.S.

²³ *Id.*

²⁴ Pursuant to subsection (1) of that section, the DOH must examine each applicant who has submitted an application, the required fees, and the cost of the examination; has passed an FDLE criminal history record check; is a high school graduate in good mental health; has graduated from a nursing program; and can communicate in English.

Exit Examinations

The bill also requires programs to administer a national, standardized, and comprehensive exit examination to assess students' readiness for the NCLEX. A student may not be denied graduation solely on the basis of the exit examination if all required coursework has been completed. Each program must submit established remediation criteria to the BON that it will offer to students who do not pass the exit examination.

Graduate Nursing Preceptorships Programs

Beginning August 1, 2027, any nursing education program with an annual NCLEX passage rate that is more than 10 percentage points below the average national passage rate for United States-educated, first-time test takers in comparable degree programs, must offer a graduate nursing preceptorship to its graduates. A graduate who does not pass the NCLEX at the conclusion of the preceptorship must be offered free remediation by the program.

Although preceptorships are required only for underperforming programs, all nursing programs are encouraged to offer them. A graduate nursing preceptorship must last three months and may include job shadowing, supervised clinical and nonclinical training, and patient care in a hospital setting. Clinical preceptors must oversee the preceptorship.

Graduates who hold a temporary provisional license under s. 464.008(5), F.S., may participate in a preceptorship. These graduates are expected to sit for the NCLEX at the conclusion of the preceptorship.

By January 1, 2027, the Florida Center for Nursing must establish standards for graduate nursing preceptorships, including supervision requirements. The BON is required to adopt these standards by rule.

Programs Facing Adverse Actions in Other Jurisdictions

The bill requires the BON to deny an application from a nursing education program that has had adverse action taken against it by another regulatory jurisdiction in the U.S. The BON may also revoke the approval of an existing approved program that has had adverse action taken against it by another regulatory jurisdiction in the U.S. The term "adverse action" is defined as any administrative, civil, or criminal action imposed by a licensing board or other state authority against a nursing education program. The term includes actions such as revocation, suspension, probation, or any other encumbrances affecting the program's authorization to operate.

Annual Reporting

The bill provides that the program director is responsible for submitting the annual report to the BON. The bill authorizes the BON to terminate a program for not submitting its annual report; however, the BON may give an extension of time, not to exceed 60 days, for a program's submission of its annual report, upon request and for good cause. If a program director fails to timely submit the program's annual report, the BON may impose a penalty listed in s. 456.072(2), F.S., against the program director.

Transparency of Passage Rates

The bill requires the DOH to report a program's average NCLEX passage rate to the program director. The program director must publish the average passage rate on the program's website. The bill also requires the BON to publish NCLEX passage rates for each individual nursing program on its website.

Program Remediation

For an approved program that is placed on probation, the bill requires the program director to submit to the BON a written remediation plan with specific nationally-recognized benchmarks to identify progress toward a graduate passage rate goal, and to present that plan to the BON. If the program director fails to submit the required written remediation plan, or fails to appear before the BON to present the remediation plan no later than six months after the date of the program being placed on probation, the bill requires the BON to terminate the nursing education program and authorizes the BON to impose a penalty listed in s. 456.072(2), F.S., against the program director. The bill removes the BON's authority to extend an approved program's probationary status for a third year.

Onsite Inspections

The bill authorizes agents or employees of the DOH to conduct onsite evaluations or inspections at any time during business hours to ensure that approved programs or accredited programs are in full compliance with ch. 464, F.S., or to determine whether ch. 464, F.S., or s. 456.072, F.S., is being violated. The DOH may collect any evidence necessary or as required to ensure compliance with ch. 464, F.S. or for prosecution. A refusal by a nursing education program to allow an onsite evaluation or inspection is deemed a violation of a legal obligation imposed by the BON and the DOH.

Program Accreditation Deadline

The bill repeals s. 464.019(11)(f), F.S., which gives the BON authority to grant an extension of up to two years for an approved program to become accredited. This repeal eliminates any extension of the accreditation deadline. An approved program must become an accredited program within five years after the date of enrolling its first students.

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 will have an indeterminate significant, negative fiscal impact on the Department of Health (DOH). The bill requires the DOH to issue temporary provisional licenses that it currently does not issue to certain nursing graduates as an optional first step before the graduate obtains full licensure. To implement these provisions the DOH will require four full-time equivalent (FTE) positions responsible for managing the temporary license, including processing and reviewing application and protocols for licensure.²⁵

The bill also includes additional duties for the Board of Nursing including rule adoption, and enhanced oversight and reporting responsibilities. According to the DOH, one FTE is needed to carry out these additional duties.²⁶

The bill increases the oversight authority of the DOH and authorizes the DOH to conduct onsite evaluations and inspections of certain nursing education programs. According to the DOH, these provisions require three FTE.²⁷

The temporary provisional license created by the bill will require the DOH to update technology systems. According to the DOH, these costs cannot be absorbed within existing resources.²⁸

²⁵ The Florida Department of Health, *Agency Bill Analysis HB 121* (Nov. 5, 2025) (on file with Senate Appropriations Committee on Health and Human Services).

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

To implement the provisions of the bill, the DOH would require a total of \$1,477,479²⁹ in the following categories:

- Salaries and Benefits - eight FTE, \$1,187,404
- Contracted Services - \$167,040
- Other Expenses - \$123,035

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 464.008 and 464.019.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

²⁹ The Florida Department of Health, *Agency Bill Analysis HB 121* (Nov. 5, 2025) (on file with Senate Appropriations Committee on Health and Human Services).



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LEGISLATIVE ACTION

Senate

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House

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Present subsections (3) and (4) of 464.008,
Florida Statutes, are redesignated as subsections (4) and (5),
respectively, a new subsection (3) and subsection (6) are added
to that section, and subsection (1) of that section is
republished, to read:

464.008 Licensure by examination.-



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

15 (a) Has completed the application form and remitted a fee
16 set by the board not to exceed \$150 and has remitted an
17 examination fee set by the board not to exceed \$75 plus the
18 actual per applicant cost to the department for purchase of the
19 examination from the National Council of State Boards of Nursing
20 or a similar national organization.

21 (b) Has provided sufficient information on or after October
22 1, 1989, which must be submitted by the department for a
23 statewide criminal records correspondence check through the
24 Department of Law Enforcement.

25 (c) Is in good mental and physical health, is a recipient
26 of a high school diploma or the equivalent, and has completed
27 the requirements for:

- 28 1. Graduation from an approved program;
29 2. Graduation from a prelicensure nursing education program
30 that the board determines is equivalent to an approved program;
31 3. Graduation on or after July 1, 2009, from an accredited
32 program; or
33 4. Graduation before July 1, 2009, from a prelicensure
34 nursing education program whose graduates at that time were
35 eligible for examination.

36
37 Courses successfully completed in a professional nursing
38 education program that are at least equivalent to a practical
39 nursing education program may be used to satisfy the education



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40 requirements for licensure as a licensed practical nurse.

41 (d) Has the ability to communicate in the English language,
42 which may be determined by an examination given by the
43 department.

44 (3) (a) Any applicant who desires to take the licensure
45 examination for the first time more than 6 months after
46 graduation must complete a board-approved remedial course or a
47 board-developed remedial course before the applicant may be
48 approved for examination.

49 (b) The board shall develop a remedial course in
50 consultation with the Florida Center for Nursing. The course
51 must be made available on the board's website free of charge to
52 applicants experiencing hardship, as defined by the board.

53 (6) (a) The department shall issue a temporary provisional
54 license to an applicant who is eligible to take the licensure
55 examination under subsection (1) and who seeks to practice as a
56 graduate professional nurse or graduate practical nurse, as
57 applicable.

58 (b) A temporary provisional license issued under this
59 subsection:

60 1. Is valid for a period not to exceed 180 days after the
61 date of issuance.

62 2. Is nonrenewable.

63 3. Automatically expires upon the applicant passing the
64 licensure examination and the department issuing a full license,
65 or upon the applicant's failure to pass the examination.

66 (c) A temporary provisional licensee may practice only
67 under the direct supervision of a registered nurse or licensed
68 practical nurse, as applicable, who has filed a written protocol



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69 with the department. The board shall adopt rules to implement
70 this paragraph.

71 Section 2. Subsections (1), (2), (3), (5), and (8) and
72 paragraph (f) of subsection (11) of section 464.019, Florida
73 Statutes, are amended, and paragraph (c) is added to subsection
74 (6) of that section, to read:

75 464.019 Approval of nursing education programs.—

76 (1) PROGRAM APPLICATION.—An educational institution that
77 wishes to conduct a program in this state for the prelicensure
78 education of professional or practical nurses must submit to the
79 department a program application and review fee of \$1,000 for
80 each prelicensure nursing education program to be offered at the
81 institution's main campus, branch campus, or other instructional
82 site. The program application must include the legal name of the
83 educational institution, the legal name of the nursing education
84 program, the legal name of the nursing education program
85 director, the status and outcome of any pending or closed
86 disciplinary case against the applicant in another regulatory
87 jurisdiction in the United States, and, if such institution is
88 accredited, the name of the accrediting agency. The application
89 must also document that:

90 (a)1. For a professional nursing education program, the
91 program director and at least 50 percent of the program's
92 faculty members are registered nurses who have a master's or
93 higher degree in nursing or a bachelor's degree in nursing and a
94 master's or higher degree in a field related to nursing.

95 2. For a practical nursing education program, the program
96 director and at least 50 percent of the program's faculty
97 members are registered nurses who have a bachelor's or higher



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98 degree in nursing.

99

100 The educational degree requirements of this paragraph must ~~may~~
101 be documented by an official transcript or by a written
102 statement from the program director of the educational
103 institution verifying that the institution conferred the degree.
104 The program director shall certify the official transcript or
105 written statement as true and accurate.

106 (b) The program's nursing major curriculum consists of at
107 least:

108 1. Fifty percent clinical training in the United States,
109 the District of Columbia, or a possession or territory of the
110 United States for a practical nursing education program, an
111 associate degree professional nursing education program, or a
112 professional diploma nursing education program.

113 2. Forty percent clinical training in the United States,
114 the District of Columbia, or a possession or territory of the
115 United States for a bachelor's degree professional nursing
116 education program.

117 (c) No more than 50 percent of the program's clinical
118 training consists of clinical simulation.

119 (d) The program has signed agreements with each agency,
120 facility, and organization included in the curriculum plan as
121 clinical training sites and community-based clinical experience
122 sites.

123 (e) The program has written policies for faculty which
124 include provisions for direct or indirect supervision by program
125 faculty or clinical preceptors for students in clinical training
126 consistent with the following standards:



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127 1. The number of program faculty members equals at least
128 one faculty member directly supervising every 12 students unless
129 the written agreement between the program and the agency,
130 facility, or organization providing clinical training sites
131 allows more students, not to exceed 18 students, to be directly
132 supervised by one program faculty member.

133 2. For a hospital setting, indirect supervision may occur
134 only if there is direct supervision by an assigned clinical
135 preceptor, a supervising program faculty member is available by
136 telephone, and such arrangement is approved by the clinical
137 facility.

138 3. For community-based clinical experiences that involve
139 student participation in invasive or complex nursing activities,
140 students must be directly supervised by a program faculty member
141 or clinical preceptor and such arrangement must be approved by
142 the community-based clinical facility.

143 4. For community-based clinical experiences not subject to
144 subparagraph 3., indirect supervision may occur only when a
145 supervising program faculty member is available to the student
146 by telephone.

147
148 A program's policies established under this paragraph must
149 require that a clinical preceptor who is supervising students in
150 a professional nursing education program be a registered nurse
151 or, if supervising students in a practical nursing education
152 program, be a registered nurse or licensed practical nurse.

153 (f) The professional or practical nursing curriculum plan
154 documents clinical experience and theoretical instruction in
155 medical, surgical, obstetric, pediatric, and geriatric nursing.



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156 A professional nursing curriculum plan must ~~shall~~ also document
157 clinical experience and theoretical instruction in psychiatric
158 nursing. Each curriculum plan must document clinical training
159 experience in appropriate settings that include, but are not
160 limited to, acute care, long-term care, and community settings.

161 (g) The professional or practical nursing education program
162 provides theoretical instruction and clinical application in
163 personal, family, and community health concepts; nutrition;
164 human growth and development throughout the life span; body
165 structure and function; interpersonal relationship skills;
166 mental health concepts; pharmacology and administration of
167 medications; and legal aspects of practice. A professional
168 nursing education program must also provide theoretical
169 instruction and clinical application in interpersonal
170 relationships and leadership skills; professional role and
171 function; and health teaching and counseling skills.

172 (h) The professional or practical nursing education program
173 has established evaluation and standardized admission criteria.
174 The admission criteria must, at a minimum, identify those
175 students who are likely to need additional preparation and
176 educational support to be successful program graduates. The
177 program must maintain documentation of the individualized
178 student academic support plan for those students identified as
179 in need of additional preparation and educational support.

180 (i) For each student, the professional or practical nursing
181 education program administers an exit examination that is a
182 national, standardized, and comprehensive predictor exam
183 designed to help nursing students assess their readiness for the
184 National Council of State Boards of Nursing Licensing



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185 Examination (NCLEX) by identifying areas needing further study
186 and remediation. A student may not be excluded from graduation
187 on the sole basis of the exit examination if the student has
188 otherwise successfully completed all coursework required by the
189 program.

190 (j) The professional or practical nursing education program
191 has submitted to the board the established criteria for
192 remediation that will be offered to students who do not
193 successfully pass the exit examination.

194 (k) Beginning August 1, 2027, a program with a passage rate
195 more than 10 percentage points lower than the average national
196 passage rate during the same calendar year for graduates of
197 comparable degree programs who are United States-educated,
198 first-time test takers on the NCLEX, as calculated by the
199 contract testing service of the National Council of State Boards
200 of Nursing, offers a graduate nursing preceptorship to its
201 graduates. If a graduate from such a program does not pass the
202 NCLEX at the conclusion of his or her preceptorship, the
203 professional or practical nursing education program must offer
204 remediation to the graduate for free.

205 1. All programs are encouraged to offer a graduate nursing
206 preceptorship to their graduates to provide opportunities for
207 job shadowing, clinical training, nonclinical training, and
208 patient care in a hospital setting. Graduates who have been
209 issued a temporary provisional license under s. 464.008(6) may
210 participate in such preceptorships. A graduate nursing
211 preceptorship must last for 3 months, with the expectation that
212 graduates will take the NCLEX at the conclusion of the
213 preceptorship. Clinical preceptors shall oversee the



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214 preceptorship programs.

215 2. By January 1, 2027, the Florida Center for Nursing shall
216 establish standards for graduate nursing preceptorships,
217 including supervision requirements. The board shall incorporate
218 the standards into rule.

219 (2) PROGRAM APPROVAL.—

220 (a) Upon receipt of a program application and review fee,
221 the department shall examine the application to determine if it
222 is complete. If the application is not complete, the department
223 must ~~shall~~ notify the educational institution in writing of any
224 errors or omissions within 30 days after the department's
225 receipt of the application. A program application is deemed
226 complete upon the department's receipt of:

227 1. The initial application, if the department does not
228 notify the educational institution of any errors or omissions
229 within the 30-day period; or

230 2. A revised application that corrects each error and
231 omission of which the department notifies the educational
232 institution within the 30-day period.

233 (b) Following the department's receipt of a complete
234 program application, the board may conduct an onsite evaluation
235 if necessary to document the applicant's compliance with
236 subsection (1). Within 90 days after the department's receipt of
237 a complete program application, the board shall:

238 1. Approve the application if it documents compliance with
239 subsection (1); or

240 2. Provide the educational institution with a notice of
241 intent to deny the application if it does not document
242 compliance with subsection (1). The notice must specify written



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243 reasons for the board's denial of the application. The board may
244 not deny a program application because of an educational
245 institution's failure to correct an error or omission that the
246 department failed to provide notice of to the institution within
247 the 30-day notice period under paragraph (a). The educational
248 institution may request a hearing on the notice of intent to
249 deny the program application pursuant to chapter 120.

250 (c) A program application is deemed approved if the board
251 does not act within the 90-day review period provided under
252 paragraph (b).

253 (d) Upon the board's approval of a program application, the
254 program becomes an approved program.

255 (e) The board may consider adverse actions taken against a
256 nursing education program by another regulatory jurisdiction in
257 the United States in determining program approval. The program
258 director of an approved program must notify the board within 15
259 days after any adverse action is taken against the program by
260 another regulatory jurisdiction in the United States.

261 1. The board shall deny an application from an applicant if
262 another regulatory jurisdiction in the United States has
263 terminated or otherwise revoked its authority to operate a
264 nursing education program.

265 2. The board may investigate the nature of an adverse
266 action. In instances of adverse action other than termination or
267 revocation of a program's authority to operate, the board may:

268 a. Approve the application;

269 b. Approve the application with conditions; or

270 c. Deny the application.

271 3. The board may impose disciplinary remedies on an



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272 approved program against which an adverse action has been taken
273 by another regulatory jurisdiction in the United States. The
274 board may impose remedies up to and including revocation of a
275 program's approval pursuant to rules adopted under this section.

276 (3) ANNUAL REPORT.—By November 1 of each year, each
277 approved program's director ~~program~~ shall submit to the board an
278 annual report consisting ~~comprised~~ of an affidavit certifying
279 continued compliance with subsection (1), a summary description
280 of the program's compliance with subsection (1), and
281 documentation for the previous academic year that, to the extent
282 applicable, describes:

283 (a) The number of student applications received, qualified
284 applicants, applicants accepted, accepted applicants who enroll
285 in the program, students enrolled in the program, and program
286 graduates.

287 (b) The program's retention rates for students tracked from
288 program entry to graduation.

289 (c) The program's accreditation status, including
290 identification of the accrediting agency.

291
292 The board must terminate the program pursuant to chapter 120 if
293 the requirements of this subsection are not met. Upon request,
294 the board may give an extension for good cause not to exceed 60
295 days for a program to meet the requirements of this subsection.

296 If a program director is found to be in violation of this
297 subsection, the board may impose a penalty listed in s.
298 456.072(2).

299 (5) ACCOUNTABILITY.—

300 (a)1. An approved program must achieve a graduate passage



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301 rate for first-time test takers which is not more than 10
302 percentage points lower than the average passage rate during the
303 same calendar year for graduates of comparable degree programs
304 who are United States educated, first-time test takers on the
305 National Council of State Boards of Nursing Licensing
306 Examination, as calculated by the contract testing service of
307 the National Council of State Boards of Nursing. For purposes of
308 this subparagraph, an approved program is comparable to all
309 degree programs of the same program type from among the
310 following program types:

311 a. Professional nursing education programs that terminate
312 in a bachelor's degree.

313 b. Professional nursing education programs that terminate
314 in an associate degree.

315 c. Professional nursing education programs that terminate
316 in a diploma.

317 d. Practical nursing education programs.

318 2. If an approved program's graduate passage rates do not
319 equal or exceed the required passage rates for 2 consecutive
320 calendar years, the board must ~~shall~~ place the program on
321 probationary status pursuant to chapter 120 and the program
322 director must submit a written remediation plan to the board.

323 The program director must ~~shall~~ appear before the board to
324 present the ~~a~~ plan for remediation, which must ~~shall~~ include
325 specific nationally recognized benchmarks to identify progress
326 toward a graduate passage rate goal. The board must terminate a
327 program pursuant to chapter 120 if the program director fails to
328 submit a written remediation plan or fails to appear before the
329 board and present the remediation plan within 6 months after the



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330 date of the program being placed on probation. The board may
331 impose a penalty listed in s. 456.072(2) on the program director
332 for such failure. The program must remain on probationary status
333 until it achieves a graduate passage rate that equals or exceeds
334 the required passage rate for ~~any~~ 1 calendar year. The board
335 must ~~shall~~ deny a program application for a new prelicensure
336 nursing education program submitted by an educational
337 institution if the institution has an existing program that is
338 already on probationary status.

339 3. Upon the program's achievement of a graduate passage
340 rate that equals or exceeds the required passage rate, the
341 board, at its next regularly scheduled meeting following release
342 of the program's graduate passage rate by the National Council
343 of State Boards of Nursing, shall remove the program's
344 probationary status. If the program, during the 2 calendar years
345 following its placement on probationary status, does not achieve
346 the required passage rate ~~for any 1 calendar year~~, the board
347 must ~~may extend the program's probationary status for 1~~
348 ~~additional year, provided the program has demonstrated adequate~~
349 ~~progress toward the graduate passage rate goal by meeting a~~
350 ~~majority of the benchmarks established in the remediation plan.~~
351 ~~If the program is not granted the 1-year extension or fails to~~
352 ~~achieve the required passage rate by the end of such extension,~~
353 ~~the board shall~~ terminate the program pursuant to chapter 120.

354 (b) If an approved program fails to submit the annual
355 report required in subsection (3), the board must ~~shall~~ notify
356 the program director and president or chief executive officer of
357 the educational institution in writing within 15 days after the
358 due date of the annual report. The program director must ~~shall~~



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359 appear before the board at the board's next regularly scheduled
360 meeting to explain the reason for the delay. The board must
361 ~~shall~~ terminate the program pursuant to chapter 120 if the
362 program director fails to appear before the board, as required
363 under this paragraph, or if the program does not submit the
364 annual report within 6 months after the due date.

365 (c) A nursing education program, whether accredited or
366 nonaccredited, which has been placed on probationary status must
367 ~~shall~~ disclose its probationary status in writing to the
368 program's students and applicants. The notification must include
369 an explanation of the implications of the program's probationary
370 status on the students or applicants.

371 (d) If students from a program that is terminated pursuant
372 to this subsection transfer to an approved or an accredited
373 program under the direction of the Commission for Independent
374 Education, the board must ~~shall~~ recalculate the passage rates of
375 the programs receiving the transferring students, excluding the
376 test scores of those students transferring more than 12 credits.

377 (e) Duly authorized agents or employees of the department
378 may conduct onsite evaluations or inspections at any time during
379 business hours to ensure that approved programs or accredited
380 programs are in full compliance with this chapter, or to
381 determine whether this chapter or s. 456.072 is being violated.
382 The department may collect any necessary evidence needed to
383 ensure compliance with this chapter or for prosecution, as
384 deemed necessary. A program that refuses or fails to allow an
385 onsite evaluation or inspection is deemed in violation of a
386 legal obligation imposed by the board or the department.

387 (6) DISCLOSURE OF GRADUATE PASSAGE RATE DATA.—



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388 (c) The program director shall ensure that the program's
389 graduate passage rates for the most recent 2 calendar years, as
390 published by the board on its website pursuant to subsection
391 (4), are conspicuously posted on the program's website. The
392 program's website must include only the graduate passage rates
393 specific to that program.

394 (8) RULEMAKING.—The board does not have rulemaking
395 authority to administer this section, except that the board
396 shall adopt rules that prescribe the format for submitting
397 program applications under subsection (1) and annual reports
398 under subsection (3), to implement graduate nursing
399 preceptorships as established in paragraph (1)(k), to enforce
400 and administer subsection (5), and to administer the
401 documentation of the accreditation of nursing education programs
402 under subsection (11). The board may adopt rules relating to the
403 nursing curriculum, including rules relating to the uses and
404 limitations of simulation technology, ~~and rules relating to the~~
405 ~~criteria to qualify for an extension of time to meet the~~
406 ~~accreditation requirements under paragraph (11)(f).~~ The board
407 may not impose any condition or requirement on an educational
408 institution submitting a program application, an approved
409 program, or an accredited program, except as expressly provided
410 in this section.

411 (11) ACCREDITATION REQUIRED.—

412 ~~(f) An approved nursing education program may, no sooner~~
413 ~~than 90 days before the deadline for meeting the accreditation~~
414 ~~requirements of this subsection, apply to the board for an~~
415 ~~extension of the accreditation deadline for a period which does~~
416 ~~not exceed 2 years. An additional extension may not be granted.~~



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417 ~~In order to be eligible for the extension, the approved program~~
418 ~~must establish that it has a graduate passage rate of 60 percent~~
419 ~~or higher on the National Council of State Boards of Nursing~~
420 ~~Licensing Examination for the most recent calendar year and must~~
421 ~~meet a majority of the board's additional criteria, including,~~
422 ~~but not limited to, all of the following:~~

423 ~~1. A student retention rate of 60 percent or higher for the~~
424 ~~most recent calendar year.~~

425 ~~2. A graduate work placement rate of 70 percent or higher~~
426 ~~for the most recent calendar year.~~

427 ~~3. The program has applied for approval or been approved by~~
428 ~~an institutional or programmatic accreditor recognized by the~~
429 ~~United States Department of Education.~~

430 ~~4. The program is in full compliance with subsections (1)~~
431 ~~and (3) and paragraph (5) (b).~~

432 ~~5. The program is not currently in its second year of~~
433 ~~probationary status under subsection (5).~~

434
435 ~~The applicable deadline under this paragraph is tolled from the~~
436 ~~date on which an approved program applies for an extension until~~
437 ~~the date on which the board issues a decision on the requested~~
438 ~~extension.~~

439 Section 3. Subsection (4) of section 464.022, Florida
440 Statutes, is amended to read:

441 464.022 Exceptions.—No provision of this part shall be
442 construed to prohibit:

443 (4) The practice of nursing by graduates of prelicensure
444 nursing education programs listed in s. 464.008(1)(c), pending
445 the result of the first licensing examination for which they are



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446 eligible following graduation, provided they practice under
447 direct supervision of a registered professional nurse; or by
448 temporary provisional licensees practicing under the direct
449 supervision of a registered nurse or licensed practical nurse,
450 as applicable. The board shall by rule define what constitutes
451 direct supervision.

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

453

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

455 And the title is amended as follows:

456 Delete everything before the enacting clause
457 and insert:

458 A bill to be entitled
459 An act relating to nursing education programs;
460 amending s. 464.008, F.S.; requiring applicants for
461 nurse licensure seeking to take the licensing
462 examination more than 6 months after graduation to
463 first complete a remedial course approved or developed
464 by the Board of Nursing; requiring the board to
465 develop the course in consultation with the Florida
466 Center for Nursing and make it available on its
467 website for free to applicants experiencing hardship;
468 requiring the Department of Health to issue temporary
469 provisional licenses to graduate professional nurses
470 and graduate practical nurses meeting certain
471 criteria; specifying requirements for the temporary
472 provisional license; providing that temporary
473 provisional licensees may practice only under direct
474 supervision and subject to a written protocol with a



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475 registered nurse or licensed practical nurse, as
476 applicable; requiring the board to adopt rules;
477 amending s. 464.019, F.S.; revising application
478 requirements for nursing education program approval;
479 specifying preceptorship requirements; requiring the
480 Florida Center for Nursing to develop graduate nursing
481 preceptorship standards by a specified date; requiring
482 the board to incorporate the standards into rule;
483 authorizing the board to consider certain adverse
484 actions in determining program approval; requiring
485 program directors to notify the board of certain
486 adverse actions within a specified timeframe;
487 requiring the board to deny a program's application
488 under certain circumstances; authorizing the board to
489 investigate the nature of a certain adverse action and
490 take specified actions; clarifying that an approved
491 program's director is responsible for submitting
492 certain annual reports to the board; requiring the
493 board to terminate a program under certain
494 circumstances; providing penalties for program
495 directors found to be in violation of specified
496 provisions; revising remediation procedures for
497 approved programs with graduate passage rates that do
498 not meet specified requirements; subjecting program
499 directors of approved programs to specified
500 disciplinary action under certain circumstances;
501 deleting a provision authorizing the board to extend a
502 program's probationary status; authorizing agents or
503 employees of the department to conduct onsite



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504 evaluations and inspections of approved and accredited
505 nursing education programs; authorizing the department
506 to collect evidence as part of such evaluations and
507 inspections; deeming the failure or refusal of a
508 program to allow such evaluation or inspection a
509 violation of a legal obligation; requiring program
510 directors to ensure that graduate passage rates are
511 conspicuously posted on their program's website;
512 revising rulemaking authority of the board; deleting a
513 provision authorizing approved nursing education
514 programs to request an extension to meet the board's
515 accreditation requirements; amending s. 464.022, F.S.;
516 providing construction; providing an effective date.

By Senator Harrell

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1 A bill to be entitled
 2 An act relating to nursing education programs;
 3 amending s. 464.008, F.S.; requiring the Department of
 4 Health to issue temporary provisional licenses to
 5 graduate registered nurses and graduate licensed
 6 practical nurses; providing requirements for the
 7 temporary provisional license; establishing that such
 8 graduate nurses may practice only under direct
 9 supervision and subject to a written protocol with a
 10 registered nurse or licensed practical nurse, as
 11 applicable; requiring the Board of Nursing to adopt
 12 rules; amending s. 464.019, F.S.; revising application
 13 requirements for nursing education program approval;
 14 specifying preceptorship requirements; requiring the
 15 Florida Center for Nursing to develop graduate nursing
 16 preceptorship standards by a specified date; requiring
 17 the board to incorporate the standards into rule;
 18 requiring the board to deny a program's application
 19 under certain circumstances; authorizing the board to
 20 revoke an existing program's approval under certain
 21 circumstances; defining the term "adverse action";
 22 clarifying that an approved program's director is
 23 responsible for submitting certain annual reports to
 24 the board; requiring the board to terminate a program
 25 under certain circumstances; providing penalties for
 26 program directors found to be in violation of
 27 specified provisions; clarifying that the board must
 28 publish the graduate average passage rate of each
 29 approved nursing program on its website; revising

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30 remediation procedures for approved programs with
 31 graduate passage rates that do not meet specified
 32 requirements; subjecting program directors of approved
 33 programs to specified disciplinary action under
 34 certain circumstances; deleting a provision
 35 authorizing the board to extend a program's
 36 probationary status; authorizing agents or employees
 37 of the department to conduct onsite evaluations and
 38 inspections of approved and accredited nursing
 39 education programs; authorizing the department to
 40 collect evidence as part of such evaluations and
 41 inspections; deeming the failure or refusal of a
 42 program to allow such evaluation or inspection a
 43 violation of a legal obligation; requiring the
 44 department to disclose graduate average passage rates
 45 to each program director; requiring program directors
 46 to ensure that graduate average passage rates are
 47 posted on their program's website; revising rulemaking
 48 authority of the board; deleting a provision
 49 authorizing approved nursing education programs to
 50 request an extension to meet the board's accreditation
 51 requirements; providing an effective date.

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

54
 55 Section 1. Subsection (5) is added to section 464.008,
 56 Florida Statutes, and subsection (1) of that section is
 57 republished, to read:
 58 464.008 Licensure by examination.—

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

63 (a) Has completed the application form and remitted a fee
64 set by the board not to exceed \$150 and has remitted an
65 examination fee set by the board not to exceed \$75 plus the
66 actual per applicant cost to the department for purchase of the
67 examination from the National Council of State Boards of Nursing
68 or a similar national organization.

69 (b) Has provided sufficient information on or after October
70 1, 1989, which must be submitted by the department for a
71 statewide criminal records correspondence check through the
72 Department of Law Enforcement.

73 (c) Is in good mental and physical health, is a recipient
74 of a high school diploma or the equivalent, and has completed
75 the requirements for:

- 76 1. Graduation from an approved program;
- 77 2. Graduation from a prelicensure nursing education program
78 that the board determines is equivalent to an approved program;
- 79 3. Graduation on or after July 1, 2009, from an accredited
80 program; or
- 81 4. Graduation before July 1, 2009, from a prelicensure
82 nursing education program whose graduates at that time were
83 eligible for examination.

84
85 Courses successfully completed in a professional nursing
86 education program that are at least equivalent to a practical
87 nursing education program may be used to satisfy the education

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88 requirements for licensure as a licensed practical nurse.

89 (d) Has the ability to communicate in the English language,
90 which may be determined by an examination given by the
91 department.

92 (5) (a) The department shall issue a temporary provisional
93 license to an applicant who is eligible to take the licensure
94 examination under subsection (1) and who seeks to practice as a
95 graduate registered nurse or licensed practical nurse, as
96 applicable.

97 (b) A temporary provisional license issued under this
98 subsection:

99 1. Is valid for a period not to exceed 180 days after the
100 date of issuance.

101 2. Is nonrenewable.

102 3. Automatically expires upon the applicant passing the
103 licensure examination and the department issuing of a full
104 license, or upon the applicant's failure to pass the
105 examination.

106 (c) A temporary provisional licensee may practice only
107 under the direct supervision of a registered nurse or licensed
108 practical nurse, as applicable, who has filed a written protocol
109 with the department. The board shall adopt rules to implement
110 this paragraph.

111 Section 2. Subsections (1) through (6) and (8) and
112 paragraph (f) of subsection (11) of section 464.019, Florida
113 Statutes, are amended to read:

114 464.019 Approval of nursing education programs.—

115 (1) PROGRAM APPLICATION.—An educational institution that
116 wishes to conduct a program in this state for the prelicensure

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117 education of professional or practical nurses must submit to the
 118 department a program application and review fee of \$1,000 for
 119 each prelicensure nursing education program to be offered at the
 120 institution's main campus, branch campus, or other instructional
 121 site. The program application must include the legal name of the
 122 educational institution, the legal name of the nursing education
 123 program, the legal name of the nursing education program
 124 director, and, if such institution is accredited, the name of
 125 the accrediting agency. The application must also document that:

126 (a)1. For a professional nursing education program, the
 127 program director and at least 50 percent of the program's
 128 faculty members are registered nurses who have a master's or
 129 higher degree in nursing or a bachelor's degree in nursing and a
 130 master's or higher degree in a field related to nursing.

131 2. For a practical nursing education program, the program
 132 director and at least 50 percent of the program's faculty
 133 members are registered nurses who have a bachelor's or higher
 134 degree in nursing.

135
 136 The educational degree requirements of this paragraph must ~~may~~
 137 be documented by an official transcript or by a written
 138 statement from the program director of the educational
 139 institution verifying that the institution conferred the degree.
 140 The program director shall certify the official transcript or
 141 written statement as true and accurate.

142 (b) The program's nursing major curriculum consists of at
 143 least:

144 1. Fifty percent clinical training in the United States,
 145 the District of Columbia, or a possession or territory of the

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146 United States for a practical nursing education program, an
 147 associate degree professional nursing education program, or a
 148 professional diploma nursing education program.

149 2. Forty percent clinical training in the United States,
 150 the District of Columbia, or a possession or territory of the
 151 United States for a bachelor's degree professional nursing
 152 education program.

153 (c) No more than 50 percent of the program's clinical
 154 training consists of clinical simulation.

155 (d) The program has signed agreements with each agency,
 156 facility, and organization included in the curriculum plan as
 157 clinical training sites and community-based clinical experience
 158 sites.

159 (e) The program has written policies for faculty which
 160 include provisions for direct or indirect supervision by program
 161 faculty or clinical preceptors for students in clinical training
 162 consistent with the following standards:

163 1. The number of program faculty members equals at least
 164 one faculty member directly supervising every 12 students unless
 165 the written agreement between the program and the agency,
 166 facility, or organization providing clinical training sites
 167 allows more students, not to exceed 18 students, to be directly
 168 supervised by one program faculty member.

169 2. For a hospital setting, indirect supervision may occur
 170 only if there is direct supervision by an assigned clinical
 171 preceptor, a supervising program faculty member is available by
 172 telephone, and such arrangement is approved by the clinical
 173 facility.

174 3. For community-based clinical experiences that involve

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175 student participation in invasive or complex nursing activities,
 176 students must be directly supervised by a program faculty member
 177 or clinical preceptor and such arrangement must be approved by
 178 the community-based clinical facility.

179 4. For community-based clinical experiences not subject to
 180 subparagraph 3., indirect supervision may occur only when a
 181 supervising program faculty member is available to the student
 182 by telephone.

183

184 A program's policies established under this paragraph must
 185 require that a clinical preceptor who is supervising students in
 186 a professional nursing education program be a registered nurse
 187 or, if supervising students in a practical nursing education
 188 program, be a registered nurse or licensed practical nurse.

189 (f) The professional or practical nursing curriculum plan
 190 documents clinical experience and theoretical instruction in
 191 medical, surgical, obstetric, pediatric, and geriatric nursing.
 192 A professional nursing curriculum plan must ~~shall~~ also document
 193 clinical experience and theoretical instruction in psychiatric
 194 nursing. Each curriculum plan must document clinical training
 195 experience in appropriate settings that include, but are not
 196 limited to, acute care, long-term care, and community settings.

197 (g) The professional or practical nursing education program
 198 provides theoretical instruction and clinical application in
 199 personal, family, and community health concepts; nutrition;
 200 human growth and development throughout the life span; body
 201 structure and function; interpersonal relationship skills;
 202 mental health concepts; pharmacology and administration of
 203 medications; and legal aspects of practice. A professional

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204 nursing education program must also provide theoretical
 205 instruction and clinical application in interpersonal
 206 relationships and leadership skills; professional role and
 207 function; and health teaching and counseling skills.

208 (h) The professional or practical nursing education program
 209 has established evaluation and standardized admission criteria.
 210 The admission criteria must, at a minimum, identify those
 211 students who are likely to need additional preparation and
 212 educational support to be successful program graduates. The
 213 program must maintain documentation of the individualized
 214 student academic support plan for those students identified as
 215 in need of additional preparation and educational support.

216 (i) For each student, the professional or practical nursing
 217 education program administers an exit examination that is a
 218 national, standardized, and comprehensive predictor exam
 219 designed to help nursing students assess their readiness for the
 220 National Council of State Boards of Nursing Licensing
 221 Examination (NCLEX) by identifying areas needing further study
 222 and remediation. A student may not be excluded from graduation
 223 on the sole basis of the exit examination if the student has
 224 otherwise successfully completed all coursework required by the
 225 program.

226 (j) The professional or practical nursing education program
 227 has submitted to the board the established criteria for
 228 remediation that will be offered to students who do not
 229 successfully pass the exit examination.

230 (k) Beginning August 1, 2027, a program with a passage rate
 231 more than 10 percentage points lower than the average national
 232 passage rate during the same calendar year for graduates of

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233 comparable degree programs who are United States-educated,
 234 first-time test takers on the NCLEX, as calculated by the
 235 contract testing service of the National Council of State Boards
 236 of Nursing, offers a graduate nursing preceptorship to its
 237 graduates. If a graduate from such a program does not pass the
 238 NCLEX at the conclusion of his or her preceptorship, the
 239 professional or practical nursing education program must offer
 240 remediation to the graduate for free.

241 1. All programs are encouraged to offer a graduate nursing
 242 preceptorship to their graduates to provide opportunities for
 243 job shadowing, clinical training, nonclinical training, and
 244 patient care in a hospital setting. Graduates who have been
 245 issued a temporary provisional license under s. 464.008(5) may
 246 participate in such preceptorships. A graduate nursing
 247 preceptorship must last for 3 months, with the expectation that
 248 graduates will take the NCLEX at the conclusion of the
 249 preceptorship. Clinical preceptors shall oversee the
 250 preceptorship programs.

251 2. By January 1, 2027, the Florida Center for Nursing shall
 252 establish standards for graduate nursing preceptorships,
 253 including supervision requirements. The board shall incorporate
 254 the standards into rule.

255 (2) PROGRAM APPROVAL.—

256 (a) Upon receipt of a program application and review fee,
 257 the department shall examine the application to determine if it
 258 is complete. If the application is not complete, the department
 259 ~~must shall~~ notify the educational institution in writing of any
 260 errors or omissions within 30 days after the department's
 261 receipt of the application. A program application is deemed

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262 complete upon the department's receipt of:

263 1. The initial application, if the department does not
 264 notify the educational institution of any errors or omissions
 265 within the 30-day period; or

266 2. A revised application that corrects each error and
 267 omission of which the department notifies the educational
 268 institution within the 30-day period.

269 (b) Following the department's receipt of a complete
 270 program application, the board may conduct an onsite evaluation
 271 if necessary to document the applicant's compliance with
 272 subsection (1). Within 90 days after the department's receipt of
 273 a complete program application, the board shall:

274 1. Approve the application if it documents compliance with
 275 subsection (1); or

276 2. Provide the educational institution with a notice of
 277 intent to deny the application if it does not document
 278 compliance with subsection (1). The notice must specify written
 279 reasons for the board's denial of the application. The board may
 280 not deny a program application because of an educational
 281 institution's failure to correct an error or omission that the
 282 department failed to provide notice of to the institution within
 283 the 30-day notice period under paragraph (a). The educational
 284 institution may request a hearing on the notice of intent to
 285 deny the program application pursuant to chapter 120.

286 (c) A program application is deemed approved if the board
 287 does not act within the 90-day review period provided under
 288 paragraph (b).

289 (d) Upon the board's approval of a program application, the
 290 program becomes an approved program.

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291 (e) The board shall deny an application from a program that
 292 has had adverse action taken against it by another regulatory
 293 jurisdiction in the United States. The board may also revoke the
 294 approval of an existing approved program that has had adverse
 295 action taken against it by another regulatory jurisdiction in
 296 the United States. For purposes of this paragraph, the term
 297 "adverse action" means any administrative, civil, or criminal
 298 action imposed by a licensing board or other state authority
 299 against a program. The term includes actions such as revocation,
 300 suspension, probation, or any other encumbrance affecting the
 301 program's authorization to operate.

302 (3) ANNUAL REPORT.—By November 1 of each year, each
 303 approved program's director ~~program~~ shall submit to the board an
 304 annual report consisting ~~comprised~~ of an affidavit certifying
 305 continued compliance with subsection (1), a summary description
 306 of the program's compliance with subsection (1), and
 307 documentation for the previous academic year that, to the extent
 308 applicable, describes:

309 (a) The number of student applications received, qualified
 310 applicants, applicants accepted, accepted applicants who enroll
 311 in the program, students enrolled in the program, and program
 312 graduates.

313 (b) The program's retention rates for students tracked from
 314 program entry to graduation.

315 (c) The program's accreditation status, including
 316 identification of the accrediting agency.

317
 318 The board must terminate the program pursuant to chapter 120 if
 319 the requirements of this subsection are not met. Upon request,

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320 the board may give an extension for good cause not to exceed 60
 321 days for a program to meet the requirements of this subsection.
 322 If a program director is found to be in violation of this
 323 subsection, the board may impose a penalty listed in s.
 324 456.072(2).

325 (4) INTERNET WEBSITE.—The board shall publish the following
 326 information on its Internet website:

327 (a) A list of each accredited program conducted in the
 328 state and the program's graduate passage rates for the most
 329 recent 2 calendar years, which the department shall determine
 330 through the following sources:

331 1. For a program's accreditation status, the specialized
 332 accrediting agencies that are nationally recognized by the
 333 United States Secretary of Education to accredit nursing
 334 education programs.

335 2. For a program's graduate passage rates, the contract
 336 testing service of the National Council of State Boards of
 337 Nursing.

338 (b) The following data for each approved program, which
 339 includes, to the extent applicable:

340 1. All documentation provided by the program in its program
 341 application.

342 2. The summary description of the program's compliance
 343 submitted under subsection (3).

344 3. The program's accreditation status, including
 345 identification of the accrediting agency.

346 4. The program's probationary status.

347 5. The program's graduate passage rates for the most recent
 348 2 calendar years.

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349 6. Each program's retention rates for students tracked from
350 program entry to graduation.

351 (c) The average passage rates for United States educated,
352 first-time test takers on the National Council of State Boards
353 of Nursing Licensing Examination for the most recent 2 calendar
354 years, as calculated by the contract testing service of the
355 National Council of State Boards of Nursing. The average passage
356 rates shall be published separately for each type of comparable
357 degree program listed in subparagraph (5)(a)1., and individually
358 for each approved nursing program.

359
360 The information required to be published under this subsection
361 shall be made available in a manner that allows interactive
362 searches and comparisons of individual programs selected by the
363 website user. The board shall update the Internet website at
364 least quarterly with the available information.

365 (5) ACCOUNTABILITY.—

366 (a)1. An approved program must achieve a graduate passage
367 rate for first-time test takers which is not more than 10
368 percentage points lower than the average passage rate during the
369 same calendar year for graduates of comparable degree programs
370 who are United States educated, first-time test takers on the
371 National Council of State Boards of Nursing Licensing
372 Examination, as calculated by the contract testing service of
373 the National Council of State Boards of Nursing. For purposes of
374 this subparagraph, an approved program is comparable to all
375 degree programs of the same program type from among the
376 following program types:

377 a. Professional nursing education programs that terminate

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378 in a bachelor's degree.

379 b. Professional nursing education programs that terminate
380 in an associate degree.

381 c. Professional nursing education programs that terminate
382 in a diploma.

383 d. Practical nursing education programs.

384 2. If an approved program's graduate passage rates do not
385 equal or exceed the required passage rates for 2 consecutive
386 calendar years, the board must ~~shall~~ place the program on
387 probationary status pursuant to chapter 120 and the program
388 director must submit a written remediation plan to the board.
389 The program director must ~~shall~~ appear before the board to
390 present the a plan for remediation, which must ~~shall~~ include
391 specific nationally recognized benchmarks to identify progress
392 toward a graduate passage rate goal. The board must terminate a
393 program pursuant to chapter 120 if the program director fails to
394 submit a written remediation plan or fails to appear before the
395 board and present the remediation plan no later than 6 months
396 after the date of the program being placed on probation. The
397 board may impose a penalty listed in s. 456.072(2) on the
398 program director for such failure. The program must remain on
399 probationary status until it achieves a graduate passage rate
400 that equals or exceeds the required passage rate for ~~any~~ 1
401 calendar year. The board must ~~shall~~ deny a program application
402 for a new prelicensure nursing education program submitted by an
403 educational institution if the institution has an existing
404 program that is already on probationary status.

405 3. Upon the program's achievement of a graduate passage
406 rate that equals or exceeds the required passage rate, the

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407 board, at its next regularly scheduled meeting following release
 408 of the program's graduate passage rate by the National Council
 409 of State Boards of Nursing, shall remove the program's
 410 probationary status. If the program, during the 2 calendar years
 411 following its placement on probationary status, does not achieve
 412 the required passage rate ~~for any 1 calendar year~~, the board
 413 ~~must may extend the program's probationary status for 1~~
 414 ~~additional year, provided the program has demonstrated adequate~~
 415 ~~progress toward the graduate passage rate goal by meeting a~~
 416 ~~majority of the benchmarks established in the remediation plan.~~
 417 ~~If the program is not granted the 1-year extension or fails to~~
 418 ~~achieve the required passage rate by the end of such extension,~~
 419 ~~the board shall terminate the program pursuant to chapter 120.~~

420 (b) If an approved program fails to submit the annual
 421 report required in subsection (3), the board must ~~shall~~ notify
 422 the program director and president or chief executive officer of
 423 the educational institution in writing within 15 days after the
 424 due date of the annual report. The program director must ~~shall~~
 425 appear before the board at the board's next regularly scheduled
 426 meeting to explain the reason for the delay. The board must
 427 ~~shall~~ terminate the program pursuant to chapter 120 if the
 428 program director fails to appear before the board, as required
 429 under this paragraph, or if the program does not submit the
 430 annual report within 6 months after the due date.

431 (c) A nursing education program, whether accredited or
 432 nonaccredited, which has been placed on probationary status must
 433 ~~shall~~ disclose its probationary status in writing to the
 434 program's students and applicants. The notification must include
 435 an explanation of the implications of the program's probationary

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436 status on the students or applicants.

437 (d) If students from a program that is terminated pursuant
 438 to this subsection transfer to an approved or an accredited
 439 program under the direction of the Commission for Independent
 440 Education, the board must ~~shall~~ recalculate the passage rates of
 441 the programs receiving the transferring students, excluding the
 442 test scores of those students transferring more than 12 credits.

443 (e) Duly authorized agents or employees of the department
 444 may conduct onsite evaluations or inspections at any time during
 445 business hours to ensure that approved programs or accredited
 446 programs are in full compliance with this chapter, or to
 447 determine whether this chapter or s. 456.072 is being violated.
 448 The department may collect any necessary evidence needed to
 449 ensure compliance with this chapter or for prosecution, as
 450 deemed necessary. A program that refuses or fails to allow an
 451 onsite evaluation or inspection is deemed in violation of a
 452 legal obligation imposed by the board or the department.

453 (6) DISCLOSURE OF GRADUATE PASSAGE RATE DATA.-

454 (a) For each graduate of the program included in the
 455 calculation of the program's graduate passage rate, the
 456 department shall disclose to the program director, ~~upon his or~~
 457 ~~her written request~~, the name, examination date, and
 458 determination of whether each graduate passed or failed the
 459 National Council of State Boards of Nursing Licensing
 460 Examination, if such information is provided to the department
 461 by the contract testing service of the National Council of State
 462 Boards of Nursing. The department shall disclose to the program
 463 director the average passage rate for graduates from its program
 464 ~~written request must specify the calendar years for which the~~

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465 ~~information is requested.~~

466 (b) A program director to whom confidential information
467 exempt from public disclosure pursuant to s. 456.014 is
468 disclosed under this subsection must maintain the
469 confidentiality of the information and is subject to the same
470 penalties provided in s. 456.082 for department employees who
471 unlawfully disclose confidential information.

472 (c) The program director shall ensure that the graduate
473 average passage rate, as reported by the department, is posted
474 on the program's website.

475 (8) RULEMAKING.—The board does not have rulemaking
476 authority to administer this section, except that the board
477 shall adopt rules that prescribe the format for submitting
478 program applications under subsection (1) and annual reports
479 under subsection (3), to implement graduate nursing
480 preceptorships as established in paragraph (1)(k), to enforce
481 and administer subsection (5), and to administer the
482 documentation of the accreditation of nursing education programs
483 under subsection (11). The board may adopt rules relating to the
484 nursing curriculum, including rules relating to the uses and
485 limitations of simulation technology, and rules relating to the
486 criteria to qualify for an extension of time to meet the
487 accreditation requirements under paragraph (11)(f). The board
488 may not impose any condition or requirement on an educational
489 institution submitting a program application, an approved
490 program, or an accredited program, except as expressly provided
491 in this section.

492 (11) ACCREDITATION REQUIRED.—

493 ~~(f) An approved nursing education program may, no sooner~~

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494 ~~than 90 days before the deadline for meeting the accreditation~~
495 ~~requirements of this subsection, apply to the board for an~~
496 ~~extension of the accreditation deadline for a period which does~~
497 ~~not exceed 2 years. An additional extension may not be granted.~~
498 ~~In order to be eligible for the extension, the approved program~~
499 ~~must establish that it has a graduate passage rate of 60 percent~~
500 ~~or higher on the National Council of State Boards of Nursing~~
501 ~~Licensing Examination for the most recent calendar year and must~~
502 ~~meet a majority of the board's additional criteria, including,~~
503 ~~but not limited to, all of the following:~~

504 1. ~~A student retention rate of 60 percent or higher for the~~
505 ~~most recent calendar year.~~

506 2. ~~A graduate work placement rate of 70 percent or higher~~
507 ~~for the most recent calendar year.~~

508 3. ~~The program has applied for approval or been approved by~~
509 ~~an institutional or programmatic accreditor recognized by the~~
510 ~~United States Department of Education.~~

511 4. ~~The program is in full compliance with subsections (1)~~
512 ~~and (3) and paragraph (5)(b).~~

513 5. ~~The program is not currently in its second year of~~
514 ~~probationary status under subsection (5).~~

515 ~~The applicable deadline under this paragraph is tolled from the~~
516 ~~date on which an approved program applies for an extension until~~
517 ~~the date on which the board issues a decision on the requested~~
518 ~~extension.~~

519 Section 3. This act shall take effect July 1, 2026.
520

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2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Department of Health

BILL INFORMATION	
BILL NUMBER:	SB 254
BILL TITLE:	Nursing Education Programs
BILL SPONSOR:	Harrell
EFFECTIVE DATE:	07/01/2026

COMMITTEES OF REFERENCE
1) N/A
2) N/A
3) N/A
4) N/A
5) N/A

CURRENT COMMITTEE
N/A

SIMILAR BILLS	
BILL NUMBER:	HB 121
SPONSOR:	Overdorf

PREVIOUS LEGISLATION	
BILL NUMBER:	SB 526, HB 919
SPONSOR:	Harrell, Overdorf
YEAR:	2025
LAST ACTION:	

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

Is this bill part of an agency package?
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

BILL ANALYSIS INFORMATION	
DATE OF ANALYSIS:	10/23/2025
LEAD AGENCY ANALYST:	Dayle DeCastro Mooney, Acting Executive Director, Florida Board of Nursing For further information, please contact JP Bell at (850) 245-4006.
ADDITIONAL ANALYST(S):	Click or tap here to enter text.
LEGAL ANALYST:	Click or tap here to enter text.
FISCAL ANALYST:	Click or tap here to enter text.

POLICY ANALYSIS

1. EXECUTIVE Summary

The bill amends section 464.008, Florida Statutes (F.S.), and creates a new temporary provisional license for graduate registered nurses and graduate practical nurses pending results of their first attempt at passing licensure examination. The bill amends section 464.019, F.S., related to the requirements for pre-licensure nursing education programs and expands the Board of Nursing's authority to deny approval or terminate program approval for low examination pass rates, non-compliance with annual reporting requirements, or adverse actions taken in other United States' jurisdictions. The bill establishes graduate nursing preceptorship programs and establishes specific responsibilities for nursing program directors and allows individual disciplinary action to be taken for programmatic non-compliance.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Florida Board of Nursing (Board) is required by section (s.) 464.019, Florida Statutes (F.S.), to review and approve pre-licensure education programs for professional (RN) or practical nursing (LPN) located within Florida. Applications are reviewed in accordance with the requirements of s. 464.019, F.S., and Chapter 64B9-2, Florida Administrative Code (F.A.C.).

The Board does not have regulatory oversight of pre-licensure nursing programs that are not located within Florida.

As of July 1, 2025, there are 315 Registered Nurse (RN) and 197 Practical Nursing (LPN) programs currently approved by the Board.

Pre-Licensure Nursing Education Program Accreditation

Accreditation in nursing education is a formal recognition process that assesses the quality of nursing programs against established standards. Accreditation status can be awarded to an institution that offers a pre-licensure nursing education program, to the pre-licensure nursing education program specifically, or both. Further, there is distinction between national and regional accreditation. National accreditation evaluates specific programs, such as nursing, and accreditation is recognized throughout the United States. Regional accreditation is an evaluation of the institution as a whole and is awarded by an organization that has jurisdiction over specific U.S. geographic regions. Section 464.019, F.S., does not require regional accreditation and the Department does not maintain data on those programs which have obtained regional accreditation.

Once approved, RN programs are required to obtain accreditation from a specialized nursing accreditation agency, nationally recognized by the United States Secretary of Education, within five years of the date that students are first enrolled. The United States Secretary of Education currently recognizes:

- Accreditation Commission for Education in Nursing, Inc. (ACEN)
- Commission on Collegiate Nursing Education (CCNE)
- National League for Nursing, Commission for Nurse Education Accreditation (NLN)

Programs may request a one-time, two-year extension of the timeframe by which accreditation is required under the following circumstances:

- The program must apply to the Board for an extension no more than 90 days before the accreditation deadline.
- Must have NCLEX passage rates of 60 percent or higher
- Student retention rates for the most recent calendar year must be 60 percent or higher.
- Graduate work placement rate for the most recent calendar year must be 70 percent or higher.
- The program must have applied for or been approved by a United States Department of Education recognized institutional or programmatic accreditor.

NCLEX Passage Rates

The Board receives graduate passage rates for the National Council Licensure Examination (NCLEX) on a quarterly basis from the National Council of State Boards of Nursing's (NCSBN) contracted vendor, Pearson Vue.

In 2024, Florida's first-time pass rate for the NCLEX for Registered Nurses (NCLEX-RN) was 84.9%, compared to the national average of 91.16%. For the NCLEX for Practical Nurses (NCLEX-PN), Florida's pass rate was 80.78%, while the national average stood at 88.38%. These figures positioned Florida last among all 50 states for nursing exam pass rates in 2024.

Probationary Status

In February 2025, 13 RN programs and 10 LPN programs were placed on initial probationary status based on low NCLEX passage rates. Of the 23 programs placed on probation, 20 are private, for-profit entities. In 2024, three LPN programs and 13 RN programs were placed on probation. Of the 16 programs placed on probation in 2024, 12 were private, for-profit entities.

Section 464.019(5)(a), F.S., also requires the Board to deny any new program applications submitted by an institution with an existing program that is on probation.

Annual Reporting

In accordance with s. 464.019, F.S., approved programs are required to submit an annual report by November 1st for the preceding July 1-June 30 academic year which must include:

- The number of student applications received, the number of qualified applicants, the number of applicants accepted into the program, the number of enrolled students, and the number of program graduates.
- The program's retention rates for students tracked from program entry to graduation.
- The program's accreditation status and accreditation body.

Programs that fail to submit the required annual report are notified in writing by the Board, and the program director is required to appear at the next regularly scheduled Board meeting. The Board is required to terminate programs that fail to submit the annual report within six months of the due date and fail to appear before the Board of Nursing.

The 2025 annual reports are due before April 30, 2026. There were no programs terminated for failing to submit their 2024 annual report. The Board terminated 31 programs for failing to submit their 2023 annual report.

Graduate Nurses

Sections 464.015, F.S. 464.022(4), F.S., and Rule 64B9-3.003, F.A.C., authorize a Graduate Nurse or a Graduate Practical Nurse to practice nursing under the direct supervision of an RN for the time period between being authorized to take the NCLEX-RN or NCLEX-PN by the Board and receipt of results of the first licensure examination for which they are eligible. A Graduate Nurse is automatically authorized to practice by statute and rule and is not currently issued any type of license nor is this status reflected on MQA's Online License Verification website.

Eligible applicants are notified by correspondence of his/her Graduate Nurse status which terminates, regardless of passage or failure, upon receipt of first attempt test results. Successful testers are immediately licensed while unsuccessful applicants are required to re-apply for authorization to re-take the examination. Graduate Nurse status cannot be renewed, extended or granted to re-examination applicants. Further, an applicant who is eligible for the NCLEX-RN but elects to take the NCLEX-PN based on LPN education equivalency and fails the NCLEX-PN is not eligible for Graduate Nurse status if he or she applies for RN licensure.

For FY 2024-2025, the Department of Health (Department) received 5,527 initial LPN applications and 28,754 initial RN applications for licensure by examination.

Preceptorships

Section 464.003(7), F.S., defines clinical preceptor to mean a registered nurse or licensed practical nurse who is employed by a clinical training facility to serve as a role model and clinical resource person for a specified period to students enrolled in an approved program.

Programs can choose to use program faculty to supervise their students during clinical training. They are not mandated to use a clinical preceptor.

As part of a nursing education program's application, the program must include documentation that they have written policies for faculty which include provisions for direct or indirect supervision by program faculty or clinical preceptors for students in clinical training consistent with specified standards.

Nurse Written Protocol Agreements

Nurses who supervise Graduate Nurses are not currently required to submit a written protocol agreement to the Department.

Section 464.012(3), F.S., requires that an advanced practice registered nurse (APRN) establish a written supervisory protocol with at least one physician unless he or she is registered for autonomous practice in accordance with s.464.0123, F.S. In June of 2017, House Bill 453 amended s. 464.012(3), F.S. to remove the requirement for this written protocol to be submitted, reviewed and maintained by the Board of Nursing. Since that time, APRNs must maintain their protocol onsite at his or her place of employment. Supervising physicians are responsible for notifying the Board of Medicine that they have entered into a supervisory relationship with an APRN but, are likewise not required to submit a copy of the agreement. A

Passage Rate Data

In accordance with section 464.019(6)(a), F.S., the Board releases detailed reports on a program's graduate passage rate that include the name, examination date, and determination of whether each graduate passed or failed the NCLEX upon request of the program director. Upon receipt of the request, the reports are generated from the NCSBN data system and released through the Department's secure file transfer system. Program directors are not limited in the number or frequency of data requests that can be submitted and may request personalized reporting periods dependent on his or her program's needs. This data can only be accessed by the Board. Program directors do not have access to this information directly from the NCSBN.

Section 464.019(8), F.S., prohibits the Board from promulgating rules to administer the provisions of section 464.019(6), F.S., so the Board is unable to develop a rule to identify the frequency of providing such reports.

Florida Center for Nursing

The Florida Center for Nursing (FCN), established under s. 464.0195, F.S., serves as the state's nursing workforce research entity, focusing on data collection, analysis, and reporting to address nursing shortages and educational outcomes.

Regarding preceptorships, the FCN is charged with:

- Developing recommendations to increase nurse faculty and clinical preceptors, support nurse faculty development, and promote advanced nurse education
- Developing best practices in the academic preparation and continuing education needs of qualified nurse educators, nurse faculty, and clinical preceptors
- Piloting innovative projects to support the recruitment, development, and retention of qualified nurse faculty and clinical preceptors

2. EFFECT OF THE BILL:

Section 1 – Temporary Provisional Licenses

The bill expands the provisions of Rule 64B9-3.003, F.A.C., by requiring the Department to issue a temporary license to Graduate Nurses or Graduate Practical Nurses. Based on the statutory definition in s. 464.015, F.S., of Graduate Registered Nurse and Graduate Practical Nurse, the temporary provisional licensure can only be issued to first time test takers. Since Graduate Nurses are already permitted to practice without the issuance of a formal license, this is duplicative of the current process and adds a regulatory burden. The bill establishes that temporary

licensure may not be granted for more than 180 days from issuance, may not be renewed, and automatically expires upon issuance of the nursing license or the applicant's failure to pass the examination.

The bill aligns with s. 464.022(4), F.S., by requiring all graduate nurses to practice under the direct supervision of RNs. The bill adds a requirement for every RN or LPN, who will supervise a Graduate Registered Nurse or Graduate Practical Nurse to file a written protocol with the Department.

Implementation would require revisions to the examination application for applicants to choose to be issued a temporary permit and to specify those individuals who may directly supervise him or her during the 180-day temporary provisional licensure period and provide a mechanism for those identified nurses to submit the required written protocols. The bill requires the Board to adopt rules to implement this provision. It is expected such rules would establish required elements to be contained in the protocol that the Department may be required to verify and procedures for addressing non-compliance identified through the complaint process. This would require additional resources that cannot be absorbed.

Section 2 – Approval of Nursing Education Programs

Application

The bill requires the legal name of the nursing education program director to be included on the program application and that the educational degree requirements must be certified as true and accurate by the program director.

The bill adds the following requirements for professional or practical nursing programs, which must also be documented in the program application:

- Must have established evaluation and standardized admission criteria.
- Admission criteria must identify those students who are likely to need additional preparation and educational support to be successful graduates and maintain an individual student academic support plan for those identified.
- Must administer an exit examination that is a national, standardized, and comprehensive predictor exam designed to help nursing students assess their readiness for the NCLEX to all students.
- Students who have successfully completed all other required coursework may not be excluded from graduation based on exit examination results.
- Programs must submit to the Board the established criteria for remediation that will be available to students who do not pass the exit examination.

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The bill requires that, beginning August 1, 2027, any nursing education program with NCLEX passage rates more than 10 percentage points below the national average must offer a graduate nursing preceptorship to its graduates.

As written, it is unclear whether graduate nurse preceptorships offered by programs with NCLEX passage rate more than 10 percentage points less than the national average for would be required to comply with the mandate that preceptorships be three months in duration with the expectation that graduates take the NCLEX at the conclusion of the preceptorship, or that the graduate nurse preceptorships be overseen by clinical preceptors.

Florida Center for Nursing

The bill requires the Florida Center for Nursing (FCN) to establish standards for preceptorships between July 1, 2026, and January 1, 2027, including supervision requirements, which take place after a student graduates from an approved program. It is unclear whether the Board or the FCN has sufficient authority under s. 464.0196, F.S., to implement the proposed language if the ability to establish standards for graduate nursing preceptorships does not fall within the major functions of the FCN set out in s. 464.0195, F.S.

The bill requires the Board to incorporate the established standards into rule. It also mandates that, beginning August 1, 2027, all nursing program applications document offering a graduate nursing preceptorship in compliance with the same standards. The bill may not provide sufficient time for rulemaking to proceed through the process established by Chapter 120, F.S. Additionally nursing program applicants may not be able to develop compliant graduate nursing preceptorship programs before August 1, 2027.

The Board will be required to revise the program application to capture this information. Rule 64B9-2.017, F.A.C., will be amended under existing rulemaking authority to incorporate the revised program application.

Program Approval

The bill amends s. 464.019(2), F.S., regarding program approval to require the Board to deny the application of a program who has had adverse actions taken against it by another regulatory jurisdiction in the United States. The term “adverse action” is defined as administrative, civil or criminal action imposed upon a program by a licensing board or other state authority including revocation, suspension, probation, or any other encumbrance affecting the program’s ability to operate. The bill authorizes the Board to revoke existing program approval under the same circumstances.

Annual Report

The bill specifies that the program director is responsible for submission of the annual report required by s. 464.019(3), F.S., and subjects him or her to discipline under s. 456.072(2), F.S.

The bill requires the Board to terminate program approval pursuant to Chapter 120, F.S., for failure to satisfy annual reporting requirements. The Board may give an extension for good cause not to exceed 60 days for the program to comply with reporting requirements.

Accountability

The bill requires directors of programs who fail to maintain required pass rates for two consecutive years to appear before the Board to present a written remediation plan which includes nationally recognized benchmarks to identify progress toward a graduate passage rate goal.

Should the program director fail to submit a compliant remediation plan or appear before the Board to make the required presentation within six months after the start of the probationary period, the Board is required to terminate the program, and the program director is subject discipline under s. 456.072(2), F.S.

Programs that fail to achieve the required passage rate within two years of being placed on probation must be terminated by the Board. The bill removes the option for a program to request a one-year extension.

Onsite Evaluation Authority

The bill grants the Department, or a duly authorized agent, the authority to conduct onsite evaluations or inspections, and to collect any necessary evidence, of approved programs to verify compliance with chapter 464, F.S., or s. 456.072, F.S. An example of such an investigation would be an allegation that a nursing education program is issuing fraudulent transcripts. In the event of such investigation, the Department will collect evidence to be provided directly to the Board for disciplinary action on the program. Neither the Board nor the Department have this investigative authority currently.

The Department will experience a recurring increase in workload associated with the enforcement of this bill related to evaluations, inspections, and investigations. Based on information identified during Operation Nightingale, 28 of 512 approved programs were alleged to be operating out of compliance with chapter 464, F.S. or s. 456.072, F.S.. The workload will be significant and cannot be absorbed within existing resources and budget authority. Based on previous information from non-compliant education programs, it is estimated there may be 28 evaluations, inspections and investigations annually. Additionally, these inspections and investigations will require specialized skills in nursing education as well as investigative skills. It is anticipated that these specialized inspections and investigations will require nurse consultants with specialized skills. 2 FTE positions will be required due to the time, complexity, and requirements.

Disclosure of Graduate Passage Rate Data Reporting Requirements

The bill requires the Department to provide all program directors with the average pass rate for graduates from its program and the name, examination date, and determination of whether each graduate passed or failed the NCLEX. As written, it is unclear whether the Department would be obligated to provide this information to the 315 Registered Nurse (RN) and 197 Practical Nursing (LPN) program directors on an annual basis or quarterly in alignment with the NCSBN’s data released schedule. In the absence of a specified frequency, it is expected that such reports would be provided on an annual basis.

The Board will experience an increase in workload associated with the mandated requirement to provide detailed reports to all program directors that cannot be determined without specifying how frequently such data reports are to be provided. Section 464.019(8), F.S. prohibits the Board from promulgating rules to administer the provisions of s. 464.019(6), F.S. If this data is provided to each program director just once annually, the workload can be absorbed with current resources as it is estimated to take 125 hours, or 15 working days, to compile and report the required data to 512 programs. If the data is expected to be provided quarterly, it is estimated to take approximately 60 working days to complete. This cannot be absorbed with existing resources, and 1 FTE would be needed to carry out these duties. It is suggested the bill language is clarified to specify this data be provided annually.

The bill requires the program director to ensure the graduate average pass rate is posted on the program’s website.

Rulemaking

The bill expands the Board’s rulemaking authority to include implementation of graduate nursing preceptorships in paragraph (1)(k) and to enforce and administer subsection (5). It removes authority to adopt rules to implement paragraph (11)(f).

Accreditation

The bill repeals the Board’s authority to grant approved programs an extension of the timeframe by which they are required to obtain accreditation. Programs that fail to obtain accreditation within five (5) years will be required to be terminated by the Board.

SECTION 3

The bill provides a July 1, 2026, effective date.

3. Does the Legislation direct or allow the AGENCY/BOARD/COMMISSION/ DEPARTMENT to develop, adopt, or eliminate rules, regulations, policies, or procedures?
 Y N

If yes, explain:	Line 109 of the bill requires the Board to adopt rules to implement provisions related to the direct supervision of a Graduate Nurse or a Graduate Practical Nurse under a temporary provisional license and the filing of a written protocol with the Department. Line 253-254 of the bill requires the Board to incorporate into Rule the standards for graduate nursing preceptorship that are to be established by the Florida Center for Nursing by January 1, 2027. Line 479-481 of the bill allow the Board to adopt rules to implement graduate nursing preceptorships and to enforce and administer subsection (5) related to nursing program accountability. This would include onsite evaluations or inspections.
Is this change consistent with the agency’s core mission?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Rule(s) impacted (provide references to F.A.C., etc.):	64B9-3.003, F.A.C. – Practice of Nursing by Applicant for Licensure by Examination New rules would be required to address graduate nurse preceptorships and onsite evaluations or inspections. 64B9-2.017, F.A.C. – Approval of Nursing Education Programs

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

List any known proponents and opponents:	Unknown
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Provide a summary of the proponents' and opponents' positions:	Unknown
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 5. Are there any reports or studies required by this LEGISLATION? Y N

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. Are there any NEW GUBerNATORIAL APPOINTMENTS or changes to existing boards, task forces, councils, commissionS, eTC. requiRed by this LEGISLATION? Y N

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

FISCAL ANALYSIS

1. Does the legislation have a fiscal impact to LOCAL GOVERNMENT? Y N

Does the legislation increase local taxes or fees?	Unknown
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2. Does the legislation have a fiscal impact to STATE GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	<p>To support the implementation of the provisions included in the bill, the Department requests 4 (four) Full-Time Equivalent Government Analyst II (FTE) positions and 4 (four) Full-Time Equivalent Registered Nursing Consultants. Due to the complexity of the workload, all positions are calculated at the maximum hiring range.</p> <p>These positions will be responsible for managing temporary provisional licensure processing and reviewing protocols for licensure. Based on the 2024-25 Annual Report, it is estimated that 5,527 Licensed Practical Nurse and 28,754 Registered Nurse applicants may apply for provisional licensure. Due to examination requirements, this will require the board to review all applications twice resulting in significant workload. In addition, the Board will require an expert that will review additional requirements for Nursing Program applications. Therefore, the workload impact will be significant and cannot be absorbed within existing resources. Therefore, 3 (three) Full-Time Equivalent Government Analyst II (PG 026) and 1 (one) Registered Nursing Consultant (PG 078) is requested for the board office for application review.</p> <p>The Board will experience an increase in workload associated with the mandated requirement to provide detailed reports to all program directors that cannot be determined as written. If the data is expected to be provided quarterly, it is estimated to take approximately 60 working days to complete. This cannot be absorbed within existing resources, and 1 FTE would be</p>

	<p>needed to carry out these duties. One Government Analyst II (PG 026) is requested.</p> <p>The Department will experience a recurring increase in workload associated with the enforcement of this bill related to evaluations, inspections, and investigations. The workload will be significant and cannot be absorbed within existing resources and budget authority. Based on previous information from non-compliant education programs, it is estimated there may be 28 evaluations, inspections and investigations annually. It is estimated that each evaluation, inspection and investigation will take a minimum of three weeks (120 hours) per case to complete for an estimated 3,360 hours (120 hours x 28) hours per fiscal year which includes time estimate for travel and investigations throughout the State. 2 Registered Nursing Consultant positions are requested for evaluation and case management and 1 Registered Nursing Consultant Position is requested for travel for field office inspections and investigations. Therefore, a total of 3 Registered Nursing Consultants (PG 078) are requested. Salary is computed at the maximum-level range of the position plus 43% for benefits.</p> <p>In addition, the Department will experience a non-recurring increase in workload associated with technology system requirements due to the provisions of this bill. Updates to fully integrate this bill are estimated to take nine months. This reflects a minimum of 1,392 of non-recurring staff augmentation contracted hours at \$120/hour for a total cost of \$167,040 (1,392 x \$120) in contracted services.</p> <p><u>Total Annual Cost \$1,477,479</u> Salary Rate: 872,744 Salaries and benefits (010000): \$1,187,404/Recurring Contracted Services (100777): \$167,040/Non-Recurring HR (107040): \$2,813/Recurring Expense (040000): \$47,496 Non-Recurring / \$72,726 Recurring</p>
Does the legislation contain a State Government appropriation?	No.
If yes, was this appropriated last year?	N/A

3. Does the legislation have a fiscal impact to the PRIVATE SECTOR? Y N

Revenues:	Unknown
Expenditures:	Unknown
Other:	Unknown

4. Does the legislation increase or decrease taxes, fees, or fines? Y N

Does the bill increase taxes, fees or fines?	N/A
Does the bill decrease taxes, fees or fines?	N/A
What is the impact of the increase or decrease?	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

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

<p>If yes, describe the anticipated impact to the agency including any fiscal impact.</p>	<p>The Department will experience a non-recurring increase in workload associated with updating application and licensure modules to track non-standard licensure cycles and adding inspections and compliance reporting in the Licensing and Enforcement Information Database System (LEIDS) and Iron Data Module (IDM) for inspections; developing intake functionality for written protocols; updates to exam configuration in LEIDS and data sharing interfaces with exam vendor; updates to License Verification and Search Services; and updates to customer contact center virtual agent (ELI) for voice and web, board websites. Current resources and budget authority are inadequate to absorb the requirements.</p>
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FEDERAL IMPACT

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

<p>If yes, describe the anticipated impact including any fiscal impact.</p>	<p>N/A</p>
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ADDITIONAL COMMENTS

The Department is undergoing a system transformation for its licensing and enforcement database system, which will include data migration and system testing at key transitory points during FY 2025-26 through 2027-28. Replacement of the core system DOH/MQA uses to process applications, maintain licenses, and complete discipline and compliance activities may impact the timing of legislative implementation that requires changes to the current system. The project also will require significant commitment of system support personnel, and may necessitate deferring changes to profession configuration, license types or enforcement actions until the new system is deployed.

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

<p>Does the proposed legislation conflict with existing federal law, or regulations? If so, what laws and/or regulations?</p> <p>Does the proposed legislation raise significant constitutional concerns under the U.S. or Florida Constitutions (e.g. separation of powers, access to the courts, equal protection, free speech, establishment clause, impairment of contracts)?</p>	<p>Section 464.022(4), F.S., currently permits the practice of nursing by prelicensure nursing education program graduates who are waiting on results of the first licensing exam after graduation, if they are under the direct supervision of a RN. The Board has adopted Rule 64B9-3.003, F.A.C., to implement this statute. Lines 92-110 appear to expand this practice and would require the Board to revise its rule.</p> <p>Line 95 refers to "graduate registered nurse" but that is not consistent with existing references in section 464.015, F.S., or Rule 64B9-3.003, F.A.C., which refer to "graduate nurse."</p> <p>Lines 106-110 allowing RNs and LPNs to directly supervise a "graduate registered nurse" or "graduate practical nurse" under this section do not align with the existing language in section 464.022(4), F.S., that requires direct supervision only by a registered professional nurse. (i.e., an RN)..</p> <p>Line 391 requires programs to use "nationally recognized" benchmarks but does not include examples or named groups that would meet this requirement.</p>
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<p>Is the proposed legislation likely to generate litigation and, if so, from what interest groups or parties?</p>	
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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 688

INTRODUCER: Senator Rodriguez

SUBJECT: Naturopathic Medicine

DATE: February 24, 2026

REVISED: _____

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

I. Summary:

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

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

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

The bill has an indeterminate, significant negative fiscal impact on the DOH. **See Section V., Fiscal Impact Statement.**

The bill takes effect December 31, 2026.

II. Present Situation:

Naturopathy

The term “naturopathy” was used in the late nineteenth century to refer to an emerging system of natural therapies and philosophy to treat disease. Naturopathic physicians diagnose, treat, and

care for patients using a system of practice that bases treatment on natural laws governing the human body. These practitioners may provide treatment to patients using psychological, mechanical, and other means to purify, cleanse, and normalize human tissues for the preservation and restoration of health. This may include the use of air, water, light, heat, earth, food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor surgery, and naturopathic manipulation. Naturopathic physicians are trained in standard medical sciences and in the use and interpretation of standard diagnostic instruments. Naturopathic medicine stresses a holistic approach to health care, which involves studying and working with the patient mentally and spiritually, as well as physically, and developing an understanding of the patient in the patient's chosen environment.

Florida Licensure and Regulation of Naturopathy

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

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

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

¹ Chapter 8415, Laws of Fla.

² Chapter 12286, Laws of Fla.

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

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

⁵ Chapter 57-129, Laws of Fla.

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

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

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

At this time, there are no naturopathic physicians licensed in Florida.¹²

Other State Licensure of Naturopathy¹³

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

Education Accreditation and Requirements

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

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

⁷ Chapter 59-164, Laws of Fla.

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

⁹ Section 462.023, F.S.

¹⁰ *Id.*

¹¹ Section 462.16, F.S.

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

¹³ *Id.*

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

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

Examination

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

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

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

III. Effect of Proposed Changes:

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

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

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

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

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

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

The bill expressly excludes from the scope of naturopathic medicine:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

¹⁴ Department of Health, 2024 House Bill 843 Legislative Bill Analysis (Dec. 19, 2023) (on file with the Senate Committee on Health Policy).

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

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

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

Section 25 provides an effective date of December 31, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

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

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

B. Private Sector Impact:

Under the bill, naturopathic doctors wishing to be licensed in Florida must pay for the cost of a criminal background check and may be subject to a biennial licensure renewal fee.

C. Government Sector Impact:

According to the Department of Health (DOH), the creation of a regulatory framework for a new profession will have a significant, yet indeterminate negative fiscal impact on state expenditures that cannot be absorbed within existing resources. The DOH will be required to process applications, provide customer service, update technology systems, and staff additional board meetings. The DOH will need four full-time-equivalent positions and related expenses to accomplish the provisions in the bill at an annual cost of \$511,010.¹⁵ Because it is unclear how many applicants will seek initial licensure, the fiscal impact is indeterminate.

VI. Technical Deficiencies:

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

VII. Related Issues:

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

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

¹⁵ Department of Health, 2026 Legislative Bill Legislative Bill Analysis (SB 688) (Dec. 3, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

VIII. Statutes Affected:

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

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

This bill repeals section 462.17 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

By Senator Rodriguez

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

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

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

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

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

58 462.001 Legislative findings; purpose.—The Legislature

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

68 (1) Naturopathy is offered by naturopaths in this state.

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

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

75 462.002 Exceptions.—

76 (1) This chapter does not apply to:

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

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

87 (c) Naturopathic residents practicing under the direct

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

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

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

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

102 (2) This chapter does not prohibit:

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

105 (b) Any person:

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

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

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

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117 b. Represent or assume the character or appearance of a
 118 person described in s. 462.006.
 119 Section 4. Section 462.01, Florida Statutes, is renumbered
 120 as section 462.003, Florida Statutes, and amended to read:
 121 462.003 462-01 Definitions.-As used in this chapter, the
 122 term:
 123 (1) "Board" means the Board of Naturopathic Medicine.
 124 (2) "Department" means the Department of Health.
 125 (3) "Naturopathic doctor" means a person who is licensed to
 126 practice naturopathic medicine under this chapter.
 127 (4) (a) "Naturopathic medicine" and "practice of
 128 naturopathic medicine" mean the diagnosis, prevention, and
 129 treatment by a naturopathic doctor of any deformity, disease,
 130 injury, pain, or other physical or mental condition using
 131 botanical or fungal extracts, clinical nutrition, counseling
 132 techniques, dietary supplements, environmental medicine,
 133 homeopathic remedies, imaging studies, laboratory testing,
 134 lifestyle medicine, natural substances, physical exam, or
 135 physical medicine in a manner consistent with the education
 136 offered by naturopathic doctoral degree programs accredited by,
 137 or having candidacy status with, the Council on Naturopathic
 138 Medical Education or another accrediting agency recognized by
 139 the United States Department of Education or the board, and
 140 applied in a manner consistent with the principles of
 141 naturopathic medicine and the naturopathic therapeutic order
 142 defined herein.
 143 (b) The term does not include any of the following:
 144 1. Prescribing, dispensing, or administering any legend
 145 drug or prescription drug outside of natural, non-pharmacologic

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146 substances, including, but not limited to, vitamin B12.
 147 2. Performing any surgical procedure.
 148 3. Practicing or claiming to practice as a medical doctor
 149 or physician, an osteopathic physician, a dentist, a podiatric
 150 physician, an optometrist, a psychologist, a nurse practitioner,
 151 a physician assistant, a chiropractic physician, a physical
 152 therapist, an acupuncturist, a midwife, or a health care
 153 practitioner as defined in s. 456.001.
 154 4. Using general or spinal anesthetics.
 155 5. Administering ionizing radioactive substances.
 156 6. Performing chiropractic or osteopathic adjustments or
 157 manipulations that include high-velocity thrusts at or beyond
 158 the end range of normal joint motion, unless the naturopathic
 159 doctor is also licensed as a chiropractic physician or an
 160 osteopathic physician.
 161 7. Performing acupuncture, unless the naturopathic doctor
 162 is also licensed as an acupuncturist.
 163 8. Managing labor and delivery, unless the naturopathic
 164 doctor is also a licensed midwife.
 165 (5) "Naturopathic therapeutic order" means a principle
 166 defined by the American Association of Naturopathic Physicians
 167 to guide naturopathic doctors in resolving a patient's symptoms
 168 and addressing the root cause of a patient's disease while using
 169 the least amount of therapeutic force necessary.
 170 (6)(1) "Naturopathy" and "Naturopathy" is shall be
 171 construed as synonymous with "traditional naturopathy" and is
 172 understood to be distinct from naturopathic medicine, and means
 173 the traditional, noninvasive health practice offered by
 174 naturopaths and traditional naturopaths focusing on education

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

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

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

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204 of the following principles:

205 (a) The healing power of nature.

206 (b) Identify and treat the causes.

207 (c) First do no harm.

208 (d) Doctor as teacher.

209 (e) Treat the whole person.

210 (f) Prevention.

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

213 462.004 Board of Naturopathic Medicine.—

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

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

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

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

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

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

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

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

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

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

250 462.006 License required.-

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

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

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

261 462.007 Licensure by examination.-

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

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

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

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

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

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

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

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291 Education or the board.

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

294 (e) Is of good moral character.

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

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

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

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

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

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

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

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

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

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

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

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

346 462.009 ~~462-08~~ Renewal of license to practice naturopathic
 347 medicine ~~naturopathy~~.

348 (1) In order to continue practicing naturopathic medicine

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

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

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

364 462.011 462.18 Continuing education Educational
 365 requirements.-

366 (1) At the time each licensee renews ~~shall renew~~ her or his
 367 license as ~~otherwise provided in s. 462.009 this chapter~~, each
 368 licensee must, in addition to the payment of the regular renewal
 369 fee, ~~shall~~ furnish to the department satisfactory evidence that,
 370 in the preceding biennial period, the licensee has completed the
 371 continuing education requirements of this section.

372 (2) The board shall require each licensee to complete at
 373 least 60 hours of continuing education during each biennial
 374 renewal period.

375 (a) The board shall approve organizations that accredit
 376 naturopathic continuing education providers, including, but not
 377 limited to, the American Association of Naturopathic Physicians

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 378 and the North American Naturopathic Continuing Education
 379 Accreditation Council.

380 (b) The determination of whether substitute continuing
 381 education programs are permissible is solely within the
 382 discretion of the board.

383 (3) The licensee must use the electronic continuing
 384 education tracking system developed by the department under s.
 385 456.0361 to demonstrate compliance with the continuing education
 386 requirements of this section year preceding each such
 387 application for renewal, the licensee has attended the 2-day
 388 educational program as promulgated and conducted by the Florida
 389 Naturopathic Physicians Association, Inc., or, as a substitute
 390 therefor, the equivalent of that program as approved by the
 391 department. The department shall send a written notice to this
 392 effect to every person holding a valid license to practice
 393 naturopathy within this state at least 30 days prior to May 1 in
 394 each even-numbered year, directed to the last known address of
 395 such licensee, and shall enclose with the notice proper blank
 396 forms for application for annual license renewal. All of the
 397 details and requirements of the aforesaid educational program
 398 shall be adopted and prescribed by the department. In the event
 399 of national emergencies, or for sufficient reason, the
 400 department shall have the power to excuse the naturopathic
 401 physicians as a group or as individuals from taking this
 402 postgraduate course.

403 ~~(2) The determination of whether a substitute annual~~
 404 ~~educational program is necessary shall be solely within the~~
 405 ~~discretion of the department.~~

406 Section 12. Section 462.19, Florida Statutes, is renumbered

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407 as section 462.012, Florida Statutes, and amended to read:

408 462.012 ~~462.19~~ Renewal of license; inactive status;
409 reactivation of license.-

410 (1) A licensee may reactivate an inactive license by
411 applying to the department.

412 (2) The board shall adopt rules relating to the
413 reactivation of licenses that have become inactive and the
414 renewal of inactive licenses. The rules must include continuing
415 education requirements as a condition for reactivating a
416 license. The continuing education requirements for reactivating
417 a license may not be fewer than 20 classroom hours for each year
418 the license was inactive.

419 ~~(1) The department shall renew a license upon receipt of~~
420 ~~the renewal application and fee.~~

421 ~~(2) A licensee may request that her or his license be~~
422 ~~placed in an inactive status by making application to the~~
423 ~~department and paying a fee in an amount set by the department~~
424 ~~not to exceed \$50.~~

425 Section 13. Section 462.14, Florida Statutes, is renumbered
426 as section 462.017, Florida Statutes, and amended to read:

427 462.017 ~~462.14~~ Grounds for disciplinary action; ~~action by~~
428 ~~the department.~~-

429 ~~(1)~~ The following acts constitute grounds for denial of a
430 license or disciplinary action, as specified in s. 456.072(2):

431 (1)(a) Attempting to obtain, obtaining, or renewing a
432 license to practice naturopathic medicine by bribery, by
433 fraudulent misrepresentation, or through an error of the
434 department.

435 (2)(b) Having a license to practice naturopathic medicine

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436 revoked, suspended, or otherwise acted against, including the
437 denial of licensure, by the licensing authority of another
438 state, territory, or country.

439 ~~(3)(e)~~ Being convicted or found guilty, regardless of
440 adjudication, of a crime in any jurisdiction which directly
441 relates to the practice of naturopathic medicine or to the
442 ability to practice naturopathic medicine. Any plea of nolo
443 contendere shall be considered a conviction for purposes of this
444 chapter.

445 ~~(4)(d)~~ False, deceptive, or misleading advertising related
446 to the practice of naturopathic medicine.

447 ~~(5)(e)~~ Advertising, practicing, or attempting to practice
448 under a name other than one's own.

449 ~~(6)(f)~~ Failing to report to the department any person who
450 the licensee knows is in violation of this chapter or of the
451 rules of the department. However, a person who the licensee
452 knows is unable to practice naturopathic medicine with
453 reasonable skill and safety to patients by reason of illness or
454 use of alcohol, drugs, narcotics, chemicals, or any other type
455 of material, or as a result of a mental or physical condition,
456 may be reported to a consultant operating an impaired
457 practitioner program as described in s. 456.076 rather than to
458 the department.

459 ~~(7)(g)~~ Aiding, assisting, procuring, employing, or advising
460 any unlicensed person to practice naturopathic medicine contrary
461 to this chapter or to a rule of the department.

462 ~~(8)(h)~~ Failing to perform any statutory or legal obligation
463 placed upon a licensed naturopathic doctor ~~physician~~.

464 (9)(i) Making or filing a report which the licensee knows

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465 to be false, intentionally or negligently failing to file a
 466 report or record required by state or federal law, willfully
 467 impeding or obstructing such filing or inducing another person
 468 to do so. Such reports or records shall include only those which
 469 are signed in the capacity as a licensed naturopathic doctor
 470 physician.

471 ~~(j) Paying or receiving any commission, bonus, kickback, or~~
 472 ~~rebate, or engaging in any split-fee arrangement in any form~~
 473 ~~whatsoever with a physician, organization, agency, or person,~~
 474 ~~either directly or indirectly, for patients referred to~~
 475 ~~providers of health care goods and services, including, but not~~
 476 ~~limited to, hospitals, nursing homes, clinical laboratories,~~
 477 ~~ambulatory surgical centers, or pharmacies. The provisions of~~
 478 ~~This paragraph shall not be construed to prevent a naturopathic~~
 479 ~~physician from receiving a fee for professional consultation~~
 480 ~~services.~~

481 (10)(k) Exercising influence within a patient-physician
 482 relationship for purposes of engaging a patient in sexual
 483 activity. A patient is shall be presumed to be incapable of
 484 giving free, full, and informed consent to sexual activity with
 485 her or his naturopathic doctor physician.

486 ~~(l) Making deceptive, untrue, or fraudulent representations~~
 487 ~~in the practice of naturopathic medicine or employing a trick or~~
 488 ~~scheme in the practice of naturopathic medicine when such scheme~~
 489 ~~or trick fails to conform to the generally prevailing standards~~
 490 ~~of treatment in the medical community.~~

491 ~~(m) Soliciting patients, either personally or through an~~
 492 ~~agent, through the use of fraud, intimidation, undue influence,~~
 493 ~~or a form of overreaching or vexatious conduct. A "solicitation"~~

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494 ~~is any communication which directly or implicitly requests an~~
 495 ~~immediate oral response from the recipient.~~

496 (11)(n) Failing to keep written medical records justifying
 497 the course of treatment of the patient, ~~including, but not~~
 498 ~~limited to, patient histories, examination results, test~~
 499 ~~results, X rays, and records of the prescribing, dispensing and~~
 500 ~~administering of drugs.~~

501 (12)(o) Exercising influence on the patient ~~or client~~ in
 502 such a manner as to exploit the patient ~~or client~~ for the
 503 financial gain of the licensee or of a third party, ~~which shall~~
 504 ~~include, but not be limited to, the promoting or selling of~~
 505 ~~services, goods, appliances, or drugs and the promoting or~~
 506 ~~advertising on any prescription form of a community pharmacy~~
 507 ~~unless the form also states "This prescription may be filled at~~
 508 ~~any pharmacy of your choice."~~

509 ~~(p) Performing professional services which have not been~~
 510 ~~duly authorized by the patient or client, or her or his legal~~
 511 ~~representative, except as provided in s. 743.064, s. 766.103, or~~
 512 ~~s. 768.13.~~

513 (q) ~~Prescribing, dispensing, administering, mixing, or~~
 514 ~~otherwise preparing a legend drug, including any controlled~~
 515 ~~substance, other than in the course of the naturopathic~~
 516 ~~physician's professional practice. For the purposes of this~~
 517 ~~paragraph, it shall be legally presumed that prescribing,~~
 518 ~~dispensing, administering, mixing, or otherwise preparing legend~~
 519 ~~drugs, including all controlled substances, inappropriately or~~
 520 ~~in excessive or inappropriate quantities is not in the best~~
 521 ~~interest of the patient and is not in the course of the~~
 522 ~~naturopathic physician's professional practice, without regard~~

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523 ~~to her or his intent.~~

524 ~~(r) Prescribing, dispensing, or administering any medicinal~~
 525 ~~drug appearing on any schedule set forth in chapter 893 by the~~
 526 ~~naturopathic physician to herself or himself, except one~~
 527 ~~prescribed, dispensed, or administered to the naturopathic~~
 528 ~~physician by another practitioner authorized to prescribe,~~
 529 ~~dispense, or administer medicinal drugs.~~

530 ~~(13)(a)~~ Being unable to practice naturopathic medicine with
 531 reasonable skill and safety to patients by reason of illness or
 532 use of alcohol, drugs, narcotics, chemicals, or any other type
 533 of material or as a result of any mental or physical condition.
 534 In enforcing this paragraph, ~~the department shall have,~~ upon a
 535 finding of the State Surgeon General or his or her designee that
 536 probable cause exists to believe that the licensee is unable to
 537 serve as a naturopathic doctor due to the reasons stated in this
 538 paragraph, the department shall have the authority to issue an
 539 order to compel the licensee, authority to compel a naturopathic
 540 physician to submit to a mental or physical examination by a
 541 physician physicians designated by the department. If the
 542 licensee does not comply with such order, the department's order
 543 directing failure of a naturopathic physician to submit to such
 544 an examination may be enforced by filing a petition for
 545 enforcement in the circuit court for the county in which the
 546 naturopathic doctor resides or does business. The naturopathic
 547 doctor against whom the petition is filed may not be named or
 548 identified by initials in any public court record or document,
 549 and the proceedings must be closed to the public. The department
 550 is entitled to the summary procedure provided in s. 51.011 when
 551 ~~so directed shall constitute an admission of the allegations~~

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552 ~~against her or him upon which a default and final order may be~~
 553 ~~entered without the taking of testimony or presentation of~~
 554 ~~evidence, unless the failure was due to circumstances beyond the~~
 555 ~~naturopathic physician's control. A naturopathic doctor subject~~
 556 ~~to an order issued physician affected under this paragraph must,~~
 557 ~~shall~~ at reasonable intervals, be afforded an opportunity to
 558 demonstrate that she or he can resume the competent practice of
 559 naturopathic medicine with reasonable skill and safety to
 560 patients. In any proceeding under this paragraph, neither the
 561 record of proceedings nor the orders entered by the department
 562 may be used against a naturopathic doctor physician in any other
 563 proceeding.

564 ~~(14)(t)~~ Gross or repeated malpractice or the failure to
 565 practice naturopathic medicine with that level of care, skill,
 566 and treatment which is recognized by a reasonably prudent
 567 similar physician as being acceptable under similar conditions
 568 and circumstances. The department shall give great weight to the
 569 ~~provisions of s. 766.102 when enforcing this paragraph.~~

570 ~~(u) Performing any procedure or prescribing any therapy~~
 571 ~~which, by the prevailing standards of medical practice in the~~
 572 ~~community, constitutes experimentation on a human subject,~~
 573 ~~without first obtaining full, informed, and written consent.~~

574 ~~(15)(v)~~ Practicing or offering to practice beyond the scope
 575 permitted by law or accepting and performing professional
 576 responsibilities which the licensee knows or has reason to know
 577 ~~that~~ she or he is not competent to perform.

578 ~~(16)(w)~~ Delegating professional responsibilities to a
 579 person when the licensee delegating such responsibilities knows
 580 or has reason to know that such person is not qualified by

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581 training, experience, or licensure to perform them.

582 ~~(17)(*)~~ Violating a lawful order of the board ~~the~~

583 ~~department~~ previously entered in a disciplinary hearing or

584 failing to comply with a lawfully issued subpoena of the board

585 or department.

586 ~~(18)(*)~~ (18)(y) Conspiring with another licensee or with any other

587 person to commit an act, or committing an act, which would tend

588 to coerce, intimidate, or preclude another licensee from

589 lawfully advertising her or his services.

590 (19) Fraud or deceit or gross negligence, incompetence, or

591 misconduct in the operation of a course of study.

592 ~~(z) Procuring, or aiding or abetting in the procuring of,~~

593 ~~an unlawful termination of pregnancy.~~

594 ~~(aa) Presigning blank prescription forms.~~

595 ~~(bb) Prescribing by the naturopathic physician for office~~

596 ~~use any medicinal drug appearing on Schedule II in chapter 893.~~

597 ~~(cc) Prescribing, ordering, dispensing, administering,~~

598 ~~supplying, selling, or giving any drug which is an amphetamine~~

599 ~~or sympathomimetic amine drug, or a compound designated pursuant~~

600 ~~to chapter 893 as a Schedule II controlled substance to or for~~

601 ~~any person except for:~~

602 ~~1. The treatment of narcolepsy; hyperkinesia; behavioral~~

603 ~~syndrome in children characterized by the developmentally~~

604 ~~inappropriate symptoms of moderate to severe distractability,~~

605 ~~short attention span, hyperactivity, emotional lability, and~~

606 ~~impulsivity; or drug-induced brain dysfunction.~~

607 ~~2. The differential diagnostic psychiatric evaluation of~~

608 ~~depression or the treatment of depression shown to be refractory~~

609 ~~to other therapeutic modalities.~~

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610 ~~3. The clinical investigation of the effects of such drugs~~

611 ~~or compounds when an investigative protocol therefor is~~

612 ~~submitted to, reviewed, and approved by the department before~~

613 ~~such investigation is begun.~~

614 ~~(dd) Prescribing, ordering, dispensing, administering,~~

615 ~~supplying, selling, or giving growth hormones, testosterone or~~

616 ~~its analogs, human chorionic gonadotropin (HCG), or other~~

617 ~~hormones for the purpose of muscle building or to enhance~~

618 ~~athletic performance. For the purposes of this subsection, the~~

619 ~~term "muscle building" does not include the treatment of injured~~

620 ~~muscle. A prescription written for the drug products listed~~

621 ~~above may be dispensed by the pharmacist with the presumption~~

622 ~~that the prescription is for legitimate medical use.~~

623 (20) Failing to comply with state, county, or municipal

624 regulations or reporting requirements relating to public health

625 and the control of contagious and infectious diseases.

626 ~~(21)(ee) Violating any provision of this chapter or chapter~~

627 ~~456, or any rule ~~rules~~ adopted pursuant thereto.~~

628 ~~(2) The department may enter an order denying licensure or~~

629 ~~imposing any of the penalties in s. 456.072(2) against any~~

630 ~~applicant for licensure or licensee who is found guilty of~~

631 ~~violating any provision of subsection (1) of this section or who~~

632 ~~is found guilty of violating any provision of s. 456.072(1).~~

633 ~~(3) The department shall not reinstate the license of a~~

634 ~~naturopathic physician until such time as the department is~~

635 ~~satisfied that such person has complied with all the terms and~~

636 ~~conditions set forth in the final order and that such person is~~

637 ~~capable of safely engaging in the practice of naturopathic~~

638 ~~medicine.~~

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- 639 ~~(4) The department shall by rule establish guidelines for~~
 640 ~~the disposition of disciplinary cases involving specific types~~
 641 ~~of violations. Such guidelines may include minimum and maximum~~
 642 ~~finer, periods of supervision or probation, or conditions of~~
 643 ~~probation or reissuance of a license.~~
- 644 Section 14. Section 462.17, Florida Statutes, is repealed.
 645 Section 15. Paragraph (g) of subsection (3) of section
 646 20.43, Florida Statutes, is amended to read:
 647 20.43 Department of Health.—There is created a Department
 648 of Health.
- 649 (3) The following divisions of the Department of Health are
 650 established:
- 651 (g) Division of Medical Quality Assurance, which is
 652 responsible for the following boards and professions established
 653 within the division:
- 654 1. The Board of Acupuncture, created under chapter 457.
 - 655 2. The Board of Medicine, created under chapter 458.
 - 656 3. The Board of Osteopathic Medicine, created under chapter
 657 459.
 - 658 4. The Board of Chiropractic Medicine, created under
 659 chapter 460.
 - 660 5. The Board of Podiatric Medicine, created under chapter
 661 461.
 - 662 6. The Board of Naturopathic Medicine Naturopathy, as
 663 provided under chapter 462.
 - 664 7. The Board of Optometry, created under chapter 463.
 - 665 8. The Board of Nursing, created under part I of chapter
 666 464.
 - 667 9. Nursing assistants, as provided under part II of chapter

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- 668 464.
- 669 10. The Board of Pharmacy, created under chapter 465.
 - 670 11. The Board of Dentistry, created under chapter 466.
 - 671 12. Midwifery, as provided under chapter 467.
 - 672 13. The Board of Speech-Language Pathology and Audiology,
 673 created under part I of chapter 468.
 - 674 14. The Board of Nursing Home Administrators, created under
 675 part II of chapter 468.
 - 676 15. The Board of Occupational Therapy, created under part
 677 III of chapter 468.
 - 678 16. Respiratory therapy, as provided under part V of
 679 chapter 468.
 - 680 17. Dietetics and nutrition practice, as provided under
 681 part X of chapter 468.
 - 682 18. The Board of Athletic Training, created under part XIII
 683 of chapter 468.
 - 684 19. The Board of Orthotists and Prosthetists, created under
 685 part XIV of chapter 468.
 - 686 20. Electrolysis, as provided under chapter 478.
 - 687 21. The Board of Massage Therapy, created under chapter
 688 480.
 - 689 22. The Board of Clinical Laboratory Personnel, created
 690 under part I of chapter 483.
 - 691 23. Medical physicists, as provided under part II of
 692 chapter 483.
 - 693 24. The Board of Opticianry, created under part I of
 694 chapter 484.
 - 695 25. The Board of Hearing Aid Specialists, created under
 696 part II of chapter 484.

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697 26. The Board of Physical Therapy Practice, created under
698 chapter 486.

699 27. The Board of Psychology, created under chapter 490.

700 28. School psychologists, as provided under chapter 490.

701 29. The Board of Clinical Social Work, Marriage and Family
702 Therapy, and Mental Health Counseling, created under chapter
703 491.

704 30. Emergency medical technicians and paramedics, as
705 provided under part III of chapter 401.

706 Section 16. Subsection (2) of section 381.0031, Florida
707 Statutes, is amended to read:

708 381.0031 Epidemiological research; report of diseases of
709 public health significance to department.—

710 (2) Any practitioner licensed in this state to practice
711 medicine, osteopathic medicine, chiropractic medicine,
712 naturopathic medicine ~~naturopathy~~, or veterinary medicine; any
713 licensed pharmacist authorized under a protocol with a
714 supervising physician under s. 465.1895, or a collaborative
715 pharmacy practice agreement, as defined in s. 465.1865, to
716 perform or order and evaluate laboratory and clinical tests; any
717 hospital licensed under part I of chapter 395; or any laboratory
718 appropriately certified by the Centers for Medicare and Medicaid
719 Services under the federal Clinical Laboratory Improvement
720 Amendments and the federal rules adopted thereunder which
721 diagnoses or suspects the existence of a disease of public
722 health significance shall immediately report the fact to the
723 Department of Health.

724 Section 17. Subsection (11) of section 468.301, Florida
725 Statutes, is amended to read:

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726 468.301 Definitions.—As used in this part, the term:

727 (11) “Licensed practitioner” means a person who is licensed
728 or otherwise authorized by law to practice medicine, podiatric
729 medicine, chiropody, osteopathic medicine, naturopathic medicine
730 ~~naturopathy~~, or chiropractic medicine in this state.

731 Section 18. Subsection (1) of section 476.044, Florida
732 Statutes, is amended to read:

733 476.044 Exemptions.—This chapter does not apply to the
734 following persons when practicing pursuant to their professional
735 responsibilities and duties:

736 (1) Persons authorized under the laws of this state to
737 practice medicine, surgery, osteopathic medicine, chiropractic
738 medicine, naturopathic medicine ~~naturopathy~~, or podiatric
739 medicine;

740 Section 19. Paragraph (a) of subsection (1) of section
741 477.0135, Florida Statutes, is amended to read:

742 477.0135 Exemptions.—

743 (1) This chapter does not apply to the following persons
744 when practicing pursuant to their professional or occupational
745 responsibilities and duties:

746 (a) Persons authorized under the laws of this state to
747 practice medicine, surgery, osteopathic medicine, chiropractic
748 medicine, massage therapy, naturopathic medicine ~~naturopathy~~, or
749 podiatric medicine.

750 Section 20. Subsections (2) and (3) of section 485.003,
751 Florida Statutes, are amended to read:

752 485.003 Definitions.—In construing this chapter, the words,
753 phrases, or terms, unless the context otherwise indicates, shall
754 have the following meanings:

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755 (2) "Healing arts" shall mean the practice of medicine,
 756 surgery, psychiatry, dentistry, osteopathic medicine,
 757 chiropractic medicine, naturopathic medicine ~~naturopathy~~,
 758 podiatric medicine, chiropody, psychology, clinical social work,
 759 marriage and family therapy, mental health counseling, and
 760 optometry.

761 (3) "Practitioner of the healing arts" shall mean a person
 762 licensed under the laws of the state to practice medicine,
 763 surgery, psychiatry, dentistry, osteopathic medicine,
 764 chiropractic medicine, naturopathic medicine ~~naturopathy~~,
 765 podiatric medicine, chiropody, psychology, clinical social work,
 766 marriage and family therapy, mental health counseling, or
 767 optometry within the scope of his or her professional training
 768 and competence and within the purview of the statutes applicable
 769 to his or her respective profession, and who may refer a patient
 770 for treatment by a qualified person, who shall employ hypnotic
 771 techniques under the supervision, direction, prescription, and
 772 responsibility of such referring practitioner.

773 Section 21. Subsection (1) of section 486.161, Florida
 774 Statutes, is amended to read:

775 486.161 Exemptions.—

776 (1) ~~No provision of~~ This chapter does not shall be
 777 ~~construed to~~ prohibit any person licensed in this state from
 778 using any physical agent as a part of, or incidental to, the
 779 lawful practice of her or his profession under the statutes
 780 applicable to the profession of chiropractic physician,
 781 podiatric physician, doctor of medicine, massage therapist,
 782 nurse, osteopathic physician or surgeon, occupational therapist,
 783 or naturopathic doctor ~~naturopath~~.

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784 Section 22. Paragraph (h) of subsection (4) of section
 785 627.351, Florida Statutes, is amended to read:

786 627.351 Insurance risk apportionment plans.—

787 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION
 788 CONTRACTS AND PURCHASES.—

789 (h) As used in this subsection:

790 1. "Health care provider" means hospitals licensed under
 791 chapter 395; physicians licensed under chapter 458; osteopathic
 792 physicians licensed under chapter 459; podiatric physicians
 793 licensed under chapter 461; dentists licensed under chapter 466;
 794 chiropractic physicians licensed under chapter 460; naturopathic
 795 doctors ~~naturopaths~~ licensed under chapter 462; nurses licensed
 796 under part I of chapter 464; midwives licensed under chapter
 797 467; physician assistants licensed under chapter 458 or chapter
 798 459; physical therapists and physical therapist assistants
 799 licensed under chapter 486; health maintenance organizations
 800 certificated under part I of chapter 641; ambulatory surgical
 801 centers licensed under chapter 395; other medical facilities as
 802 defined in subparagraph 2.; blood banks, plasma centers,
 803 industrial clinics, and renal dialysis facilities; or
 804 professional associations, partnerships, corporations, joint
 805 ventures, or other associations for professional activity by
 806 health care providers.

807 2. "Other medical facility" means a facility the primary
 808 purpose of which is to provide human medical diagnostic services
 809 or a facility providing nonsurgical human medical treatment, to
 810 which facility the patient is admitted and from which facility
 811 the patient is discharged within the same working day, and which
 812 facility is not part of a hospital. However, a facility existing

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813 for the primary purpose of performing terminations of pregnancy
 814 or an office maintained by a physician or dentist for the
 815 practice of medicine may not be construed to be an "other
 816 medical facility."

817 3. "Health care facility" means any hospital licensed under
 818 chapter 395, health maintenance organization certificated under
 819 part I of chapter 641, ambulatory surgical center licensed under
 820 chapter 395, or other medical facility as defined in
 821 subparagraph 2.

822 Section 23. Subsection (23) of section 893.02, Florida
 823 Statutes, is amended to read:

824 893.02 Definitions.—The following words and phrases as used
 825 in this chapter shall have the following meanings, unless the
 826 context otherwise requires:

827 (23) "Practitioner" means a physician licensed under
 828 chapter 458, a dentist licensed under chapter 466, a
 829 veterinarian licensed under chapter 474, an osteopathic
 830 physician licensed under chapter 459, an advanced practice
 831 registered nurse licensed under chapter 464, a naturopathic
 832 doctor ~~naturopath~~ licensed under chapter 462, a certified
 833 optometrist licensed under chapter 463, a psychiatric nurse as
 834 defined in s. 394.455, a podiatric physician licensed under
 835 chapter 461, or a physician assistant licensed under chapter 458
 836 or chapter 459, provided such practitioner holds a valid federal
 837 controlled substance registry number.

838 Section 24. Paragraph (g) of subsection (3) of section
 839 921.0022, Florida Statutes, is amended to read:
 840 921.0022 Criminal Punishment Code; offense severity ranking
 841 chart.—

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842 (3) OFFENSE SEVERITY RANKING CHART
 843 (g) LEVEL 7
 844
 845

Florida Statute	Felony Degree	Description
846 316.027(2)(c)	1st	Accident involving death, failure to stop; leaving scene.
847 316.193(3)(c)2.	3rd	DUI resulting in serious bodily injury.
848 316.1935(3)(b)	1st	Causing serious bodily injury or death to another person; driving at high speed or with wanton disregard for safety while fleeing or attempting to elude law enforcement officer who is in a patrol vehicle with siren and lights activated.
849 327.35(3)(a)3.b.	3rd	Vessel BUI resulting in serious bodily injury.
850 402.319(2)	2nd	Misrepresentation and negligence or intentional act resulting in great bodily harm, permanent disfiguration,

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				permanent disability, or death.
851				
	409.920	3rd		Medicaid provider fraud;
	(2) (b) 1.a.			\$10,000 or less.
852				
	409.920	2nd		Medicaid provider fraud; more
	(2) (b) 1.b.			than \$10,000, but less than
				\$50,000.
853				
	456.065(2)	3rd		Practicing a health care
				profession without a license.
854				
	456.065(2)	2nd		Practicing a health care
				profession without a license
				which results in serious bodily
				injury.
855				
	458.327(1)	3rd		Practicing medicine without a
				license.
856				
	459.013(1)	3rd		Practicing osteopathic medicine
				without a license.
857				
	460.411(1)	3rd		Practicing chiropractic
				medicine without a license.
858				
	461.012(1)	3rd		Practicing podiatric medicine
				without a license.
859				

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	462.17	3rd		Practicing naturopathy without
				a license.
860				
	463.015(1)	3rd		Practicing optometry without a
				license.
861				
	464.016(1)	3rd		Practicing nursing without a
				license.
862				
	465.015(2)	3rd		Practicing pharmacy without a
				license.
863				
	466.026(1)	3rd		Practicing dentistry or dental
				hygiene without a license.
864				
	467.201	3rd		Practicing midwifery without a
				license.
865				
	468.366	3rd		Delivering respiratory care
				services without a license.
866				
	483.828(1)	3rd		Practicing as clinical
				laboratory personnel without a
				license.
867				
	483.901(7)	3rd		Practicing medical physics
				without a license.
868				
	484.013(1) (c)	3rd		Preparing or dispensing optical

	40-00433A-26		2026688__	
				devices without a prescription.
869	484.053	3rd		Dispensing hearing aids without a license.
870	494.0018(2)	1st		Conviction of any violation of chapter 494 in which the total money and property unlawfully obtained exceeded \$50,000 and there were five or more victims.
871	560.123(8)(b)1.	3rd		Failure to report currency or payment instruments exceeding \$300 but less than \$20,000 by a money services business.
872	560.125(5)(a)	3rd		Money services business by unauthorized person, currency or payment instruments exceeding \$300 but less than \$20,000.
873	655.50(10)(b)1.	3rd		Failure to report financial transactions exceeding \$300 but less than \$20,000 by financial institution.
874	775.21(10)(a)	3rd		Sexual predator; failure to

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				register; failure to renew driver license or identification card; other registration violations.
875	775.21(10)(b)	3rd		Sexual predator working where children regularly congregate.
876	775.21(10)(g)	3rd		Failure to report or providing false information about a sexual predator; harbor or conceal a sexual predator.
877	782.051(3)	2nd		Attempted felony murder of a person by a person other than the perpetrator or the perpetrator of an attempted felony.
878	782.07(1)	2nd		Killing of a human being by the act, procurement, or culpable negligence of another (manslaughter).
879	782.071	2nd		Killing of a human being or unborn child by the operation of a motor vehicle in a reckless manner (vehicular homicide).

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782.072 2nd Killing of a human being by the operation of a vessel in a reckless manner (vessel homicide).

784.045(1)(a)1. 2nd Aggravated battery; intentionally causing great bodily harm or disfigurement.

784.045(1)(a)2. 2nd Aggravated battery; using deadly weapon.

784.045(1)(b) 2nd Aggravated battery; perpetrator aware victim pregnant.

784.048(4) 3rd Aggravated stalking; violation of injunction or court order.

784.048(7) 3rd Aggravated stalking; violation of court order.

784.07(2)(d) 1st Aggravated battery on law enforcement officer.

784.074(1)(a) 1st Aggravated battery on sexually violent predators facility staff.

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784.08(2)(a) 1st Aggravated battery on a person 65 years of age or older.

784.081(1) 1st Aggravated battery on specified official or employee.

784.082(1) 1st Aggravated battery by detained person on visitor or other detainee.

784.083(1) 1st Aggravated battery on code inspector.

787.025(2)(b) 2nd Luring or enticing a child; second or subsequent offense.

787.025(2)(c) 2nd Luring or enticing a child with a specified prior conviction.

787.06(3)(a)2. 1st Human trafficking using coercion for labor and services of an adult.

787.06(3)(e)2. 1st Human trafficking using coercion for labor and services by the transfer or transport of an adult from outside Florida to within the state.

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897 790.07(4) 1st Specified weapons violation
subsequent to previous
conviction of s. 790.07(1) or
(2).

898 790.16(1) 1st Discharge of a machine gun
under specified circumstances.

899 790.165(2) 2nd Manufacture, sell, possess, or
deliver hoax bomb.

900 790.165(3) 2nd Possessing, displaying, or
threatening to use any hoax
bomb while committing or
attempting to commit a felony.

901 790.166(3) 2nd Possessing, selling, using, or
attempting to use a hoax weapon
of mass destruction.

902 790.166(4) 2nd Possessing, displaying, or
threatening to use a hoax
weapon of mass destruction
while committing or attempting
to commit a felony.

790.23 1st,PBL Possession of a firearm by a
person who qualifies for the
penalty enhancements provided

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903 for in s. 874.04.

794.08(4) 3rd Female genital mutilation;
consent by a parent, guardian,
or a person in custodial
authority to a victim younger
than 18 years of age.

904 796.05(1) 1st Live on earnings of a
prostitute; 2nd offense.

905 796.05(1) 1st Live on earnings of a
prostitute; 3rd and subsequent
offense.

906 800.04(5)(c)1. 2nd Lewd or lascivious molestation;
victim younger than 12 years of
age; offender younger than 18
years of age.

907 800.04(5)(c)2. 2nd Lewd or lascivious molestation;
victim 12 years of age or older
but younger than 16 years of
age; offender 18 years of age
or older.

908 800.04(5)(e) 1st Lewd or lascivious molestation;
victim 12 years of age or older
but younger than 16 years;

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offender 18 years or older;
prior conviction for specified
sex offense.

909 806.01(2) 2nd Maliciously damage structure by
fire or explosive.

910 810.02(3) (a) 2nd Burglary of occupied dwelling;
unarmed; no assault or battery.

911 810.02(3) (b) 2nd Burglary of unoccupied
dwelling; unarmed; no assault
or battery.

912 810.02(3) (d) 2nd Burglary of occupied
conveyance; unarmed; no assault
or battery.

913 810.02(3) (e) 2nd Burglary of authorized
emergency vehicle.

914 812.014(2) (a)1. 1st Property stolen, valued at
\$100,000 or more or a
semitrailer deployed by a law
enforcement officer; property
stolen while causing other
property damage; 1st degree
grand theft.

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812.014(2) (b)2. 2nd Property stolen, cargo valued
at less than \$50,000, grand
theft in 2nd degree.

916 812.014(2) (b)3. 2nd Property stolen, emergency
medical equipment; 2nd degree
grand theft.

917 812.014(2) (b)4. 2nd Property stolen, law
enforcement equipment from
authorized emergency vehicle.

918 812.014(2) (g) 2nd Grand theft; second degree;
firearm with previous
conviction of s.
812.014(2) (c)5.

919 812.0145(2) (a) 1st Theft from person 65 years of
age or older; \$50,000 or more.

920 812.019(2) 1st Stolen property; initiates,
organizes, plans, etc., the
theft of property and traffics
in stolen property.

921 812.131(2) (a) 2nd Robbery by sudden snatching.

922 812.133(2) (b) 1st Carjacking; no firearm, deadly
weapon, or other weapon.

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923			
	817.034(4)(a)1.	1st	Communications fraud, value greater than \$50,000.
924			
	817.234(8)(a)	2nd	Solicitation of motor vehicle accident victims with intent to defraud.
925			
	817.234(9)	2nd	Organizing, planning, or participating in an intentional motor vehicle collision.
926			
	817.234(11)(c)	1st	Insurance fraud; property value \$100,000 or more.
927			
	817.2341	1st	Making false entries of
	(2)(b) &		material fact or false
	(3)(b)		statements regarding property values relating to the solvency of an insuring entity which are a significant cause of the insolvency of that entity.
928			
	817.418(2)(a)	3rd	Offering for sale or advertising personal protective equipment with intent to defraud.
929			
	817.504(1)(a)	3rd	Offering or advertising a

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			vaccine with intent to defraud.
930			
	817.535(2)(a)	3rd	Filing false lien or other unauthorized document.
931			
	817.611(2)(b)	2nd	Traffic in or possess 15 to 49 counterfeit credit cards or related documents.
932			
	825.102(3)(b)	2nd	Neglecting an elderly person or disabled adult causing great bodily harm, disability, or disfigurement.
933			
	825.103(3)(b)	2nd	Exploiting an elderly person or disabled adult and property is valued at \$10,000 or more, but less than \$50,000.
934			
	827.03(2)(b)	2nd	Neglect of a child causing great bodily harm, disability, or disfigurement.
935			
	827.04(3)	3rd	Impregnation of a child under 16 years of age by person 21 years of age or older.
936			
	827.071(2) & (3)	2nd	Use or induce a child in a sexual performance, or promote

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				or direct such performance.
937	827.071(4)	2nd		Possess with intent to promote any photographic material, motion picture, etc., which includes child pornography.
938	837.05(2)	3rd		Giving false information about alleged capital felony to a law enforcement officer.
939	838.015	2nd		Bribery.
940	838.016	2nd		Unlawful compensation or reward for official behavior.
941	838.021(3)(a)	2nd		Unlawful harm to a public servant.
942	838.22	2nd		Bid tampering.
943	843.0855(2)	3rd		Impersonation of a public officer or employee.
944	843.0855(3)	3rd		Unlawful simulation of legal process.
945	843.0855(4)	3rd		Intimidation of a public officer or employee.

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946	847.0135(3)	3rd		Solicitation of a child, via a computer service, to commit an unlawful sex act.
947	847.0135(4)	2nd		Traveling to meet a minor to commit an unlawful sex act.
948	872.06	2nd		Abuse of a dead human body.
949	874.05(2)(b)	1st		Encouraging or recruiting person under 13 to join a criminal gang; second or subsequent offense.
950	874.10	1st,PBL		Knowingly initiates, organizes, plans, finances, directs, manages, or supervises criminal gang-related activity.
951	893.13(1)(c)1.	1st		Sell, manufacture, or deliver cocaine (or other drug prohibited under s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5.) within 1,000 feet of a child care facility, school, or state, county, or municipal park or publicly owned

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recreational facility or
community center.

952 893.13(1)(e)1. 1st Sell, manufacture, or deliver
cocaine or other drug
prohibited under s.
893.03(1)(a), (1)(b), (1)(d),
(2)(a), (2)(b), or (2)(c)5.,
within 1,000 feet of property
used for religious services or
a specified business site.

953 893.13(4)(a) 1st Use or hire of minor; deliver
to minor other controlled
substance.

954 893.135(1)(a)1. 1st Trafficking in cannabis, more
than 25 lbs., less than 2,000
lbs.

955 893.135 1st Trafficking in cocaine, more
(1)(b)1.a. than 28 grams, less than 200
grams.

956 893.135 1st Trafficking in illegal drugs,
(1)(c)1.a. more than 4 grams, less than 14
grams.

957 893.135 1st Trafficking in hydrocodone, 28

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(1)(c)2.a. grams or more, less than 50
grams.

958 893.135 1st Trafficking in hydrocodone, 50
(1)(c)2.b. grams or more, less than 100
grams.

959 893.135 1st Trafficking in oxycodone, 7
(1)(c)3.a. grams or more, less than 14
grams.

960 893.135 1st Trafficking in oxycodone, 14
(1)(c)3.b. grams or more, less than 25
grams.

961 893.135 1st Trafficking in fentanyl, 4
(1)(c)4.b.(I) grams or more, less than 14
grams.

962 893.135 1st Trafficking in phencyclidine,
(1)(d)1.a. 28 grams or more, less than 200
grams.

963 893.135(1)(e)1. 1st Trafficking in methaqualone,
200 grams or more, less than 5
kilograms.

964 893.135(1)(f)1. 1st Trafficking in amphetamine, 14
grams or more, less than 28

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965 grams.

965 893.135 1st Trafficking in flunitrazepam, 4
(1)(g)1.a. grams or more, less than 14
grams.

966 893.135 1st Trafficking in gamma-
(1)(h)1.a. hydroxybutyric acid (GHB), 1
kilogram or more, less than 5
kilograms.

967 893.135 1st Trafficking in 1,4-Butanediol,
(1)(j)1.a. 1 kilogram or more, less than 5
kilograms.

968 893.135 1st Trafficking in Phenethylamines,
(1)(k)2.a. 10 grams or more, less than 200
grams.

969 893.135 1st Trafficking in synthetic
(1)(m)2.a. cannabinoids, 280 grams or
more, less than 500 grams.

970 893.135 1st Trafficking in synthetic
(1)(m)2.b. cannabinoids, 500 grams or
more, less than 1,000 grams.

971 893.135 1st Trafficking in n-benzyl
(1)(n)2.a. phenethylamines, 14 grams or

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972 more, less than 100 grams.

972 893.1351(2) 2nd Possession of place for
trafficking in or manufacturing
of controlled substance.

973 896.101(5)(a) 3rd Money laundering, financial
transactions exceeding \$300 but
less than \$20,000.

974 896.104(4)(a)1. 3rd Structuring transactions to
evade reporting or registration
requirements, financial
transactions exceeding \$300 but
less than \$20,000.

975 943.0435(4)(c) 2nd Sexual offender vacating
permanent residence; failure to
comply with reporting
requirements.

976 943.0435(8) 2nd Sexual offender; remains in
state after indicating intent
to leave; failure to comply
with reporting requirements.

977 943.0435(9)(a) 3rd Sexual offender; failure to
comply with reporting
requirements.

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978 943.0435 (13) 3rd Failure to report or providing
false information about a
sexual offender; harbor or
conceal a sexual offender.

979 943.0435 (14) 3rd Sexual offender; failure to
report and reregister; failure
to respond to address
verification; providing false
registration information.

980 944.607 (9) 3rd Sexual offender; failure to
comply with reporting
requirements.

981 944.607 (10) (a) 3rd Sexual offender; failure to
submit to the taking of a
digitized photograph.

982 944.607 (12) 3rd Failure to report or providing
false information about a
sexual offender; harbor or
conceal a sexual offender.

983 944.607 (13) 3rd Sexual offender; failure to
report and reregister; failure
to respond to address
verification; providing false

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984 registration information.

985 985.4815 (10) 3rd Sexual offender; failure to
submit to the taking of a
digitized photograph.

985 985.4815 (12) 3rd Failure to report or providing
false information about a
sexual offender; harbor or
conceal a sexual offender.

986 985.4815 (13) 3rd Sexual offender; failure to
report and reregister; failure
to respond to address
verification; providing false
registration information.

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988 Section 25. This act shall take effect December 31, 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: CS/SB 794

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

SUBJECT: Agency for Persons with Disabilities

DATE: February 24, 2026 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Fiore</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Howard</u>	<u>McKnight</u>	<u>AHS</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 794 strengthens protections for individuals with developmental disabilities by enhancing workforce screening and improving the quality, consistency, and accountability of support coordination services statewide. Specifically, the bill:

- Expands Level 2 background screening requirements to include all employees, not just managers and supervisors, of residential facilities and adult day training programs licensed under ch. 393, F.S.;
- Requires the Agency for Persons with Disabilities (APD) to contract with a state university to develop and administer surveys of owners and operators of qualified organizations that provide care coordination services;
- Requires the APD to solicit input on enhancing waiver support coordinator services from relevant stakeholders and conduct at least one public hearing for this purpose in each service region of the state;
- Requires the APD to conduct or contract for a gap analysis to assess the caseload capacity of support coordinators; and
- Requires the APD to submit a report to the Governor and Legislature.

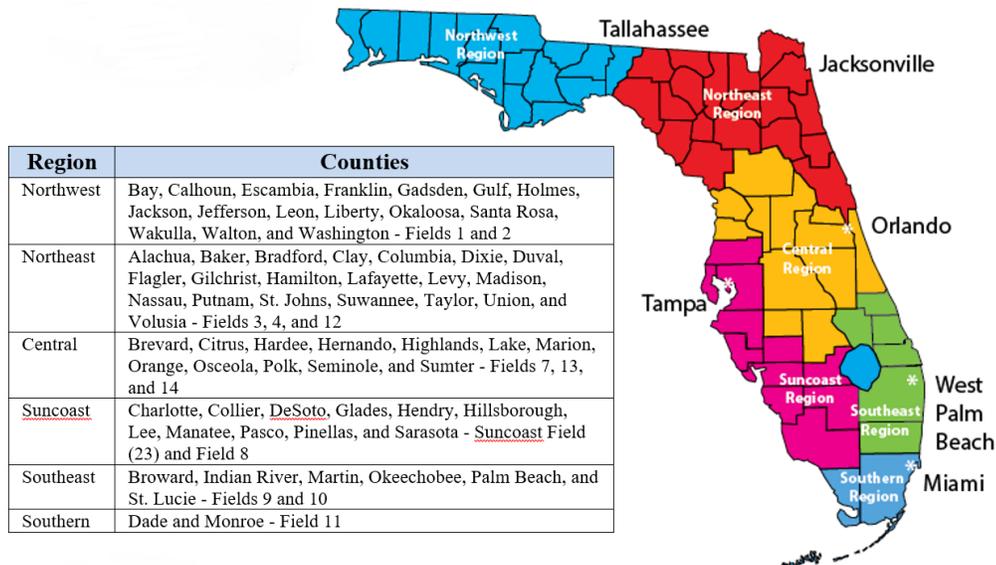
The bill will likely have a significant, negative fiscal impact on the private and public sector. **See Section V., Fiscal Impact Statement.**

The bill takes effect upon becoming law.

II. Present Situation:

Agency for Persons with Disabilities

The APD is the state agency responsible for providing services to persons with developmental disabilities throughout Florida.¹ Legislative intent stipulates that the greatest priority shall be to provide community-based services and programs for individuals with developmental disabilities that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.² In furtherance of this directive, the APD administers several programs, including residential services, adult day training programs, and the Developmental Disabilities Individual Budgeting (iBudget) Home and Community-Based Services Waiver. In addition to a central headquarters in Tallahassee, the APD operates a total of six regional offices and 14 field offices throughout the state, as detailed below.³



Residential Facilities and Adult Day Training

A residential facility is a facility that provides room and board and personal care for people who have developmental disabilities.⁴ The APD licenses several types of residential facilities, including:

- **Foster care facilities** which provide a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents;⁵
- **Group homes** which provide a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents;⁶ and

¹ Chapter 393, F.S.; see also Agency for Persons with Disabilities, *Who We Are, Who We Serve*, <https://apd.myflorida.com/about/howweare.htm> (last visited on 02/05/2026).

² Section 393.062, F.S.

³ Agency for Persons with Disabilities, *Local Offices*, available at: <https://apd.myflorida.com/region/> (last visited on 02/05/2026).

⁴ Section 393.063(33), F.S.

⁵ Section 393.063(18), F.S.

⁶ Section 393.063(19), F.S.

- **Residential habilitation centers** which are community residential facilities that provide habilitation services that assist the recipient to acquire, maintain, or improve skills related to activities of daily living.⁷

Adult day training services support iBudget clients in meaningful and valued routines of the community, such as volunteering, job exploration, accessing community resources, and self-advocacy. Adult day training programs take place in a nonresidential setting, separate from the home or facility where a client resides.⁸ Services can include meaningful day activities and training in the activities of daily living, adaptive skills, and employment. The training, activities, and routine established by the trainer must be meaningful to the recipient and provide an appropriate level of variation and interest. These services generally are offered for individuals age 22 and above, when a recipient is out of the public-school system.⁹

Background Screening of Direct Service Providers

Chapter 393, F.S., establishes minimum standards for the background screening of direct service providers who are unrelated to their clients. Specifically, it requires Level 2 employment screening, as defined in c. 435, F.S., for direct service providers, including support coordinators, and *managers and supervisors* of licensed residential facilities or adult day training programs and any other persons, including volunteers, who provide care or services, who have access to clients' living areas or personal property.¹⁰ Other employees of residential facilities or adult day training programs are not expressly identified in statute as subject to screening.

The background screening under c. 393, F.S., entails the following:

- Employment history checks as provided in s. 435.03(1), F.S.;
- Fingerprint-based state and national criminal history checks;
- Searches of sexual offender and predator registries; and
- Review of disqualifying offenses listed in s. 435.04, F.S.¹¹

In addition to the disqualifying offenses listed in s. 435.04, F.S., chapter 393, F.S., specifies the following violations of law as disqualifying.¹²

- Any authorizing statutes, if the offense was a felony.¹³
- Chapter 393, F.S., if the offense was a felony.
- Section 409.920, F.S., relating to Medicaid provider fraud.
- Section 409.9201, F.S., relating to Medicaid fraud.

⁷ Section 393.063(35), F.S.; and Agency for Persons with Disabilities, *Residential Services*, <https://apd.myflorida.com/providers/residential.htm> (last visited on 02/10/2026).

⁸ Section 393.063(1), F.S.

⁹ Agency for Health Care Administration, *Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook* (May 2023), at pg. 2-20, available at <https://www.apd.myflorida.com/ibudget/docs/iBudget%20Handbook%20with%20ADT%20Redesign%20Final.pdf> (last visited on 02/10/2026).

¹⁰ Section 393.0655(1), F.S.

¹¹ *Id.*

¹² Section 393.0655(5), F.S.

¹³ The term "authorizing statutes" refers to the statutory provisions that authorize and regulate the licensure or operation of the facility, program, or service that is subject to the background screening. Accordingly, any felony offense prohibited under statutes authorizing the regulated activity, constitutes a disqualifying offense for purposes of background screening.

- Section 817.034, F.S., relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- Section 817.234, F.S., relating to false and fraudulent insurance claims.
- Section 817.505, F.S., relating to patient brokering.
- Section 817.568, F.S., relating to criminal use of personal identification information.
- Section 817.60, F.S., relating to obtaining a credit card through fraudulent means.
- Section 817.61, F.S., relating to fraudulent use of credit cards, if the offense was a felony.
- Section 831.01, F.S., relating to forgery.
- Section 831.02, F.S., relating to uttering forged instruments.
- Section 831.07, F.S., relating to forging bank bills, checks, drafts, or promissory notes.
- Section 831.09, F.S., relating to uttering forged bank bills, checks, drafts, or promissory notes.

The following individuals are exempt from these screening requirements.

- Volunteers assisting less than 10 hours per month under continuous supervision of someone who has been screened;¹⁴
- Licensed health care professionals regulated by the Department of Health acting within the scope of their licenses;¹⁵
- Individuals selected and paid directly by a client or the client's family;¹⁶ and
- Persons 12 years of age or older, including family members, residing with a direct services provider who provides services to clients in his or her own place of residence (subject only to delinquency records screening).¹⁷

As of January 2026, there are currently 5,880 providers who administer services to the APD's clients. Of these, 70,636 employees have completed background screening.¹⁸

The Department of Children and Families is the agency that facilitates and conducts employment screening for programs relating to children and vulnerable adults.¹⁹ For individuals who are disqualified from employment due to their criminal history, c. 435, F.S., includes an exemption process. An exemption allows that individual to be employed in a profession or workplace where background screening is statutorily required despite the disqualifying offense in that person's past if that person meets certain criteria. The individual must demonstrate by clear and convincing evidence that they have been rehabilitated, will not present a danger, and should not be disqualified from employment.²⁰ The agency head may grant the exemption from disqualification if all court ordered fees, fines, liens, applications, costs of prosecution, trusts, or restitution have been paid, and either:²¹

¹⁴ Section 393.0655(1)(a), F.S.

¹⁵ Section 393.0655(1)(b), F.S.

¹⁶ Section 393.0655(1)(c), F.S.

¹⁷ Section 393.0655(1)(d), F.S.

¹⁸ Agency for Persons with Disabilities, 2026 Agency Legislative Bill Analysis SB 794, on file with the Committee on Children, Families, and Elder Affairs.

¹⁹ Section 435.02(2), F.S.; and *see generally* Florida Department of Children and Families, *Background Screening*, available at <https://myflfamilies.com/services/background-screening> (last visited on 02/10/2026).

²⁰ Section 435.07, F.S.

²¹ *Id.*

- Two years have elapsed since the individual has completed or been lawfully released from confinement supervision, or nonmonetary condition imposed by a court for a disqualifying felony; or
- The individual has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by a court for a misdemeanor or an offense that was a felony at the time of commission but is now a misdemeanor.

Receiving an exemption allows that individual to work despite the disqualifying crime in that person's past. However, an individual who is considered a sexual predator,²² career offender,²³ or a registered sexual offender²⁴ is not eligible for exemption.²⁵

The Care Provider Background Screening Clearinghouse (Clearinghouse) is a single statewide screening program, administered by the Agency for Health Care Administration, in consultation with the Florida Department of Law Enforcement, which allows for results of criminal history checks of persons acting as covered care providers to be shared among specified agencies.²⁶ The Clearinghouse allows for constant review of new criminal history information through the federal Rap Back Service,²⁷ which continually matches fingerprints retained in the Clearinghouse against fingerprints received for new arrests that occur after the individual was originally screened.²⁸ Once a person's screening record is in the Clearinghouse, that person may avoid the need for any future state screens and related fees for screenings, depending on the screening agencies or organizations.²⁹

Support Coordination Services and Qualified Organizations

The APD contracts with qualified organizations to provide support coordination services to individuals receiving services through the iBudget waiver.³⁰ Support coordinators assist clients and their families in identifying needs and resources, accessing and coordinating services, advocating on their behalf, and monitoring whether supports are effectively meeting the goals of the individual's support plan.³¹ Current law establishes criteria that organizations must meet to qualify as support coordination providers, which include staffing requirements, ethics and disciplinary standards, compliance with agency policies, training and competency requirements, and client education related to abuse, neglect, and exploitation.³²

²² Section 775.21, F.S.

²³ Section 775.261, F.S.

²⁴ Section 943.0435, F.S.

²⁵ Section 435.07(4)(b), F.S.

²⁶ Section 435.12, F.S.

²⁷ The Rap Back Service is managed by the FBI's Criminal Justice Information Services Division. For more information, see the Federal Bureau of Investigation, *Privacy Impact Assessment for the Next Generation Identification (NGI) Rap Back Service*, available at <https://www.fbi.gov/file-repository/pia-ngi-rap-back-service.pdf/view> (last visited on 02/10/2026).

²⁸ Section 435.12(2), F.S.

²⁹ Agency for Health Care Administration, *Clearinghouse Renewals*, available at https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Renewals.shtml (last visited on 02/10/2026). Fingerprints are retained for five years. Employers have an option to renew screenings at the end of the five-year period through a "Clearinghouse Renewal" process which allows employee's fingerprints to be retained without being re-fingerprinted.

³⁰ Section 393.0663, F.S.

³¹ Section 393.063(43), F.S.

³² Section 393.0663(2)(b), F.S.

III. Effect of Proposed Changes:

Section 1 amends s. 393.0655, F.S., to broaden who is required to be Level 2 background screened in licensed residential facilities and adult day training programs. This change removes the specific reference to only managers and supervisors and instead requires Level 2 employment screening for *all employees* of these facilities and programs. As a result, the screening requirement is broadened to apply uniformly to all employees of these facilities and programs, regardless of job title or supervisory status.

The bill also clarifies that background screening for all employees must include employment history checks pursuant to s. 435.03(1), F.S., and local criminal records checks through local law enforcement agencies. Existing statutory exemptions for certain volunteers, licensed health care professionals, family-selected providers, and household members remain unchanged.³³

Section 2 directs the Agency for Persons with Disabilities (APD) to contract with a state university to develop and administer surveys regarding waiver support coordination services for the purposes of enhancing the quality, capacity, and consistency of such services. The university must survey the owners and operators of all qualified organizations in this state, waiver support coordinators currently employed by a qualified organization, and iBudget clients and their parents, caregivers, or legal guardians. The bill requires the state university, by October 1, 2026, to submit a final report to the APD that includes a compilation and analysis of the survey results.

At a minimum, the surveys must solicit data and input on:

- The quality, consistency, and accessibility of services provided by waiver support coordinators;
- Attributes and behaviors that define high-quality support coordination;
- Best practices and areas for improvement;
- Quantitative and qualitative metrics to assess waiver support coordinator performance; and
- Any other factors to improve service delivery.

The surveys of qualified organizations must also specifically address:

- Professional and educational prerequisites required by the qualified organization for employment as a waiver support coordinator;
- Methods to assess core competencies;
- The efficacy of the required waiver support coordinator mentoring program; and
- Operational and systemic challenges of recruiting and retaining qualified waiver support coordinators.

The surveys of waiver support coordinators must also specifically address:

³³ Licensed residential facilities and adult day training programs are not employees of the APD and do not have to report the number of employees of each facility or program. In Florida, there are both large and small licensed residential facilities and adult training programs some employ a small number of individuals who are all screened as direct care providers while other facilities and programs are large and may have administrative employees who do not have face to face interaction with clients and would not necessarily be required to complete a screening. Due to licensed residential facilities and adult day training programs not being required to report specific number of employees, the APD is unable to determine the specific number of employees who will be required to be screened under this legislation. Agency for Persons with Disabilities, *2026 Agency Legislative Bill Analysis SB 794*, on file with the Committee on Children, Families, and Elder Affairs.

- Individual caseload ratios, capacity, and geographic service areas;
- The efficacy of the required waiver support coordinator mentoring program; and
- Operational and systemic challenges of delivering effective support coordination.

The surveys of iBudget clients and their parents, caregivers, or legal guardians must also specifically address overall satisfaction with support coordination services.

The bill directs the APD to hold at least one public hearing in each service region to solicit input on enhancing waiver support coordinator services from relevant stakeholders. The APD must also conduct or contract for a gap analysis to assess the geographic distribution and caseload capacity of waiver support coordinators across the state.

The bill requires the APD, by February 15, 2027, to submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives that:

- Identifies waiver support coordinator core competencies and performance measures to assess those core competencies;
- Provides recommendations on how to standardize assessment of waiver support coordinators; and
- Includes the full, final survey report submitted to the APD by the state university.

Section 3 provides that the bill shall take effect upon becoming 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 Identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There may be a negative private sector fiscal impact. Providers will have to cover the cost of the additional screenings. They will have increased administrative and financial obligations to ensure all employees meet screening requirements prior to employment. The cost for screening ranges from \$44, if no vendor processing fee is charged, to \$125, for an average cost of \$87. Residential facilities and Adult Training providers are not required to report the exact number of employees. Due to this, the APD has provided a chart below that outlines a range of the potential financial impact on providers based on the cost range above and the 5,880 providers.³⁴

Additional Background Screening Breakdown		
Average Cost per Background Screening	\$	87
# Provider Staff Currently in Clearinghouse		70,636
Additional % Added to Clearinghouse	Additional # Screened	Projected Annual Cost for Additional Individuals Screened
5.0%	3,532	\$ 307,267
10.0%	7,064	\$ 614,533
15.0%	10,595	\$ 921,800
20.0%	14,127	\$ 1,229,066

C. Government Sector Impact:

There may be an indeterminate negative fiscal impact for the Agency for Health Care Administration (AHCA) and the Department of Children and Families (DCF), which will see an increase in administrative workload related to the increase in background screening processing and retainment. The AHCA and the DCF can absorb this workload with existing staff and resources.

To implement the requirements of Section 2 of the bill, the Agency for Persons with Disabilities (APD) estimates a total cost of \$1,241,927 that includes \$203,973 in recurring costs and \$1,037,954 in nonrecurring costs for the following:

- \$500,000 to contract with a state university to develop and administer surveys and produce a report by October 1, 2026.
- \$25,080 for six employees to attend and host the six regional meetings.

³⁴ Agency for Persons with Disabilities, *2026 Agency Legislative Bill Analysis SB 794*, on file with the Committee on Children, Families, and Elder Affairs.

- \$500,000 to contract for conduction of the gap analysis to assess the geographic distribution and caseload capacity of waiver support coordinators across Florida.
- \$216,847 for one FTE and one OPS position to oversee the day-to-day operations required to implement this section, including accurate and timely submission of the February 15, 2027, report.³⁵

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 393.0655 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 Children, Families, and Elder Affairs on February 10, 2026:

The CS removes:

- The revisions to criteria that organizations must meet to qualify as support coordination providers; and
- The revisions to the APD’s ability to impose administrative fines.

The CS adds the following:

- Requires the APD to contract with a state university to survey support coordinators and submit a final report to the agency with a compilation and analysis of the survey results;
- Requires the APD to solicit input on enhancing support coordinator quality capacity and consistency;
- Requires the APD to conduct a gap analysis to assess geographic distribution and caseload capacity of support coordinators;
- Requires the APD to submit a report that identifies core competencies, specific performance metrics, and recommendations to standardize assessment of support coordinators; and
- Provides an earlier effective date.

- B. **Amendments:**

None.

³⁵ Agency for Persons with Disabilities, *2026 Agency Legislative Bill Analysis CS/SB 794*, on file with the Committee on Children, Families, and Elder Affairs

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



539302

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

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

Senate Amendment (with title amendment)

Delete lines 120 - 121

and insert:

submitted by the state university under subsection(1). This
section shall take effect upon this act becoming a law.

Section 3. Subsections (46) and (47) of section 393.063,
Florida Statutes, are renumbered as subsections (47) and (48),
respectively, subsection (11) is amended, and a new subsection
(46) is added to that section to read:



539302

11 393.063 Definitions.—For the purposes of this chapter, the
12 term:

13 (11) “Developmental disability” means a disorder or
14 syndrome that is attributable to intellectual disability,
15 cerebral palsy, autism, spina bifida, Down syndrome, Phelan-
16 McDermid syndrome, ~~or~~ Prader-Willi syndrome, or Tatton-Brown-
17 Rahman syndrome; that manifests before the age of 18; and that
18 constitutes a substantial handicap that can reasonably be
19 expected to continue indefinitely.

20 (46) “Tatton-Brown-Rahman syndrome” means a disorder caused
21 by a mutation in the DNMT3A gene typified by mild to severe
22 intellectual disability, macrocephaly, stature and weight that
23 is greater than or equal to two or more standard deviations
24 above the mean for the person’s age and sex, and any of the
25 following features presenting in infancy, childhood, or
26 adolescence:

- 27 (a) Mild facial dysmorphism.
- 28 (b) Joint hypermobility.
- 29 (c) Hypotonia.
- 30 (d) Kyphoscoliosis.
- 31 (e) Seizures.
- 32 (f) Cryptorchidism.
- 33 (g) Deficits in behavior.
- 34 (h) Hematologic malignancies.

35 Section 4. Except as otherwise expressly provided in this
36 act, this act shall take effect July 1, 2026.

37
38 ===== T I T L E A M E N D M E N T =====

39 And the title is amended as follows:



539302

40 Delete lines 22 - 23
41 and insert:
42 Legislature by a specified date; amending s. 393.063,
43 F.S.; revising the definition of the term
44 "developmental disability"; providing effective dates.

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

586-02687-26

2026794c1

1 A bill to be entitled
2 An act relating to the Agency for Persons with
3 Disabilities; amending s. 393.0655, F.S.; requiring
4 level 2 employment screening for all employees of
5 residential facilities and adult day training
6 programs; providing background screening requirements
7 for such employees; requiring the agency to contract
8 with a state university to develop and administer
9 certain surveys for a specified purpose; specifying
10 requirements for such surveys; requiring the state
11 university to submit a final report to the agency by a
12 specified date; requiring the agency to solicit input
13 and conduct publicly noticed hearings for a specified
14 purpose in each service region; requiring the agency
15 to conduct or contract for a gap analysis to make
16 certain assessments; requiring the agency to use
17 certain information to identify certain core
18 competencies and performance metrics and make
19 recommendations for standardizing assessments;
20 requiring the agency to submit a report of its
21 findings and recommendations to the Governor and the
22 Legislature by a specified date; providing an
23 effective date.

24
25 Be It Enacted by the Legislature of the State of Florida:

26
27 Section 1. Subsection (1) of section 393.0655, Florida
28 Statutes, is amended to read:
29 393.0655 Screening of direct service providers.—

Page 1 of 5

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

586-02687-26

2026794c1

30 (1) MINIMUM STANDARDS.—The agency shall require level 2
31 employment screening pursuant to chapter 435 for direct service
32 providers who are unrelated to their clients, including support
33 coordinators, and all employees ~~managers and supervisors~~ of
34 residential facilities or adult day training programs licensed
35 under this chapter and any other persons, including volunteers,
36 who provide care or services, who have access to a client's
37 living areas, or who have access to a client's funds or personal
38 property. Background screening for all employees must include
39 employment history checks as provided in s. 435.03(1) and local
40 criminal records checks through local law enforcement agencies.

41 (a) A volunteer who assists on an intermittent basis for
42 less than 10 hours per month does not have to be screened if a
43 person who meets the screening requirement of this section is
44 always present and has the volunteer within his or her line of
45 sight.

46 (b) Licensed physicians, nurses, or other professionals
47 licensed and regulated by the Department of Health are not
48 subject to background screening pursuant to this section if they
49 are providing a service that is within their scope of licensed
50 practice.

51 (c) A person selected by the family or the individual with
52 developmental disabilities and paid by the family or the
53 individual to provide supports or services is not required to
54 have a background screening under this section.

55 (d) Persons 12 years of age or older, including family
56 members, residing with a direct services provider who provides
57 services to clients in his or her own place of residence are
58 subject to background screening; however, such persons who are

Page 2 of 5

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

586-02687-26

2026794c1

59 12 to 18 years of age shall be screened for delinquency records
60 only.

61 Section 2. (1) (a) For purposes of enhancing the quality,
62 capacity, and consistency of waiver support coordination
63 services, the Agency for Persons with Disabilities shall
64 contract with a state university to develop and administer
65 surveys regarding waiver support coordination services. The
66 university shall administer surveys to owners and operators of
67 all qualified organizations in this state; support coordinators
68 currently employed by a qualified organization; and iBudget
69 clients and their parents, caregivers, or legal guardians.

70 1. The surveys must, at a minimum, solicit data and input
71 regarding:

72 a. The quality, consistency, and accessibility of services
73 provided by support coordinators.

74 b. Attributes and behaviors that define high-quality
75 support coordination.

76 c. Best practices and areas for improvement.

77 d. Quantitative and qualitative metrics suitable for
78 assessing support coordinator performance.

79 e. Any other factors deemed pertinent by the university or
80 the agency to improve service delivery.

81 2. Surveys of qualified organizations must also
82 specifically address:

83 a. Professional and educational prerequisites established
84 by the organization for employment as a support coordinator.

85 b. Methods used to assess core competencies.

86 c. The efficacy of the mentoring program required under s.
87 393.0663(2)(b), Florida Statutes.

586-02687-26

2026794c1

88 d. Operational and systemic challenges with recruitment and
89 retention of qualified support coordinators.

90 3. Surveys of individual waiver support coordinators must
91 also specifically address:

92 a. Individual caseload ratios, capacity, and geographic
93 service areas.

94 b. The efficacy of the mentoring program required under s.
95 393.0663(2)(b), Florida Statutes.

96 c. Operational and systemic challenges to delivery of
97 effective support coordination.

98 4. Surveys of iBudget clients and their parents,
99 caregivers, or legal guardians must also specifically address
100 satisfaction with support coordination services.

101 (b) By October 1, 2026, the state university must submit a
102 final report to the agency, including a compilation and analysis
103 of the survey results.

104 (2) The agency shall solicit input on enhancing support
105 coordinator quality, capacity, and consistency from the whole
106 community of waiver program stakeholders, and shall conduct at
107 least one publicly noticed hearing for this purpose in each
108 service region.

109 (3) The agency shall conduct or contract for a gap analysis
110 to assess the geographic distribution and caseload capacity of
111 waiver support coordinators across this state.

112 (4) Using the information gathered under this section, the
113 agency shall identify specific core competencies for waiver
114 support coordinators, identify specific performance metrics to
115 assess those core competencies, and make recommendations on how
116 to standardize their assessment. By February 15, 2027, the

586-02687-26

2026794c1

117 agency shall submit a report to the Governor, the President of
118 the Senate, and the Speaker of the House of Representatives on
119 its findings and recommendations, and include the full report
120 submitted by the state university under subsection (1).

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1110

INTRODUCER: Banking and Insurance Committee and Senator Truenow and others

SUBJECT: Coverage for Orthotics and Prosthetics Services

DATE: February 24, 2026 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Moody</u>	<u>Knudson</u>	<u>BI</u>	<u>Fav/CS</u>
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:
COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1110 modifies the optional Medicaid coverage for durable medical equipment to specify the inclusion of orthotics and prosthetics. The additional coverage applies to the following “eligible individuals”:

- A child younger than 18 years old;
- A dependent child;
- An individual 26 years of age or younger who remains covered under a parent’s health insurance policy; or
- An individual with a developmental disability.

The bill authorizes the Agency for Health Care Administration (AHCA) to provide Medicaid coverage payment for certain orthotics and prosthetics, all materials and components necessary to use them, instructions on their use, and any necessary repairs or replacements. The AHCA is required to seek federal approval and amend contracts as necessary to implement the change made to Medicaid coverage in the bill.

The bill also mandates coverage of certain orthotics and prosthetics for insured eligible individuals if certain conditions are met for the following types of insurance coverage beginning on or after July 1, 2026:

- An individual accident and health insurance policy (“individual insurance policy”),
- A group, blanket, and franchise health insurance (“group insurance policy”), and
- A health maintenance organization (HMO) contract.

The bill provides that an insurer or HMO may require supporting documentation from an insured's provider to confirm the need for a replacement that is less than three years old. An insurer or HMO may not deny a claim that is medically necessary to restore a physical function for an insured with a disability which would be covered by a nondisabled person. The bill requires insurers and HMOs to submit an annual report to the Office of Insurance Regulation with specified information.

The bill will have a significant recurring negative fiscal impact on state expenditures. See **Section IV., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Regulation of Insurance in Florida

The Office of Insurance Regulation (OIR) regulates specified insurance products, insurers and other risk bearing entities in Florida.¹ As part of their regulatory oversight, the OIR may suspend or revoke an insurer's certificate of authority under certain conditions.² The OIR is responsible for examining the affairs, transactions, accounts, records, and assets of each insurer that holds a certificate of authority to transact insurance business in Florida.³ As part of the examination process, all persons being examined must make available to the OIR the accounts, records, documents, files, information, assets, and matters in their possession or control that relate to the subject of the examination.⁴ The OIR is also authorized to conduct market conduct examinations to determine compliance with applicable provisions of the Insurance Code.⁵

The Agency for Health Care Administration (AHCA) regulates the quality of care by health maintenance organizations (HMO) under part III of ch. 641, F.S. Before receiving a certificate of authority from the OIR, an HMO must receive a Health Care Provider Certificate from the AHCA.⁶ As part of the certificate process used by the agency, an HMO must provide information to demonstrate that the HMO can provide quality of care consistent with the prevailing standards of care.⁷

¹ Section 20.121(3)(a), F.S. The Financial Services Commission, composed of the Governor, the Attorney General, the Chief Financial Officer, and the Commissioner of Agriculture, serves as agency head of the Office of Insurance Regulation for purposes of rulemaking. Further, the Financial Services Commission appoints the commissioner of the Office of Insurance Regulation.

² Section 624.418, F.S.

³ Section 624.316(1)(a), F.S.

⁴ Section 624.318(2), F.S.

⁵ Section 624.3161, F.S.

⁶ Section 641.21(1), F.S.

⁷ Section 641.495, F.S.

Florida’s Medicaid Program⁸

Administration of the Program

The Agency for Health Care Administration (AHCA) 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 federal Centers for Medicare and Medicaid Services and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed by the Florida Legislature.

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.

The structure of each state’s Medicaid program varies and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds. Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. The federal government sets the minimum mandatory populations and minimum mandatory benefits to be covered in every state Medicaid program. States can add optional benefits, with federal approval. Florida has added many optional benefits including prescription drugs, ambulatory surgical center services, and dialysis.

Medicaid services can be delivered both fee-for-services (FFS) or through a managed care delivery model. In FFS, providers contract directly with the AHCA to provide services, and bill and get reimbursed directly by the AHCA. In a managed care delivery model, managed care plans contract with the AHCA and are paid a per member per month capitated payment for providing all of an enrollee’s medical, dental, or home and community-based care, depending on the type of managed care plan.

In Florida, most Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has three components: Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental. Florida’s SMMC program benefits are authorized through federal waivers and are specifically required by the Florida Legislature in ss. 409.973 and 409.98, F.S. The SMMC benefits are a robust health care package covering acute, preventive, behavioral health, prescribed drugs, LTC services and dental services.

⁸ Agency for Healthcare Administration, *Senate Bill 1110 Legislative Analysis* (Jan. 8, 2026) (on file with Senate Committee on Banking and Insurance) (hereinafter cited as “2026 AHCA Agency Analysis for SB 1110”).

Mandatory Medicaid Coverage

Section 409.905, F.S., relating to mandatory Medicaid services, provides that the AHCA may make payments for delineated services, which are required of the state for federal participation. Currently, the Florida Medicaid program covers several mandatory services, such as:

- Advanced practice registered nurse services.⁹
- Home health care services.¹⁰
- Covered hospital inpatient services.¹¹
- Hospital outpatient services.¹²
- Independent Laboratory Services.¹³
- Early and periodic screening, diagnosis, and treatment services for children under 21, including durable medical equipment determined to be medically necessary for the treatment, correction, or amelioration the problem.¹⁴

Optional Services

Florida law authorizes the AHCA to make payments for services which are optional to the state and have received federal approval through the state plan or a federal waiver..¹⁵ Some of the optional services covered include:

- Adult dental care.¹⁶
- Chiropractic services.¹⁷
- Community mental health services.¹⁸
- Durable medical equipment.¹⁹

Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage²⁰

- The Florida Medicaid program currently covers orthotic and prosthetic durable medical equipment services regardless of diagnosis, condition, or regardless so how the device is to be used. The current fee schedule includes 699 available current procedural terminology codes for orthotics and prosthetics. Should a medically necessary device exist that is not specifically outlined in the fee schedule, a provider may seek prior authorization for the device.

⁹ Section 409.905(1), F.S.

¹⁰ Section 409.905(4), F.S.

¹¹ Section 409.905(5), F.S.

¹² Section 409.905(6), F.S.

¹³ Section 409.905(7), F.S.

¹⁴ Section 409.905(2), F.S.

¹⁵ Section 409.906, F.S.

¹⁶ Section 409.906(1), F.S.

¹⁷ Section 409.906(7), F.S.

¹⁸ Section 409.906(8), F.S.

¹⁹ Section 409.906(10), F.S. (providing the AHCA may authorize and pay for certain durable medical equipment and supplies provided to a Medicaid recipient as medically necessary).

²⁰ Agency for Healthcare Administration, *Committee Substitute for Senate Bill 1110 Legislative Analysis* (Feb. 19, 2026)(on file with the Senate Appropriations Committee on Health and Human Services).

Florida Medicaid Physical Therapy and Occupational Therapy Services Coverage

Florida Medicaid provides physical therapy (PT) and occupational therapy (OT) services for recipients under 21 years of age and wheelchair evaluations for all recipients, regardless of age. Many of the managed care plans under the SMMC, however, provided PT and OT services as expanded benefits, which are considered provided at no cost to the Medicaid program. Additionally, therapy services are covered for individuals enrolled under a waiver program, such as the iBudget Waiver.²¹

Patient Protection and Affordable Care Act

Essential Benefits

Under the Patient Protection and Affordable Care Act (PPACA),²² all non-grandfathered health plans in the non-group and small-group private health insurance markets must offer a core package of health care services known as the essential health benefits (EHBs). While the PPACA does not specify the benefits within the EHB, it provides 10 categories of benefits and services that must be covered and it requires the Secretary of Health and Human Services to further define the EHB.²³

The 10 EHB categories are:

- Ambulatory patient services.
- Emergency services.
- Hospitalization.
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment.
- Prescription drugs.
- Rehabilitation and habilitation services and devices.
- Laboratory services.
- Preventive and wellness services and chronic disease management.
- Pediatric services, including oral and vision care.²⁴

The PPACA requires each state to select its own reference benchmark plan as its EHB benchmark plan that all other health plans in the state use as a model. Beginning in 2020, states could choose a new EHB plan using one of three options, including: selecting another's state benchmark plan; replacing one or more categories of EHB benefits; or selecting a set of benefits that would become the State's EHB benchmark plan.²⁵ Florida selected its EHB plan before 2012 and has not modified that selection.²⁶

²¹ Agency for Healthcare Administration, *Committee Substitute for Senate Bill 1110 Legislative Analysis* (Feb. 19, 2026)(on file with the Senate Appropriations Committee on Health and Human Services).

²² Patient Protection and Affordable Care Act of 2010. Pub. L. No. 111-141, as amended.

²³ 45 CFR 156.100. et seq.

²⁴ 45 CFR 156.110

²⁵ Centers for Medicare and Medicare Services, *Marketplace – Essential Health Benefits*, <https://www.cms.gov/marketplace/resources/data/essential-health-benefits> (last reviewed Feb. 19, 2026).

²⁶ Centers for Medicare and Medicaid Services, *Information on Essential Health Benefits (EHB) Benchmark Plans*, Florida State Required Benefits, <https://downloads.cms.gov/> (last viewed on Feb. 19, 2026).

Individual Insurance Policies

Florida law requires individual insurance policies to comply with several requirements, such as required provisions,²⁷ limits on preexisting conditions,²⁸ and claims processing.²⁹ There are several provisions that require minimum mandatory coverage for certain services, such as mammograms,³⁰ diabetes treatment services,³¹ and osteoporosis³² that meet certain criteria. Any health insurance policy that provides coverage for mastectomies must also provide coverage for prosthetic devices and breast reconstructive surgery incident to the mastectomy.³³

Group Insurance Policies

Group health insurance is health insurance covering groups of persons under a master group health insurance policy issued to specified groups, such as employee groups.³⁴ Group coverage does not apply to certain types of policies, such as auto medical payments and workers compensation.³⁵ Similar to individual insurance policies, there are several provisions that require minimum mandatory coverage for certain services, such as mammograms,³⁶ diabetes treatment services,³⁷ and osteoporosis³⁸ that meet certain criteria. Any health insurance policy that provides coverage for mastectomies must also provide coverage for prosthetic devices and breast reconstructive surgery incident to the mastectomy.³⁹

HMO Contracts

“Health maintenance contract” means any contract entered into by a health maintenance organization with a subscriber or group of subscribers to provide coverage for comprehensive health care services in exchange for a prepaid per capita or prepaid aggregated fixed sum.⁴⁰ An health maintenance organization⁴¹ (HMO) that issues a health insurance contract must renew or

²⁷ Section 627.605, F.S.

²⁸ Section 627.6046, F.S.

²⁹ See ss. 627.610 and 627.611, F.S.

³⁰ Section 627.6418, F.S.

³¹ Section 627.6408, F.S.

³² Section 627.6409, F.S.

³³ Section 627.6417(1), F.S. (providing the coverage for prosthetic devices and breast reconstructive surgery is subject to any deductible and coinsurance conditions and all other terms and conditions applicable to other benefits).

³⁴ Sections 627.652 627.653, F.S.

³⁵ Section 627.6513, F.S.

³⁶ Section 627.6613, F.S.

³⁷ Section 627.65745, F.S.

³⁸ Section 627.6691, F.S.

³⁹ Section 627.6612(1), F.S. (providing the coverage for prosthetic devices and breast reconstructive surgery is subject to any deductible and coinsurance conditions and all other terms and conditions applicable to other benefits).

⁴⁰ Section 641.19(11), F.S.

⁴¹ Section 641.19(12), F.S., defines “health maintenance organization” as any organization authorized under part I under ch. 641, F.S., which: (a) Provides, through arrangements with other persons, emergency care, inpatient hospital services, physician care including care provided by physicians licensed under chs. 458, 459, 460, and 461, F.S., ambulatory diagnostic treatment, and preventive health care services; (b) Provides, either directly or through arrangements with other persons, health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis; (c) Provides, either directly or through arrangements with other persons, comprehensive health care services which subscribers are entitled to receive pursuant to a contract; (d) Provides physician services, by physician licensed under chs. 458, 459, 460, and 461, F.S., directly through physicians who are either employees or partners of such organization or under

continue in force such coverage at the option of the contract holder. There are provisions that require minimum mandatory coverage for certain services, such as mammograms⁴² and certain developmental disabilities.⁴³ Similar to individual and group insurance policies, a health maintenance contract that provides coverage for mastectomies must also provide coverage for prosthetic devices and breast reconstructive surgery incident to the mastectomy.⁴⁴

Employee Health Care Access Act

The Employee Health Care Access Act is intended to promote health insurance availability for small employers⁴⁵ that employ an average of at least one but not more than 50 eligible employees on business days during the preceding calendar year.⁴⁶ To transact business in Florida, every small employer carrier must offer and issue all small employer health benefits plans on a guaranteed-issued basis to every eligible small employer that meets certain conditions.⁴⁷ The Financial Services Commission may establish rules to ensure that small employer carrier rates are reasonable and reflect objective differences in plan design.⁴⁸

State Employee Health Plan

For state employees who participate in the state employee benefit program, the Department of Management Services through the Division of State Group Insurance (DSGI) administers the state group health insurance program (Program).⁴⁹ The Program is a cafeteria plan managed consistent with section 125 of the Internal Revenue Service Code.⁵⁰ To administer the program, DSGI contracts with third party administrators for self-insured plans, a fully insured HMO, and a pharmacy benefits manager for the state employees' self-insured prescription drug program, pursuant to s.110.12315, F.S. For the 2025 Plan Year, which began January 1, 2026, the HMO plans under contract with DSGI are Aetna, Capital Health Plan, and United Healthcare, and the preferred provider organization (PPO) plan is Florida Blue.⁵¹

arrangements with a physician or any group of physicians; (e) If offering services through a managed care system, has a system in which a primary physician licensed under chs. 458, 459, 460, and 461, F.S., is designed for each subscriber upon request of a subscriber requesting service by a physician licensed under any of those chapters, and is responsible for coordinating the health care of the subscriber of the respectively requested service and for referring the subscriber to other providers of the same discipline when necessary.

⁴² Section 641.31095, F.S.

⁴³ Section 641.31098, F.S.

⁴⁴ Section 641.31(32), F.S. (providing coverage for prosthetic devices and breast reconstructive surgery is subject to any deductible and coinsurance conditions).

⁴⁵ Section 627.6699(2), F.S.

⁴⁶ Section 627.6699(3)(v), F.S.

⁴⁷ Section 627.6699(5)(b), F.S.

⁴⁸ Section 627.6699(6)(a), F.S.

⁴⁹ Section 110.123, F.S.

⁵⁰ A section 125 cafeteria plan is a type of employer offered, flexible health insurance plan that provides employees a menu of pre-tax and taxable qualified benefits to choose from, but employees must be offered at least one taxable benefit such as cash, and one qualified benefit, such as a Health Savings Account.

⁵¹ Department of Management Services, Division of State Group Insurance, *2024 Open Enrollment Brochure for Active State Employee Participants*, https://www.mybenefits.myflorida.com/beta - open_enrollment (last visited Feb. 19, 2026).

Study of Mandated Health Benefits

Section 624.215, F.S., directs every person or organization seeking consideration of a legislative proposal which would mandate a health coverage or the offering of a health coverage by an insurance carrier, health care service contractor, or health maintenance organization as a component of individual or group policies, must submit to the AHCA and the legislative committees having jurisdiction a report which assesses the social and financial impacts of the proposed coverage.

The requirement is designed to assist the Legislature in determining whether mandating a particular coverage or the offer of such coverage is in the public interest through a systematic evaluation of a proposed mandated benefit's beneficial social and health consequences which may be in the public interest in contrast with the potential increased cost of health insurance premiums.

The guidelines for assessing the impact of a proposed mandated or mandatorily offered health coverage, to the extent that information is available, shall include:

- To what extent is the treatment or service generally used by a significant portion of the population.
- To what extent is the insurance coverage generally available.
- If the insurance coverage is not generally available, to what extent does the lack of coverage result in persons avoiding necessary health care treatment.
- If the coverage is not generally available, to what extent does the lack of coverage result in unreasonable financial hardship.
- The level of public demand for the treatment or service.
- The level of public demand for insurance coverage of the treatment or service.
- The level of interest of collective bargaining agents in negotiating for the inclusion of this coverage in group contracts.
- To what extent will the coverage increase or decrease the cost of the treatment or service.
- To what extent will the coverage increase the appropriate uses of the treatment or service.
- To what extent will the mandated treatment or service be a substitute for a more expensive treatment or service.
- To what extent will the coverage increase or decrease the administrative expenses of insurance companies and the premium and administrative expenses of policyholders.
- The impact of this coverage on the total cost of health care.

III. Effect of Proposed Changes:

Section 1 specifies Medicaid coverage and authorizes the Agency for Health Care Administration (AHCA) to pay for the following orthotics and prosthetics services for eligible individuals:

- Orthoses⁵² and prostheses.⁵³ Coverage must include payment for:
 - The model of an orthosis or a prosthesis which is deemed by the recipient’s provider to be the most appropriate to meet the medical needs of the recipient to perform activities of daily living and essential job-related activities; and
 - When medically necessary, an orthosis or a prosthesis designed for physical or recreational activities that maximize the recipient’s full body health and lower and upper limb function.
- All materials and components necessary to use the orthosis or prosthesis.
- Instruction on the use of the orthosis or prosthesis.
- Any necessary repairs or replacement of the orthosis or prosthesis.

The bill defines “eligible individual” as a Medicaid recipient who is:

- A child younger than 18 years of age;
- A dependent child as specified in s. 627.6562;
- An individual 26 years of age or younger who remains covered under a parent’s health insurance policy pursuant to s. 627.6562, F.S.; or
- An individual with a developmental disability as defined in s. 393.063.

Section 2 requires the AHCA to seek federal approval and amend contracts as necessary to implement the coverages provided in Section 1 of the bill.

Sections 3, 4, and 5 create ss. 627.64085, 627.6614, and 641.31079, F.S., relating to an individual insurance policy; a group insurance policy; and a health maintenance organization (HMO) contract, respectively, to revise the state’s coverage mandates for orthotics and prosthetics for an eligible individual beginning on or after July 1, 2026. Insurers and HMOs must provide coverage for the following:

- An orthosis or a prosthesis that is medically necessary for the insured to perform activities of daily living, essential job-related activities, and physical recreational activities, such as running, biking, swimming, strength training, and other activities that maximize the insured’s or subscriber’s full body health and lower and upper limb function.
- Any replacement of the orthosis or prosthesis, or part thereof, without regard to continuous use or useful lifetime restrictions, if the insured’s or subscriber’s provider determines that it is medically necessary due to one of the following:

⁵² Section 468.80(6), F.S., defines “orthosis” as any medical device used to provide support, correction, or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity but does not include the following assistive technology devices: upper extremity adaptive equipment used to facilitate the activities of daily living, including specialized utensils, combs, and brushes; finger splints; wheelchair seating and equipment that is an integral part of the wheelchair and not worn by the patient; elastic abdominal supports that do not have metal or plastic reinforcing stays; nontherapeutic arch supports; nontherapeutic accommodative inlays and nontherapeutic accommodative footwear, regardless of method of manufacture; unmodified, over-the-counter nontherapeutic shoes; prefabricated nontherapeutic foot care products; durable medical equipment such as canes, crutches, or walkers; dental appliances; or devices implanted into the body by a physician. The term “accommodative” means designed with the primary goal of conforming to the individual’s anatomy. The term “inlay” means any removable material upon which the foot directly rests inside the shoe and which may be an integral design component of the shoe. The term “musculoskeletal” and “neuromuscular” mean the systems of the body providing support and movement and include the skeletal, muscular, circulatory, nervous, and integumentary systems.

⁵³ Section 468.80(14), F.S., defines “prosthesis” as a medical device used to replace a missing appendage or other external body part, including an artificial limb, hand, or foot. It does not include surgically implanted devices or artificial eyes; dental appliances; ostomy products; or cosmetic devices such as breast prostheses, eyelashes, or wigs.

- A change in the physiological condition of the insured or subscriber.
- An irreparable change in the condition of the orthosis or prosthesis, or any part of the condition.
- A change in the condition of the orthosis or prosthesis, or any part of the condition, requires repairs that would cost more than 60 percent of the cost of a replacement orthosis or prosthesis or of the part requiring replacement.

Each section applies the mandated coverage to eligible individuals, who are defined in the same way as in the Medicaid portion of the bill, except that reference is made to being an insured or subscriber rather than a Medicaid recipient.

An insurer or HMO may require supporting documentation from an insured's or subscriber's provider to confirm the need for a replacement for an orthosis or a prosthesis that is less than three years old.

An insurer or HMO may not deny a claim as a medically necessary intervention to restore physical function for an insured or subscriber with a disability which would otherwise be covered for a nondisabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same type of physical function affected.

Each insurer and HMO is required to submit an annual report beginning July 1, 2027, to the Office of Insurance Regulation detailing the total number of claims submitted for orthotics and prosthetics services in the previous plan year and the total number of such claims that were paid, including the amount paid.

Sections 1, 3, 4, and 5 provide that the bill may not be construed to require coverage of orthotics or prosthetics services for an insured who is not an eligible individual.

The bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill will have an indeterminate negative fiscal impact on the private sector. Insurers and health maintenance organizations (HMO) that do not already provide coverage for these services will experience an increase in costs. Any such increases will likely be passed on to individuals in the form of health insurance premium increases.

The bill will have a significant positive fiscal impact on eligible individuals for which equipment and services will no longer be an out-of-pocket expense.

C. Government Sector Impact:

The bill has a significant recurring negative impact on state expenditures.

While the requirements of the bill are similar to current Florida Medicaid coverage policies, there are two major differences.

The bill requires coverage for recipients 21 years and older with a developmental disability, who are not currently eligible for these specific orthotic and prosthetic services under the state plan. There are approximately 5,316 individuals in this category, and the estimated cost to add these services for that population is \$358,885 (\$158,349 GR).⁵⁴

The bill also requires coverage for all models of devices deemed most appropriate by the provider for daily living and job-related activities and for all materials and components necessary to use the devices. This will increase the number of specific items covered under the Florida Medicaid program and could result in significant cost increase depending on utilization: \$128,357 to \$5,458,920 (\$96,344 to \$2,408,612 GR) for a 1 percent to 25 percent increase to current expenditure levels.

Estimated Impact for Children ⁵⁵		
% Increase to Service Cost	Total Increase	General Revenue
Estimated Increase of 1% to Service Cost	\$93,397.65	\$41,209.38
Estimated Increase of 5% to Service Cost	\$466,988.25	206,046.89
Estimated Increase of 10% to Service Cost	\$933,976.51	\$412,093.78
Estimated Increase of 25% to Service Cost	\$2,334,941.26	\$1,030,234.46

⁵⁴ Agency for Healthcare Administration, *Committee Substitute for Senate Bill 1110 Legislative Analysis* (Feb. 19, 2026) (on file with the Senate Appropriations Committee on Health and Human Services).

⁵⁵ *Id.*

In Fiscal Year 2024-2025, the Florida Medicaid program expended \$31,171,568 (\$9,339,765 related to children and \$21,835,680 related to adults) for services related to orthotic and prosthetic. The AHCA estimates the overall impact of these two changes made by the bill to be between \$577,241 to \$5,817,805.⁵⁶

The bill will have no direct fiscal impact on the AHCA. The AHCA would experience a workload impact to seek federal approvals, amend its rules and managed care contracts, and update billing codes to cover any additional services not already included in the Florida Medicaid program. These actions are part of the AHCA's routine business practices and can be accomplished using existing resources.⁵⁷

The bill will have an indeterminate negative impact on the Division of State Group Insurance which may incur additional costs if contracted insurers and health maintenance organizations increase premiums related to additional coverage for devices and services for state employees.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Health coverage plan years generally correspond to the calendar year, thus revising the bill's effective date to January 1, 2027, would coincide with the beginning of a new plan year for most insurers and subscribers.

The Agency for Health Care Administration (AHCA) states that the eligibility criteria in the bill will exclude current Medicaid-eligible youth ages 19 and 20 unless they meet the criteria for one of the other eligibility groups.⁵⁸

VIII. Statutes Affected:

This bill substantially amends section 409.906 of the Florida Statutes.

This bill creates the following sections of the Florida Statutes: 627.64085, 627.6614, and 641.31079.

⁵⁶ Agency for Healthcare Administration, *Committee Substitute for Senate Bill 1110 Legislative Analysis* (Feb. 19, 2026) (on file with the Senate Appropriations Committee on Health and Human Services).

⁵⁷ *Id.*

⁵⁸ *Id.*

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

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

CS by Banking and Insurance Committee on February 11, 2026:

The committee substitute specifies that the orthotics and prosthetics coverage provided in the bill applies only to eligible individuals. Each section that provides for orthotics and prosthetics coverage defines the term “eligible individual” and provides statutory construction to clarify that coverage is not required for an insured who is not an eligible individual.

B. Amendments:

None.

By the Committee on Banking and Insurance; and Senators Truenow and Smith

597-02756-26

20261110c1

1 A bill to be entitled
 2 An act relating to coverage for orthotics and
 3 prosthetics services; amending s. 409.906, F.S.;
 4 defining the term "eligible individual"; authorizing
 5 the Agency for Health Care Administration to authorize
 6 and pay for specified orthotics and prosthetics
 7 services for Medicaid recipients who are eligible
 8 individuals; providing construction; requiring the
 9 agency to seek federal approval and amend contracts as
 10 necessary to implement the act; creating ss.
 11 627.64085, 627.6614, and 641.31079, F.S.; defining the
 12 term "eligible individual"; requiring individual
 13 health insurance policies; group, blanket, and
 14 franchise health insurance policies; and health
 15 maintenance contracts, respectively, to provide
 16 coverage for specified orthotics and prosthetics
 17 services for eligible individuals; authorizing health
 18 insurers and health maintenance organizations to
 19 require certain supporting documentation; prohibiting
 20 health insurers and health maintenance organizations
 21 from denying claims under certain circumstances;
 22 requiring health insurers and health maintenance
 23 organizations to submit annual reports of specified
 24 information to the Office of Insurance Regulation;
 25 providing construction; providing an effective date.
 26
 27 Be It Enacted by the Legislature of the State of Florida:
 28
 29 Section 1. Subsection (10) of section 409.906, Florida

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

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30 Statutes, is amended to read:
 31 409.906 Optional Medicaid services.—Subject to specific
 32 appropriations, the agency may make payments for services which
 33 are optional to the state under Title XIX of the Social Security
 34 Act and are furnished by Medicaid providers to recipients who
 35 are determined to be eligible on the dates on which the services
 36 were provided. Any optional service that is provided shall be
 37 provided only when medically necessary and in accordance with
 38 state and federal law. Optional services rendered by providers
 39 in mobile units to Medicaid recipients may be restricted or
 40 prohibited by the agency. Nothing in this section shall be
 41 construed to prevent or limit the agency from adjusting fees,
 42 reimbursement rates, lengths of stay, number of visits, or
 43 number of services, or making any other adjustments necessary to
 44 comply with the availability of moneys and any limitations or
 45 directions provided for in the General Appropriations Act or
 46 chapter 216. If necessary to safeguard the state's systems of
 47 providing services to elderly and disabled persons and subject
 48 to the notice and review provisions of s. 216.177, the Governor
 49 may direct the Agency for Health Care Administration to amend
 50 the Medicaid state plan to delete the optional Medicaid service
 51 known as "Intermediate Care Facilities for the Developmentally
 52 Disabled." Optional services may include:
 53 (10) DURABLE MEDICAL EQUIPMENT.—
 54 (a) The agency may authorize and pay for certain durable
 55 medical equipment and supplies provided to a Medicaid recipient
 56 as medically necessary.
 57 (b)1. As used in this paragraph, the term "eligible
 58 individual" means a Medicaid recipient who is:

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- 59 a. A child younger than 18 years of age;
 60 b. A dependent child as specified in s. 627.6562;
 61 c. An individual 26 years of age or younger who remains
 62 covered under a parent's health insurance policy pursuant to s.
 63 627.6562; or
 64 d. An individual with a developmental disability as defined
 65 in s. 393.063.
- 66 2. The agency may authorize and pay for all of the
 67 following orthotics and prosthetics services for eligible
 68 individuals:
- 69 a. Orthoses and prostheses as those terms are defined in s.
 70 468.80. Coverage must include payment for:
- 71 (I) The model of an orthosis or a prosthesis which is
 72 deemed by the eligible individual's provider to be the most
 73 appropriate to meet the medical needs of the eligible individual
 74 to perform activities of daily living and essential job-related
 75 activities; and
- 76 (II) When medically necessary, an orthosis or a prosthesis
 77 designed for physical or recreational activities that maximize
 78 the eligible individual's full body health and lower and upper
 79 limb function.
- 80 b. All materials and components necessary to use the
 81 orthosis or prosthesis.
- 82 c. Instruction on the use of the orthosis or prosthesis.
 83 d. Any necessary repairs or replacement of the orthosis or
 84 prosthesis.
- 85 3. This paragraph may not be construed to require Medicaid
 86 coverage of orthotics and prosthetics services specified herein
 87 for a Medicaid recipient who is not an eligible individual.

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

597-02756-26

20261110c1

- 88 Section 2. The Agency for Health Care Administration shall
 89 seek federal approval and amend contracts as necessary to
 90 implement the changes made to s. 409.906, Florida Statutes, by
 91 this act.
- 92 Section 3. Section 627.64085, Florida Statutes, is created
 93 to read:
- 94 627.64085 Orthotics and prosthetics services.—
 95 (1) As used in this section, the term "eligible individual"
 96 means an insured who is:
- 97 a. A child younger than 18 years of age;
 98 b. A dependent child as specified in s. 627.6562;
 99 c. An individual 26 years of age or younger who remains
 100 covered under a parent's health insurance policy pursuant to s.
 101 627.6562; or
 102 d. An individual with a developmental disability as defined
 103 in s. 393.063.
- 104 (2) A health insurance policy issued, amended, delivered,
 105 or renewed in this state on or after July 1, 2026, must provide
 106 coverage of all of the following for eligible individuals:
- 107 (a) Orthoses and prostheses as those terms are defined in
 108 s. 468.80 if the eligible individual's provider determines that
 109 an orthosis or a prosthesis is medically necessary for the
 110 eligible individual to perform activities of daily living,
 111 essential job-related activities, and physical recreational
 112 activities, such as running, biking, swimming, strength
 113 training, and other activities that maximize the eligible
 114 individual's full body health and lower and upper limb function.
- 115 (b) Any replacement of the orthosis or prosthesis, or part
 116 thereof, without regard to continuous use or useful lifetime

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117 restrictions, if the eligible individual's provider determines
 118 that it is medically necessary due to any of the following:

119 1. A change in the physiological condition of the eligible
 120 individual.

121 2. An irreparable change in the condition of the orthosis
 122 or prosthesis, or part thereof.

123 3. A change in the condition of the orthosis or prosthesis,
 124 or part thereof, requires repairs that would cost more than 60
 125 percent of the cost of a replacement orthosis or prosthesis or
 126 of the part thereof requiring replacement.

127
 128 A health insurer may require supporting documentation from an
 129 eligible individual's provider to confirm the need for a
 130 replacement for an orthosis or a prosthesis that is less than 3
 131 years old.

132 (3) A health insurer may not deny a claim for an orthosis
 133 or a prosthesis as a medically necessary intervention to restore
 134 physical function for an eligible individual with a disability
 135 which would otherwise be covered for a nondisabled person
 136 seeking medical or surgical intervention to restore or maintain
 137 the ability to perform the same type of physical function
 138 affected.

139 (4) Beginning July 1, 2027, and annually thereafter, each
 140 health insurer subject to this section shall submit a report to
 141 the Office of Insurance Regulation detailing the total number of
 142 claims submitted for orthotics and prosthetics services in the
 143 previous plan year and the total number of such claims that were
 144 paid, including the amount paid.

145 (5) This section may not be construed to require coverage

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146 of orthotics or prosthetics services for an insured who is not
 147 an eligible individual.

148 Section 4. Section 627.6614, Florida Statutes, is created
 149 to read:

150 627.6614 Orthotics and prosthetics services.—

151 (1) As used in this section, the term "eligible individual"
 152 means an insured who is:

153 a. A child younger than 18 years of age;

154 b. A dependent child as specified in s. 627.6562;

155 c. An individual 26 years of age or younger who remains
 156 covered under a parent's health insurance policy pursuant to s.
 157 627.6562; or

158 d. An individual with a developmental disability as defined
 159 in s. 393.063.

160 (2) A group, blanket, or franchise health insurance policy
 161 issued, amended, delivered, or renewed in this state on or after
 162 July 1, 2026, must provide coverage of all of the following for
 163 eligible individuals:

164 (a) Orthoses and prostheses as those terms are defined in
 165 s. 468.80 if the eligible individual's provider determines that
 166 an orthosis or a prosthesis is medically necessary for the
 167 eligible individual to perform activities of daily living,
 168 essential job-related activities, and physical recreational
 169 activities, such as running, biking, swimming, strength
 170 training, and other activities that maximize the eligible
 171 individual's full body health and lower and upper limb function.

172 (b) Any replacement of the orthosis or prosthesis, or part
 173 thereof, without regard to continuous use or useful lifetime
 174 restrictions, if the eligible individual's provider determines

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175 that it is medically necessary due to any of the following:
 176 1. A change in the physiological condition of the eligible
 177 individual.
 178 2. An irreparable change in the condition of the orthosis
 179 or prosthesis, or part thereof.
 180 3. A change in the condition of the orthosis or prosthesis,
 181 or part thereof, requires repairs that would cost more than 60
 182 percent of the cost of a replacement orthosis or prosthesis or
 183 of the part thereof requiring replacement.
 184
 185 A health insurer may require supporting documentation from an
 186 eligible individual's provider to confirm the need for a
 187 replacement for an orthosis or a prosthesis that is less than 3
 188 years old.
 189 (3) A health insurer may not deny a claim for an orthosis
 190 or a prosthesis as a medically necessary intervention to restore
 191 physical function for an eligible individual with a disability
 192 which would otherwise be covered for a nondisabled person
 193 seeking medical or surgical intervention to restore or maintain
 194 the ability to perform the same type of physical function
 195 affected.
 196 (4) Beginning July 1, 2027, and annually thereafter, each
 197 health insurer subject to this section shall submit a report to
 198 the Office of Insurance Regulation detailing the total number of
 199 claims submitted for orthotics and prosthetics services in the
 200 previous plan year and the total number of such claims that were
 201 paid, including the amount paid.
 202 (5) This section may not be construed to require coverage
 203 of orthotics or prosthetics services for an insured who is not

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204 an eligible individual.
 205 Section 5. Section 641.31079, Florida Statutes, is created
 206 to read:
 207 641.31079 Orthotics and prosthetics services.—
 208 (1) As used in this section, the term "eligible individual"
 209 means a subscriber who is:
 210 a. A child younger than 18 years of age;
 211 b. A dependent child as specified in s. 627.6562;
 212 c. An individual 26 years of age or younger who remains
 213 covered under a parent's health insurance policy pursuant to s.
 214 627.6562; or
 215 d. An individual with a developmental disability as defined
 216 in s. 393.063.
 217 (2) A health maintenance contract issued, amended,
 218 delivered, or renewed in this state on or after July 1, 2026,
 219 must provide coverage of all of the following for eligible
 220 individuals:
 221 (a) Orthoses and prostheses as those terms are defined in
 222 s. 468.80 if the eligible individual's provider determines that
 223 an orthosis or a prosthesis is medically necessary for the
 224 eligible individual to perform activities of daily living,
 225 essential job-related activities, and physical recreational
 226 activities, such as running, biking, swimming, strength
 227 training, and other activities that maximize the eligible
 228 individual's full body health and lower and upper limb function.
 229 (b) Any replacement of the orthosis or prosthesis, or part
 230 thereof, without regard to continuous use or useful lifetime
 231 restrictions, if the subscriber's provider determines that it is
 232 medically necessary due to any of the following:

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233 1. A change in the physiological condition of the eligible
 234 individual.

235 2. An irreparable change in the condition of the orthosis
 236 or prosthesis, or part thereof.

237 3. A change in the condition of the orthosis or prosthesis,
 238 or part thereof, requires repairs that would cost more than 60
 239 percent of the cost of a replacement orthosis or prosthesis or
 240 of the part thereof requiring replacement.

241

242 A health maintenance organization may require supporting
 243 documentation from an eligible individual's provider to confirm
 244 the need for a replacement for an orthosis or a prosthesis that
 245 is less than 3 years old.

246 (3) A health maintenance organization may not deny a claim
 247 for an orthosis or a prosthesis as a medically necessary
 248 intervention to restore physical function for an eligible
 249 individual with a disability which would otherwise be covered
 250 for a nondisabled person seeking medical or surgical
 251 intervention to restore or maintain the ability to perform the
 252 same type of physical function affected.

253 (4) Beginning July 1, 2027, and annually thereafter, each
 254 health maintenance organization subject to this section shall
 255 submit a report to the Office of Insurance Regulation detailing
 256 the total number of claims submitted for orthotics and
 257 prosthetics services in the previous plan year and the total
 258 number of such claims that were paid, including the amount paid.

259 (5) This section may not be construed to require coverage
 260 of orthotics or prosthetics services for a subscriber who is not
 261 an eligible individual.

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262 Section 6. This act shall take effect July 1, 2026.

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2026 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION

BILL NUMBER:	CS/SB 1110
BILL TITLE:	Coverage for Orthotics and Prosthetics Services
BILL SPONSOR:	Senator Truenow
EFFECTIVE DATE:	7/1/2026

COMMITTEES OF REFERENCE

1) Banking and Insurance
2) Appropriations Committee on Health and Human Services
3) Appropriations
4)
5)

CURRENT COMMITTEE

2) Appropriations Committee on Health and Human Services
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SIMILAR BILLS

BILL NUMBER:	HB 1301
SPONSOR:	Alvarez Robinson

PREVIOUS LEGISLATION

BILL NUMBER:	
SPONSOR:	
YEAR:	
LAST ACTION:	

IDENTICAL BILLS

BILL NUMBER:	
SPONSOR:	

Is this bill part of an agency package?

Y ___ N ___

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	1/8/2025; 2/19/2026
LEAD AGENCY ANALYST:	Kelsey Krueger
ADDITIONAL ANALYST(S):	
LEGAL ANALYST:	

FISCAL ANALYST:	
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POLICY ANALYSIS

1. EXECUTIVE SUMMARY

Senate bill (SB) 1110 amends section (s.) 409.906(10), F.S. to authorize the Agency for Health Care Administration (Agency) to provide increased access to specified orthotic and prosthetic devices and related services. The proposed bill requires the Agency to cover orthoses and prostheses devices, as defined in s. 468.80, F.S., including models needed for activities of daily living and essential job-related and physical/recreational activities. Medicaid coverage must also include all materials and components for proper use of the device, instruction for proper use, and necessary repairs or replacements of covered devices for Medicaid recipients that meet the definition of an “eligible individual.”

The bill requires insurers licensed under Chapter 627, F.S., and Health Maintenance Organizations (HMOs) licensed under Chapter 641, F.S., to provide consistent coverage outlined for Medicaid. Additionally, the proposed bill prohibits insurers licensed under Chapter 627 and 641, F.S. from denying for an orthosis or prosthesis when it is medically necessary to restore physical function for a person with a disability, if similar coverage would be provided to a nondisabled person for medical or surgical intervention to restore or maintain the same type of physical function. The proposed bill requires an annual report submission detailing claims information by insurers licensed under Chapters 627 and 641, F.S.

Current coverage for Orthotic and Prosthetic supplies is outlined in Rule 59G-4.073, Florida Administrative Code (F.A.C.), Durable Medical Equipment (DME) and Medical Supply Services Coverage Policy: Orthotic and Prosthetic¹ and in accordance with the DME and Medical Supply Services Fee Schedule incorporated by reference in Rule 59G-4.002, F.A.C.² The 2026 DME and Medical Supply Services Fee Schedule currently contains 699 codes designated for orthotic and prosthetic devices; 683 of which are available for recipients of all ages. Limits for supplies vary based on medical necessity and best practice, however, utilization limits may be exceeded with prior authorization.

Current coverage for instruction on the use of an orthosis or prosthesis is provided under Rule 59G-4.318, F.A.C. Occupational Therapy Services³ or Rule 59G-4.320, F.A.C. Physical Therapy Services⁴ and in accordance with the Occupational Therapy and Physical Therapy Services Fee Schedules incorporated by reference in Rule 59G-4.002, F.A.C.⁵ Therapy services are currently available for recipients under 21 years, recipients enrolled in the Statewide Medicaid Managed Care (SMMC) Long Term Care (LTC) program, and select services available for recipients over the age of 21 years and not enrolled in the SMMC LTC program

As the DME, Occupational Therapy, and Physical Therapy Fee Schedules do not include an exhaustive list of all eligible codes for orthotics and prosthetics, implementing SB 1110 would have fiscal and operational impacts for the Agency.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Agency for Health Care Administration

The 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 Florida Medicaid Program

¹ [Durable Medical Equipment and Medical Supply Services Coverage Policy: Orthotic and Prosthetic](#)

² [Durable Medical Equipment \(DME\) and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients](#)

³ [Occupational Therapy Services Coverage Policy](#)

⁴ [Physical Therapy Services Coverage Policy](#)

⁵ [Provider Reimbursement Schedules and Billing Codes](#)

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.

The structure of each state's Medicaid program varies and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds. Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. These federal requirements create an entitlement that comes with constitutional due process protections. The entitlement means that two parts of the Medicaid cost equation – people and utilization – are largely predetermined for the states. The federal government sets the minimum mandatory populations to be included in every state Medicaid program in accordance with 1905(a) of the SSA and as codified in Title 42 of the United States Code 1396d(a). Florida Medicaid does not cover all low-income Floridians. The populations eligible for full Florida Medicaid benefits are defined in Sections 409.903 and 409.904 F.S., and includes low income:

- Families with children
- Parents/Caretakers
- Pregnant women
- Children under 1
- Emergency Medicaid Assistance to Noncitizens
- Seniors (adults 65 years of age and older receiving Medicare who also qualify for Medicaid)

The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program. States can add optional benefits, with federal approval.

Mandatory Services

S. 409.905, F.S.⁶ allows the Agency to make payments for mandatory services which are required of the state by Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Examples of mandatory services include:

- Physician and Advanced Practice Registered Nurse services
- Home health
- Hospital and nursing facility care
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children under 21, including physical and occupational therapies

Optional Services

S. 409.906, F.S.⁷ allows the Agency to make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Examples of optional services include:

- Adult dental care
- Community mental health
- Durable medical equipment (DME)
- Podiatric services

Florida Medicaid Delivery Systems

In Florida, Medicaid services can be delivered both fee-for-service (FFS) or through a managed care delivery model. In FFS, providers contract directly with the Agency to provide services, and bill and get reimbursed directly by the Agency. In a managed care delivery model, managed care plans contract with the Agency and are paid a per member per month (PMPM) capitated payment for providing all of an enrollee's medical, dental, or home and community-based care, depending on the type of managed care plan. Providers contract with managed care plans and bill the plans for services rendered to enrollees. The Agency maintains FFS fee schedules that include the rates the Agency will pay FFS providers for services. However, in managed care, for most services, managed care plans negotiate mutually agreed upon rates with their contracted providers.

⁶ [s. 409.905, F.S. Mandatory Medicaid services](#)

⁷ [s. 409.906, F.S. Optional Medicaid services](#)

Most Florida Medicaid recipients receive their services through a managed care plan contracted with the Agency under the SMMC program. The SMMC program has three components: Managed Medical Assistance (MMA), LTC, and Dental. Florida's SMMC program benefits are authorized through federal waivers and are specifically required by the Florida Legislature in s. 409.973 and 409.98, F.S. The SMMC benefits are a robust health care package covering acute, preventive, behavioral health, prescribed drugs, LTC services, and dental services.

In the SMMC program the capitation rates reflect historical utilization and spending for covered services projected forward and are established and certified by the Agency's actuarial services vendor. The PMPM capitation rate is paid to the plan each month regardless of the actual expenditures or level of claims of an individual enrollee.

Florida Medicaid managed care plans must comply with the service coverage requirements outlined as indicated in each service-specific coverage policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

s. 468.80, F.S. - Definitions

Florida law provides the following definition for orthosis.

"Orthosis" means any medical device used to provide support, correction, or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity but does not include the following assistive technology devices: upper extremity adaptive equipment used to facilitate the activities of daily living, including specialized utensils, combs, and brushes; finger splints; wheelchair seating and equipment that is an integral part of the wheelchair and not worn by the patient; elastic abdominal supports that do not have metal or plastic reinforcing stays; nontherapeutic arch supports; nontherapeutic accommodative inlays and nontherapeutic accommodative footwear, regardless of method of manufacture; unmodified, over-the-counter nontherapeutic shoes; prefabricated nontherapeutic foot care products; durable medical equipment such as canes, crutches, or walkers; dental appliances; or devices implanted into the body by a physician. For purposes of this subsection, "accommodative" means designed with the primary goal of conforming to the individual's anatomy, "inlay" means any removable material upon which the foot directly rests inside the shoe and which may be an integral design component of the shoe, and "musculoskeletal" and "neuromuscular" mean the systems of the body providing support and movement and include the skeletal, muscular, circulatory, nervous, and integumentary systems any medical device used to provide support, correction, or alleviation of neuromuscular or musculoskeletal dysfunction, disease, injury, or deformity but does not include the following assistive technology devices: upper extremity adaptive equipment used to facilitate the activities of daily living, including specialized utensils, combs, and brushes; finger splints; wheelchair seating and equipment that is an integral part of the wheelchair and not worn by the patient; elastic abdominal supports that do not have metal or plastic reinforcing stays; nontherapeutic arch supports; nontherapeutic accommodative inlays and nontherapeutic accommodative footwear, regardless of method of manufacture; unmodified, over-the-counter nontherapeutic shoes; prefabricated nontherapeutic foot care products; durable medical equipment such as canes, crutches, or walkers; dental appliances; or devices implanted into the body by a physician. For purposes of this subsection, "accommodative" means designed with the primary goal of conforming to the individual's anatomy, "inlay" means any removable material upon which the foot directly rests inside the shoe and which may be an integral design component of the shoe, and "musculoskeletal" and "neuromuscular" mean the systems of the body providing support and movement and include the skeletal, muscular, circulatory, nervous, and integumentary systems.

Florida law provides the following definition of prosthesis:

"Prosthesis" means a medical device used to replace a missing appendage or other external body part, including an artificial limb, hand, or foot. It does not include surgically implanted devices or artificial eyes; dental appliances; ostomy products; or cosmetic devices such as breast prostheses, eyelashes, or wigs.

Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage Policy and Fee Schedule

The Agency covers orthotics and prosthetics and accordance with Rule 59G-4.073, Florida Administrative Code (F.A.C.), Durable Medical Equipment (DME) and Medical Supply Services Coverage Policy: Orthotic and Prosthetic and in accordance with the DME and Medical Supply Services Fee Schedule incorporated by reference in Rule 59G-4.002, F.A.C. These services are available through both the SMMC program and FFS delivery system.

Specifically, Florida Medicaid covers orthotic and prosthetic durable medical equipment services in accordance with the American Medical Association's Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS), and the applicable Florida Medicaid fee schedule(s), or as specified in policy. While the fee schedule currently includes 699 codes designated for orthotics and prosthetics, should a medically necessary device exist that is not specifically outlined, a provider may seek prior authorization for the device under the code designated for "Durable Medical Equipment, Miscellaneous." This code is manually priced meaning that the reimbursement rate must be negotiated between the provider and the Agency or the health plan.

Florida Medicaid Physical Therapy and Occupational Therapy Services Coverage Policies and Fee Schedules

Florida Medicaid covers Physical Therapy (PT) Services in accordance with Rule 59G-4.320 and Occupational Therapy (OT) Services in accordance with Rule 59G-4.318, F.A.C. and in accordance with the associated fee schedules included in Rule 59G-4.002, F.A.C. Therapy benefits are available through both the SMMC program and FFS delivery system.

Therapy treatment visits are only covered for recipients under 21 and are not covered for adults under the state plan. Florida Medicaid managed care plans must comply with the service coverage requirements outlined in both the PT and OT policies, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies. All of the health plans include one or more medical therapies as an expanded benefit for adults, which may include coverage of Physical, Occupational, Speech and/or Respiratory Therapy. Expanded Benefits are services negotiated to be provided by the health plans at no additional cost to the Medicaid program. Therapy services are also covered for adults enrolled in a 1915(c) waiver program such as the Long-Term Care or iBudget Waiver.

Wheelchair Evaluations

Wheelchair evaluations are a covered benefit for recipients of all ages, including individuals ages 21 years and over and not enrolled in a waiver program.

2. EFFECT OF THE BILL:

SB 1110 amends s. 409.906(10), F.S., Durable Medical Equipment, adding specific information related to orthoses and prostheses as an optional Medicaid service for a targeted group of "eligible individual(s)." The bill defines an "eligible individual" to be a Medicaid recipient who is:

- A child younger than 18 years of age;
- A dependent child as specified in s. 627.6562, F.S.;
- An individual 26 years of age or younger who remains covered under a parent's health insurance policy pursuant to s. 627.6562, F.S.; or
- An individual with a developmental disability as defined in s. 393.063

This amended subsection establishes coverage requirements for the newly defined category of "eligible individuals" for orthoses and prostheses as defined in s. 468.80, F.S.:

- The most appropriate orthoses and prostheses devices to meet a recipient's needs to perform activities of daily living and essential job-related activities, and;
- When medically necessary, an orthosis or prosthesis designed for physical or recreational activities that maximize a recipient's full body health and upper and lower limb function.

S. 409.906(10) also requires coverage of:

- All materials and components necessary to use the device
- Instruction on the use of the device
- Any necessary repairs or replacement of the device

Sections 409.903 and 409.904 specify groups eligible for Florida Medicaid. The proposed bill does not align with these statutory eligibility groups. Therefore, an individual identified as eligible under SB 1110 must also fall within a Medicaid eligibility group specified in statute to receive Medicaid services.

SB 1110 directs the Agency to seek federal approval and amend contracts as necessary to implement the bill.

Operational Impact

Florida Medicaid currently covers medically necessary orthoses and prostheses devices regardless of diagnosis, condition, or regardless of how the device is to be used; whether a device is intended for activities of daily living, job-related activities, physical or recreational activities to maximize lower or upper limb function. Providers may render services and prescribe devices within their licensed scope of practice. Therefore, subsection (10)(b)(2)(a.) would not materially change existing policy.

However, as added by SB 1110, s. 409.906(10), F.S., specifies that coverage under subparagraph (10)(b)(2)(a.) must include any device deemed by the recipient's provider to meet a recipient's needs to perform activities of daily living, job-related activities, and, when medically necessary a device designed for physical or recreational activities that maximize upper and lower limb function. Subparagraph (10)(b)(2)(b.) requires coverage for all materials and components necessary to use the orthosis or prosthesis. The current list of Healthcare Common Procedure Coding System (HCPCS) codes designated for Orthotics and Prosthetics outlined in the HCPCS Level II code book include over 900 codes. As the current fee schedule includes around 700 active codes designated for orthotics and prosthetics, the Agency would be required to research, price, and analyze each code, not currently included on the fee schedule for incorporation. To implement SB 1110, the Agency would need to amend existing rules to expand the fee schedule to include additional available codes for covered orthoses and prostheses and associated materials and components necessary to use the devices which fall under the definition of s. 468.80, F.S. This is routine work for the Agency that can be accomplished with current Agency resources.

The Agency would also need to work with stakeholders to determine whether additional treatment codes would be required for proper implementation of the expanded treatment services. If additional therapy codes are required on the fee schedule, the Agency would need to update billing systems and would be required to set rates for additional therapy treatment codes specific to orthotics and prosthetics, specifically:

- 97760 - Orthotics Management and Training (initial encounter)
- 97761 - Prosthetics Training (initial encounter - upper/lower extremities)
- 97763 - Orthotic/prosthetics management and training all extremities (adjustments, modification, further training)

These actions are part of the Agency's routine business practices and can be accomplished using existing resources.

While adding the expanded codes to the fee schedules can be accomplished, targeting the coverage to the newly defined category of eligible individuals is not practicable within the confines of the current Medicaid program. The category of individuals crosses subsets of covered populations recognized in Medicaid but also includes populations not currently eligible for Florida Medicaid. For example, SB 1110 includes the population of recipients under the age 26 who remain covered under a parent's health insurance policy. All individuals in this group may not be eligible for Florida Medicaid unless they meet eligibility requirements through an eligibility group defined in s. 409.903 or 409.904 F.S. The Medicaid program views all recipients under the age of 21 years as a category in accordance with section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As amended, the bill excludes Medicaid eligible children ages 19 and 20 from coverage unless they meet one of the other eligibility groups.

Fiscal Impact:

SB 1110 will have a fiscal impact on the Medicaid program as it expands access of all orthotic and prosthetic devices for additional recipients 21 years and older, meeting the definition of an “eligible individual”, and requires the Agency to include additional products and services for eligible individuals. The bill includes individuals with a developmental disability as defined in s. 393.063 to the definition of “eligible individual”. As the Agency is able to identify this eligibility group in alignment with existing Medicaid eligibility groups, the estimated increase described below is specific to this population only.

In SFY2024-25 there was \$31,171,568 (\$9,339,765 related to adults and \$21,835,680 related to children) spent on services related to orthotic and prosthetic services. For children under the age of 21, it is estimated that a 1% to 25% increase in services cost would be \$218,357 to \$5,458,920. The number of recipients identified as eligible for Medicaid and included in the definition of individuals with a developmental disability as defined in s. 393.063 is approximately 5,316. To include services for this population will cost approximately \$358,885. Total impact of this bill would be approximately \$577,241 to \$5,817,805 with \$254,693 to \$2,566,961 from the General Revenue.

Sections 3, 4, and 5 of SB 1110 create ss. 627.64085, 627.6614, and 641.31079, F.S., which do not pose an impact to the Medicaid program.

Section 6 provides an effective date for the act of July 1, 2026.

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

If yes, explain:	The bill directs the Agency to seek federal approval and amend contracts, as necessary to implement the bill.
Is the change consistent with the agency’s core mission?	Y_X_N
Rule(s) impacted (provide references to F.A.C., etc.):	59G-4.073, F.A.C. Durable Medical Equipment and Supply Services: Orthotics and Prosthetics 59G-4.320, F.A.C. Physical Therapy Services 59G-4.318, F.A.C. Occupational Therapy Services

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

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

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

If yes, provide a description:	Reports by insurers licensed in accordance with 627.64085, 627.6614, and 641.31079; No impact to Medicaid
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 ___ X ___ N ___

Revenues:	
Expenditures:	<p>SB 1110 will have a fiscal impact on the Medicaid program as it expands access of all orthotic and prosthetic devices for additional recipients 21 years and older, meeting the definition of an “eligible individual” and requires the Agency to include additional products and services for eligible individuals. The bill includes individuals with a developmental disability as defined in s. 393.063 to the definition of “eligible individual”. As the Agency is able to identify this eligibility group in alignment with existing Medicaid eligibility groups, the estimated increase described below is specific to this adult population only.</p> <p>In SFY2024-25 \$31,171,568 (\$9,339,765 related to adults and \$21,835,680 related to children) was spent on services related to orthotic and prosthetic services. For children under the age of 21, it is estimated that a 1% to 25% increase in services cost would be \$218,357 to \$5,458,920. The number of adult recipients identified as eligible for Medicaid and included in the definition of individuals with a developmental disability as defined in s. 393.063 is approximately 5,316. The additional services for this population will cost approximately \$358,885. Total impact of this bill would be approximately \$577,241 to \$5,817,805 with \$254,693 to \$2,566,961 from the General Revenue.</p>

Estimated Impact for Adults	
Increase in Adult Eligible Population	Total Cost Increase for Adults Impact to General Revenue
Estimated Increase in Eligible Adult Population	\$ 358,885 \$ 158,349
Estimated Impact for Children	
% Increase to Service Cost	Total Cost Increase for Children Impact to General Revenue
Estimated Increase of 1% to Service Cost	\$ 218,357 \$ 96,344
Estimated Increase of 5% to Service Cost	\$ 1,091,784 \$ 481,722
Estimated Increase of 10% to Service Cost	\$ 2,183,568 \$ 963,445
Estimated Increase of 25% to Service Cost	\$ 5,458,920 \$ 2,408,612
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
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 1574

INTRODUCER: Senators Bracy Davis and Sharief

SUBJECT: Newborn Screenings

DATE: February 24, 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>	Pre-meeting
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 1574 creates “Mattie’s Law,” and requires the Department of Health (DOH) to:

- Require each newborn be screened for biliary atresia (BA) using the blood specimen collected for newborn screenings.
- Implement a statewide public health education campaign to increase public awareness and understanding of BA and its associated risks.
- Consult with the Genetics and Newborn Screening Advisory Council before adopting rules regarding screening methods, follow-up procedures, and the inclusion of additional conditions in the screening program.

The bill also creates s. 395.3043, F.S., to require hospitals that provide birthing services to screen newborns for BA pursuant to the new requirement.

The bill has a significant, negative fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Biliary Atresia (BA)

BA is a serious condition that is estimated to occur in one out of every 12,000 babies in the United States and in which a baby’s bile ducts are blocked and cannot send bile from their liver to their small intestine. Bile is a substance a baby’s liver produces that carries waste products to their intestines. Bile also helps a baby’s intestines digest and absorb vital nutrients. BA affects babies in their first few months of life and can quickly lead to severe liver damage without prompt treatment.

A slowdown or stalling of bile flow (cholestasis) affects a baby's liver and all the organs and tissues surrounding it. Bile clogs up in a baby's liver and causes scarring that can prevent the baby's liver from working normally. Also, an afflicted baby's intestines cannot receive the bile needed to break down nutrients and support growth.¹

BA has a well-established treatment which can delay or even avoid the need for liver transplant. This treatment, Kasai portoenterostomy (KP), directly connects the intestines to the liver to restore bile flow. A critical factor predicting KP outcomes is the time at which the operation is performed. KPs performed before 30 to 45 days of life have the greatest chances of delaying or avoiding liver transplant. Unfortunately, in the United States, without screening, the average age at the time of KP is after 60 days of life and there have been no recent improvements.²

One screening strategy for BA is a two-stage screening that looks at serum bilirubin measurements. A study on four Houston, Texas, area hospitals over a 15-month period looked at bilirubin measurements in 11,636 infants and considered newborns to be positive if they had a direct or conjugated bilirubin concentration higher than the 95th percentile. In the second stage, an infant was considered to be positive if he or she had rising concentrations of bilirubin at or before the first well-child visit. Of the 11 infants that tested positive in both stages, two had BA. Of the two infants with BA, the KP was unable to be performed on one of them due to severe congenital heart disease. After the KP procedure, the other infant's bilirubin concentration normalized within three months and the patient survived, transplant-free past two years of age.³

Florida's Newborn Screening Program

Established in s. 383.14, F.S., Florida's Newborn Screening Program requires the Department of Health (DOH) to promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the DOH. The primary method of screening is a blood sample which is collected on a specimen card and submitted to the State Public Health Laboratory for testing.⁴ The State Public Health Laboratory is required to send a written report with the results of the newborn screening to the submitting entity within five calendar days after receipt of the specimen.⁵ Currently, the screening program screens for 37 core conditions and may detect an additional 23 secondary conditions.⁶

¹ *Biliary Atresia*, Cleveland Clinic, last updated Aug. 9, 2023, available at <https://my.clevelandclinic.org/health/diseases/21076-biliary-atresia>, (last visited Feb. 5, 2026).

² Rabbani T, Guthery SL, Himes R, Shneider BL, Harpavat S. Newborn Screening for Biliary Atresia: a Review of Current Methods. *Curr Gastroenterol Rep.* 2021 Nov 24;23(12):28. doi: 10.1007/s11894-021-00825-2. PMID: 34817690; PMCID: PMC8651301.

³ Newborn Bilirubin Screening for Biliary Atresia, August 11, 2016, *N. Engl. J. Med.* 2016;375:605-606, VOL. 375 NO.6.

⁴ Rule 64C-7.002, F.A.C.

⁵ Rule 64C-7.005, F.A.C.

⁶ For a full list of conditions, see <https://floridanewbornscreening.com/conditions/core-secondary-conditions/>, (last visited Feb. 5, 2026).

III. Effect of Proposed Changes:

The bill creates “Mattie’s Law.” The bill amends s. 383.14, F.S., to require the Department of Health (DOH) to:

- Adopt rules that, beginning January 1, 2027, require each newborn be screened for biliary atresia (BA) using the blood specimen collected for newborn screenings.
- By October 1, 2026, implement a statewide public health education campaign to increase public awareness and understanding of BA and its associated risks. The campaign, at a minimum, must:
 - Educate new and expecting parents on the symptoms of BA and the importance of early diagnosis; and
 - Provide guidance to physicians, physician assistants, and nurses on strategies for identifying BA in infants and the risks of delayed treatment.
- Consult with the Genetics and Newborn Screening Advisory Council before adopting rules regarding screening methods, follow-up procedures, and the inclusion of additional conditions in the screening program.

The bill also creates s. 395.3043, F.S., to require hospitals that provide birthing services to screen newborns for BA pursuant to the new requirement.

The bill 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 a significant negative recurring fiscal impact on the Department of Health (DOH). According to the DOH, the bill will require \$3,386,165, as follows:⁷

Follow-up Activities:

- Two Nurse Consultants – \$235,517.
- Follow-up Referral Centers Contract – \$1,585,704.
- Statewide Education Campaign – \$380,000.
- Other Expenses - \$61,962.

Laboratory Activities:

- Testing Kits - \$828,000.
- Two Licensed Laboratory Staff - \$219,982.
- Technology Updates - \$75,000 nonrecurring.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 383.14 of the Florida Statutes.

This bill creates section 395.3043 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

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

⁷ Fl. Dept. of Health, *2026 Agency Bill Analysis* (SB 1574) (on file with the Seante Appropriations Committee on Health and Human Services).

By Senator Bracy Davis

15-00087A-26

20261574__

1 A bill to be entitled
 2 An act relating to newborn screenings; providing a
 3 short title; amending s. 383.14, F.S.; revising
 4 rulemaking procedures; requiring that newborns,
 5 beginning on a specified date, be screened for biliary
 6 atresia; requiring the Department of Health to consult
 7 with the Genetics and Newborn Screening Advisory
 8 Council before adopting certain rules; requiring the
 9 department, by a specified date, to implement a
 10 certain education campaign relating to biliary
 11 atresia; creating s. 395.3043, F.S.; requiring
 12 hospitals that provide birthing services to screen for
 13 biliary atresia in a specified manner; providing an
 14 effective date.

15
 16 Be It Enacted by the Legislature of the State of Florida:

17
 18 Section 1. This act may be cited as "Mattie's Law."

19 Section 2. Paragraph (a) of subsection (2) of section
 20 383.14, Florida Statutes, is amended, paragraph (c) is added to
 21 that subsection, and paragraph (i) is added to subsection (3) of
 22 that section, to read:

23 383.14 Screening for metabolic disorders, other hereditary
 24 and congenital disorders, and environmental risk factors.—

25 (2) RULES.—

26 (a) ~~After consultation with the Genetics and Newborn~~
 27 ~~Screening Advisory Council,~~ The department shall adopt and
 28 enforce rules requiring that every newborn in this state must
 29 shall:

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

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30 1. Before becoming 1 week of age, have a blood specimen
 31 collected for newborn screenings;
 32 2. Be tested for any condition included on the federal
 33 Recommended Uniform Screening Panel which the council advises
 34 the department should be included under the state's screening
 35 program. After the council recommends that a condition be
 36 included, the department shall submit a legislative budget
 37 request to seek an appropriation to add testing of the condition
 38 to the newborn screening program. The department shall expand
 39 statewide screening of newborns to include screening for such
 40 conditions within 18 months after the council renders such
 41 advice, if a test approved by the United States Food and Drug
 42 Administration or a test offered by an alternative vendor is
 43 available. If such a test is not available within 18 months
 44 after the council makes its recommendation, the department must
 45 ~~shall~~ implement such screening as soon as a test offered by the
 46 United States Food and Drug Administration or by an alternative
 47 vendor is available;
 48 3. At the appropriate age, be tested for such other
 49 metabolic diseases and hereditary or congenital disorders as the
 50 department may deem necessary; ~~and~~
 51 4. Beginning January 1, 2027, be screened for biliary
 52 atresia by testing the newborn's direct bilirubin levels using
 53 the blood specimen collected for newborn screenings; and
 54 5.4- Subject to legislative appropriation, beginning
 55 January 1, 2027, be screened for Duchenne muscular dystrophy.
 56 (c) The department shall consult with the Genetics and
 57 Newborn Screening Advisory Council before adopting rules
 58 regarding screening methods, follow-up procedures, and the

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

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59 inclusion of additional conditions in the screening program.

60 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department
61 shall administer and provide certain services to implement the
62 provisions of this section and shall:

63 (i) By October 1, 2026, implement a statewide public health
64 education campaign to increase public awareness and
65 understanding of biliary atresia and its associated risks. The
66 campaign shall, at a minimum:

67 1. Educate new and expecting parents on the symptoms of
68 biliary atresia and the importance of early diagnosis.

69 2. Provide guidance to health care providers licensed under
70 chapters 458, 459, and 464 on strategies for identifying biliary
71 atresia in infants and the risks of delayed treatment.

72
73 All provisions of this subsection must be coordinated with the
74 provisions and plans established under this chapter, chapter
75 411, and Pub. L. No. 99-457.

76 Section 3. Section 395.3043, Florida Statutes, is created
77 to read:

78 395.3043 Mandatory newborn screening for biliary atresia.—A
79 hospital that provides birthing services shall screen newborns
80 for biliary atresia as required in s. 383.14(2)(a)4.

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