FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Week Five Legislative Update

2026 Florida Legislative Session (February 9-13)

This week unfolded against a full and energetic backdrop at the Capitol, with Dade Days and Nonprofit Day bringing advocates, local officials, and community organizations into the rotunda while health policy continued to dominate committee agendas. Amid the heightened presence of stakeholders, the Senate advanced several significant medical initiatives, while the Department of Health moved forward on a high-stakes administrative proposal drawing statewide attention.

The most consequential development came from the executive branch, where the Department of Health initiated formal rulemaking to tighten eligibility for Florida's AIDS Drug Assistance Program. The proposed changes would substantially lower income eligibility thresholds and eliminate premium assistance for underinsured patients as the state confronts a projected funding shortfall. The move has prompted legal challenges from advocacy organizations, with expedited proceedings now underway in administrative courts. A public comment window has opened, and the issue is poised to remain active as both legal and policy discussions continue.

In the Senate Health Policy Committee, lawmakers advanced a series of measures centered on infant health, Medicaid oversight, and professional regulation. A unanimously supported proposal would require newborns to receive a direct bilirubin test to detect early liver disease and launch a statewide education campaign for parents and providers. The committee also approved legislation requiring enhanced education and awareness regarding congenital cytomegalovirus. Broader system-level reforms moved forward as well, including the creation of a joint legislative committee to oversee Medicaid financing and expand transparency requirements for managed care plans and pharmacy benefit managers.

After extended debate, the committee approved legislation modernizing the regulation of naturopathic medicine by establishing formal licensure standards and creating a new regulatory board with rulemaking authority. Discussion reflected ongoing efforts to clarify scope boundaries and ensure coordination among health care professionals while formalizing regulatory structure.

Collectively, Week Five reflected steady forward movement across multiple dimensions of health policy, from newborn screening and disease education to Medicaid governance and professional

licensure, underscored by an active regulatory development outside the Legislature that may carry significant implications for patient access and program administration.

By the conclusion of week five, it appears that all substantive Senate committees have ceased meeting; as a result, any bill not heard in committee is likely no longer viable. To preserve the clarity and focus of this report, a new section has been added to identify bills that are likely dead. We will continue to monitor these measures, and should any be revived, the report will be updated accordingly.

Bills That *Passed the Florida House* (Floor Passage)

HB 11 — State Birds Designation. Passed Third Reading on Feb 11 with 112 Yea — 1 Nay vote.

Status: Sent to the Florida Senate.

Subject: Designates the American flamingo as the official state bird and the Florida scrub-jay as the official state songbird.

Healthcare Policy Action (Week 5)

Other relevant developments in Tallahassee included:

- Advocacy around **Medicaid expansion and Medicaid policy reform bills** SB 1758 - Public Assistance – 2026 in the Senate Health Policy Committee (heard during Week 4). Favorable with CS by Health Policy; 8 Yeas, 3 Nays. HB693 is similar – see below for update.

BILL TRACKING

Scope of Practice and Professional Licensure

- **Big Beautiful Healthcare Frontier Act – HB 693 / HB 695 (Redondo)**
  Filed as part of a Speaker-supported legislative package, these bills propose multiple scope-of-practice expansions across health care professions. *(Passed the Health Care Facilities Subcommittee 12-4; Awaiting HHS Committee Agenda on Feb. 18.)*
- **Autonomous Practice by a CRNA – HB 375 / SB 462 (Giallombardo / Rodriguez)**
  Permits certified registered nurse anesthetists to practice independently. (*PASSED HOUSE FLOOR – sent to Senate; Senate bill has not been heard.)*
- **Advanced Practice Registered Nurse Autonomous Practice – HB 301 / SB 138 (Shoaf / Truenow)**
  Expands autonomous practice authority for psychiatric advanced practice registered nurses. *PASSED HOUSE FLOOR – sent to Senate; Senate bill has not been heard.)*

- **Naturopathic Medicine – HB 223 / SB 688 / SB 542 (Smith / Rodriguez / Garcia)** Creates a licensure pathway for naturopathic practitioners. *(Both bills were heard in Committee this week and passed. Bills are on life support)*
- **Use of Professional Nursing Titles – HB 237 / SB 36 (Salzman / Sharief)** Authorizes use of doctoral nursing titles while requiring clarification of professional role when using the term "doctor." (*PASSED HOUSE FLOOR this week; Senate passed its first of three committee stops. Bill is still moving.)*
- **Mobile Opportunity by Interstate Licensure Endorsement Act SB154/HB151** (Harrell/Conerly) Expand ineligibility criteria for licensure by endorsement under the MOBILE Act to include nonaccredited dental program graduates. Revises the list of individuals ineligible for a health care license by endorsement under the MOBILE Act. Adds a new provision making those who have not graduated from an accredited dental school or dental hygiene program ineligible for licensure by endorsement under chapter 466. *(Senate passed the bill in its first committee this week; House has not heard bill.)*

LIKELY DEAD

- **Patient-directed Medical Orders SB 312/HB369 (Rodriguez/Plasencia)** Patient-directed Medical Orders: Revising definitions and defining the term "patient-directed medical order"; authorizing the execution of a patient-directed medical order for a specified purpose; requiring that certain health care services be provided to the principal regardless of the decision to withhold or withdraw life-prolonging procedures; authorizing physicians, physician assistants, and advanced practice registered nurses to withhold or withdraw life-prolonging procedures under certain circumstances without penalty; requiring the Agency for Health Care Administration to create and update a database for the storage of patient-directed medical orders, etc. *(Bill is dead)*
- **Ambulatory Surgical Centers SB1156/HB1207** (Trumbull/Oliver) Establish new licensure and regulatory requirements for ambulatory surgical centers under a newly created chapter separate from hospital regulations, strengthening standards, reporting, and oversight. *(Both Senate and House heard the bills this week; Senate version was Temporarily Postponed; House version moves to its final stop. This bill was moving. Likely dead on Senate side.)*
- **Autonomous Practice by Physician Assistants – SB 668 (Truenow)** Authorizes physician assistants to practice independently. *(There is no House companion – this bill is dead)*
- **Acupuncture – HB 169 / SB 672 (Alvarez / Calatayud)** Updates statutory language governing acupuncture practice. *(House bill passed this week; Senate has not held first committee meeting. Bill is on life support)*
- **Prescribing for Physician Assistants – HB 683 / SB 374 (Partington / Trumbull)** Allows physician assistants to practice independently during a declared state of

emergency. *(House bill was heard this week and passed but the Senate is not moving the bill)*

- **Chiropractic Medicine – HB 439 / SB 1524 (Cobb / Simon)**
  Authorizes chiropractic physicians to possess, prescribe, and administer specified substances, including vitamins, dietary supplements, and epinephrine. *(House passed bill this week, moves to the House Floor. Senate has not held first committee hearing.)*

Pharmacy Practice

Multiple bills address pharmacy practice and pharmacist authority:

LIKELY DEAD

- **Pharmacy – SB 1142 / HB 1425 (Wright / Booth)**
  Expands consultant pharmacy provisions to include clinics. *(House bill was heard in its first committee – no questions, no opposition. Passed 18-0)*
- **Administration of Medications by Pharmacists – HB 407 / SB 294 (Alvarez / Rodriguez)**
  Authorizes pharmacists to administer medications for medication-assisted treatment and opioid addiction. *(Bills are on life support – House has not held its first committee meeting; Senate has not held its first hearing.)*
- **Practice of the Profession of Pharmacy – HB 1021 / SB 868 (Young / Sharief)**
  Allows pharmacists to administer medications in Level I and Level II trauma centers. *(Bills are on life support – House passed bill and ready for Floor; Senate has not held a committee meeting.)*

Wrongful Death and Medical Liability

- **Medical Negligence/Wrongful Death – HB 6003 / SB 1700 (Trabulsy / Grall)**
  Removes the prohibition on recovery of noneconomic damages in certain medical negligence wrongful death cases involving adult children and parents. *(House version passed FLOOR and is in Senate Messages; Senate bill has not been heard in its first committee.)*
- **Civil Liability for the Wrongful Death of an Unborn Child – HB 289 / SB 164 (Greco / Grall)**
  Expands Florida's Wrongful Death Act to allow parents of an unborn child to recover damages. *HB289 passed the house floor and is not in Senate Messages and has been referred to Senate Rules Committee. The Senate version is at its third and final stop. These bills are moving.)*

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Vaccines, Parental Rights, and Medical Conscience

- **Parental Rights – HB 173 / SB 166 (Kendall / Grall)**
  Requires parental consent in various health care situations, including contraceptive information and treatment of sexually transmitted diseases. (*Life Support - House version passed two of three committees; Senate bill has not been heard.)*
- **Advertisement of a Harmful Vaccine – SB408 / HB339 (Grall/Miller)** – defines advertisement for vaccine promotions and impose liability on manufacturers for harm caused by advertised vaccines. *SB408 passed its first committee but is stuck in Health Policy committee. House had first of three committee hearings this week and passed its first stop; Bills are on life-support.)*

LIKELY DEAD

- **Vaccines – HB 917 / SB 1756 (Holcomb / Yarborough)**
  Addresses vaccination discrimination, parental consent and disclosures, alternative vaccination schedules, pharmacist authority to dispense ivermectin, exemptions from immunization requirements, and related liability provisions. *(House version not moving; Senate at second of three committee stops. Bill is dying.)*
- **Medical Conscience – HB 551 / SB 670 (Black / Yarborough)**
  Authorizes health care providers to bring a civil cause of action based on medical conscience protections. *(Bills are on life support – neither bill have been heard in their first committee.)*
- **Prohibited Sex-reassignment Prescriptions and Procedures SB1010 / HB743 (Yarborough/Melo)** Prohibit health care practitioners from aiding or abetting in prohibited sex-reassignment prescriptions or procedures for minors and authorize the state to pursue civil actions and penalties. (*Bills are on life support. House bill passed its second committee stop this week; Senate version is at its second of three stops*.)

Patient Access to Records

- **Patient Access to Records – HB 1309 / SB 1140 (Booth / Grall)**
  Requires medical records to be furnished within 14 days of request. *(Senate bill not moving; House version placed on Calendar, 2nd Ready Feb. 10.)*

Health Insurance and Managed Care

Several bills propose reforms to insurance practices, managed care, and patient protections:

- **Managed Care Plans – HB 531 / SB 568 (Barnaby, Basabe / Harrell)**
  Revises Medicaid managed care contract requirements, including limits on prior authorization reviews. *(Bills are on life support – neither bill have been heard in their first committee.)*

- **Insurance Claims Payments to Health Care Providers – HB 1015 / SB 1130 (Cassel / Massullo)** Prohibits certain insurance payment practices, including downloading requirements. *(Bills are on life support – neither bill have been heard in their first committee.)*
- **Insurance Claims Payments to Health Care Providers – HB 1023 / SB 1198 (Black / Massullo)** Addresses claim disputes, fees, and related insurance reforms. *(Bills are on life support – neither bill have been heard in their first committee.)*
- **Health Insurer Accountability – HB 1097 (Berfield)** Requires insurer credentialing within 30 days and includes prompt payment and retroactive denial provisions. *(No Senate companion – Bill is dying.)*
- **Step Therapy – SB 70 (Harrell)** Requires AHCA approval of certain drug products for Medicaid recipients with serious mental illness without step-therapy prior authorization. *(No House companion – Bill is dying.)*
- **Continuity of Care in Health Insurance Contracts – HB 577 / SB 114 (Woodson / Jones)** Requires 60 days' notice to policyholders before termination of provider contracts. *(Bills are on life support – neither bill have been heard in their first committee.)*
- **Medicaid Providers SB40/HB163 (Shareif/Robinson)** Medicaid Providers; Requiring the Agency for Health Care Administration to include specified requirements in its contracts with Medicaid managed care plans; defining the term "outside of regular business hours". *(Bills are on life support.)*

Other Legislation of Interest

- **Health Care Patient Protection** – SB 68 (Harrell (R-Stuart)) **and** HB 355 by Rep. (Oliver (R-Punta Gorda)) require AHCA, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, to adopt rules that establish minimum standards for pediatric patient care in hospital emergency departments (ED). The bills require all hospitals with EDs to develop and implement policies and procedures for pediatric patient care in the ED, and to designate a physician, physician assistant, nurse, or paramedic to serve as the pediatric emergency care coordinator in the ED. Finally, the bills require all hospital EDs to conduct the National Pediatric Readiness Assessment in accordance with timelines established by the National Pediatric Readiness Project. (*This bill passed the House and is now in Senate Messages and referred to Fiscal Policy. Senate bill has passed all three stops and ready for the Floor.)*
- **Employment Eligibility** – HB 197 by Rep. Berny Jacques (R-Clearwater) SB1542 Sen. Pizzo (D-Miami) and SB 1278 Sen. Martin (R-Lee) requires all private employers, rather than only those employing more than specified number of employees, use E-Verify system to verify new employee's employment. *HB197 has passed the House and is currently in Senate Rules Committee. Neither Senate bills have had their first hearing.*

- **Florida Health Choices Program** – **SB 440** (Leek (R-St. Augustine)) and HB 141 (Yarkosky (R-Clermont)) and SB1460 (Martin (R-Lee)) rename the "Florida Health Choices Program" as "Florida Employee Health Choices Program" and revise purposes and components of the program. The bills revise eligibility and participation requirements for vendors under the program, the types of health insurance products that are available for purchase through program, removes certain pricing transparency requirements, revise the structure of the insurance marketplace process under the program, remove the option for risk pooling under the program, and remove exemptions from certain requirements of Florida Insurance Code under the program. *(Bills on life support)*
- **Rural Communities – SB 250** (Simon (R-Tallahassee)) and **HB723** (Abbott (R-Washington) is a comprehensive package of legislative proposals to create opportunities for rural communities to expand education offerings, increase health care services, and modernize commerce. The bill invests in farm-to-market roads, requires the state land planning agency to give preference for technical assistance funding to local governments located in a rural area of opportunity, revises the conditions required for a county to be considered a fiscally constrained county, creates the Office of Rural Prosperity within the Department of Commerce, requires the Office of Rural Prosperity to administer the Renaissance Grants Program to provide block grants to eligible communities, creates the Public Infrastructure Smart Technology Grant Program within the Office of Rural Prosperity, expands the existing FRAME program to include medical doctors or osteopathic doctors who are board certified or board eligible in emergency medicine, establishes the Stroke, Cardiac, and Obstetric Response and Education (SCORE) Grant Program, appropriates additional funding to enhance Medicaid payments to reimburse rural hospitals similar to Medicare reimbursement, and creates the Florida Arterial Road Modernization Program within the Department of Transportation. *SB250 is now in House Messages and waiting on action by the Florida House.*
- **Sale and Purchase of Ivermectin – HB 29 (Holcomb (R-Springhill))** authorizes the sale and purchase of ivermectin suitable for human use as over-the-counter medication without prescription or consultation with a health care provider. *(Still no companion in the House – bill is dying.).*
- **Protection from Surgical Smoke – SB162/HB93 (Davis/Woodson)** Requires hospitals & ambulatory surgical centers to adopt & implement policies requiring use of smoke evacuation systems during certain surgical procedures. *(Bill was moving early – still alive, but shallow breathing.)*
- **Temporary Certificates for Practice in Areas of Critical Need SB1480 HB809 (Burton/Benarroch)** Allow continued practice by certain health care practitioners under temporary certificates in areas of critical need even if those areas lose their designation, provided specific conditions are met. *(House version passed first of two committees this week; Senate version at its last committee stop.)*

- **Statewide Provider and Health Plan Claim Dispute Resolution SB1082/HB1449 (Grall/Busatta)** Specifies additional circumstances excluding disputed claims from the statewide provider and health plan claim dispute resolution program. Adds claims involving services initiated under s. 395.1041 or 42 U.S.C. s. 1395dd that have been submitted for resolution through the federal independent dispute resolution process to the list of exclusions. Excludes claims for services rendered by out-of-network providers that have been submitted for resolution through the federal independent dispute resolution process. *(Senate version goes to final committee stop; House version passed first committee this week. Bills are alive and kicking)*

Looking Ahead

Week 6 is positioned to be another active policy week, particularly in the Senate.

Senate Health Policy & Fiscal Committees
• Senate Health Policy is scheduled to continue hearing health system and professional regulation measures that have cleared initial committee stops. Measures involving nursing title usage, disease-specific continuing education requirements, forensic services alignment, and expanded research databases remain positioned for further movement in either Health Policy or fiscal committees.
• Senate Appropriations subcommittees, including Health and Human Services panels, are expected to take up health-related bills that have completed policy references and now require fiscal review. Medicaid oversight proposals and Department of Health revisions are likely candidates for continued advancement.

Senate Floor Calendar
• With several health bills reported favorably from committee, additional measures may be placed on the Special Order Calendar for floor consideration as Rules agendas fill. Week 6 typically marks the transition of policy bills from committee processing into floor positioning.

House Committee Activity
• House policy committees are expected to remain active mid-week, with health regulation, health care facilities, and civil justice panels likely to continue reviewing scope-of-practice, regulatory refinement, and parental rights measures.
• Companion legislation to Senate health bills may begin appearing on House agendas as cross-chamber alignment becomes more time-sensitive.

General Session Timing Notes
• Week 6 follows primary committee action windows in both chambers and precedes mid-session strategic deadlines; this pattern typically leads to more bills being placed on special order calendars or moving toward fiscal committees.

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Executive Health Policy Snapshot — Key Legislative Trends

Workforce & Scope Calibration
The Legislature continues advancing targeted adjustments to professional licensure, title usage, and scope parameters for specialty and mid-level providers. The trend reflects incremental modernization rather than sweeping deregulation, with continued emphasis on board oversight and statutory clarity.

Clinical Standardization Through Continuing Education
Disease-specific training proposals signal an effort to embed standardized competency benchmarks into licensure renewal frameworks. This approach positions continuing education as a primary quality-control mechanism.

Medicaid Transparency & Pharmacy Oversight
Proposals enhancing reporting requirements, audit authority, and disclosure standards for managed care entities and pharmacy benefit managers indicate sustained legislative attention to cost containment and program integrity.

Research & Data Infrastructure Expansion
Bills establishing research programs and expanding disease-tracking databases suggest increased state investment in coordinated health data systems, paired with policy considerations related to privacy and administrative oversight.

Regulatory Modernization
Broader statutory revisions affecting Department of Health authority, public records protections, and health governance structures continue to move forward, reflecting an ongoing recalibration of Florida's regulatory framework in the health sector.