



Florida Chapter of the American Academy of Pediatrics

2024 Legislative Session Update: Final Bill Summaries

March 28, 2024

The 2024 Legislative Session concluded on March 8th after a busy and intense 60 days. The 2024 Session featured a bill vetoed and then revived, the return of a powerful Governor from the campaign trail, record setting reserves, and continued respectful dialogue between the Speaker of the House and the Senate President. In total, the Legislature passed 325 bills out of the 1,902 filed. Of the 325 bills, 151 passed with amendments. For the bills that did not make it across the finish line, 586 died in the Senate, 457 died in the House, 55 were withdrawn, and 5 were never heard.

Since the conclusion of Session, the Governor has signed 42 bills and 22 are actively awaiting his signature. This is typical, as bills are sent to the Governor's office in waves as requested by the Governor. The Governor has until July 1 to act on the remaining 247 bills.

Meanwhile, the Governor and the Governor's Office of Policy and Budget are also reviewing the \$117.46 billion budget the Legislature passed for the 2024-2025 fiscal year. The 2024-2025 budget is approximately 1.4% smaller than the budget for the current fiscal year, which will end June 30, 2024. However, overall state spending in the proposed budget will be greater than the current budget because of separate legislation, such as the \$717 million in the Live Healthy Legislation. Of note, the budget exceeds the Governor's proposed \$114.4 billion budget from January. A detailed summary of the budget can be found [here](#).

Like the legislative bills, the Governor has until July 1 to approve the budget and release his line-item vetoes.

Below are final bill analyses prepared by committee staff for the bills we tracked for you. These summaries are comprehensive and account for all amendment changes to the bills made during the 60 days. We hope the summaries are helpful. Please contact us with any questions.

[HB 3 - Online Protections for Minors \(Rep. Tramont / Sen. Grall\)](#)

CS/CS/HB 3 passed the House on January 24, 2024. The bill was amended in the Senate on March 4, 2024, and was returned to the House. The House concurred in the Senate amendment and passed the bill as amended on March 6, 2024. The Governor signed the bill into law on March 25, 2024.

In 2023, an estimated 4.9 billion people worldwide used social media. Many experts have tied the increased use of social media in our society to the increase in rates of depression, anxiety, and stress in adolescents. Additionally, many minors are regularly exposed to pornography online.

Related to social media platforms that use certain addictive features that have a certain number of daily active users younger than 16 years of age who spend 2 hours or more on the platform a day, the bill requires such platforms to:

- For minors under 14 years of age:
 - Prohibit such a minor from entering a contract with the platform to become an account holder.
 - Terminate any existing account that the platform knows or has reason to believe is held by an account holder younger than 14 years of age.
- For minors 14 or 15 years of age:
 - Prohibit such a minor from entering a contract with a platform to become an account holder unless there is parental consent.
 - Terminate any existing account that the platform knows or has reason to believe is held by an account holder 14 or 15 years of age unless there is parental consent.
 - However, if a court enjoins the provisions requiring parental consent for accounts for minors 14 or 15 years of age, the bill severs such provisions and instead requires a prohibition on such accounts and termination of any such existing account, regardless of parental consent.
- Allow an account holder younger than 16 years of age or a confirmed parent or guardian of such an account holder to request to terminate the account.
- Permanently delete all personal information held by the social media platform relating to a terminated account unless there are legal requirements to maintain such information.

Related to harmful material, the bill requires a commercial entity that knowingly and intentionally publishes or distributes material harmful to minors on a website or application, if the website or application contains a substantial portion of material harmful to minors, to verify that the age of a person attempting to access the material is 18 years of age or older and prevent access to the material by a person younger than 18 years of age. Commercial entities must use either an anonymous method performed by a third party, or a standard method chosen by the entity to verify age.

The bill provides that, if a social media platform or a commercial entity violates the applicable requirements for certain minor users, it is actionable under the Florida Deceptive and Unfair Trade Practice Act, solely by the Department of Legal Affairs. The bill also provides a private cause of action against a social media platform and a commercial entity.

Subject to the Governor's veto powers, the effective date of the bill is January 1, 2025.

HB 49 – Employment (Rep. Chaney / Sen. Burgess)

CS/CS/HB 49 passed the House on February 1, 2024. The bill was amended in the Senate on March 7, 2024, and was returned to the House. The bill was further amended in the House on March 8, 2024, and returned to the Senate. The Senate concurred with the House amendment and passed the bill as amended on March 8, 2024. The Governor signed the bill into law on March 22, 2024.

Subject to some exceptions, federal and state child labor laws prevent work hours and timeframes from interfering with the child's health, safety, and education. At the federal level, the Fair Labor Standards Act (FLSA) determines the minimum age for work during school hours, performing certain jobs after school, and places restraints on work considered hazardous. Florida's Child Labor Law also restricts the employment of minors, sometimes more than federal law. Florida's Child Labor Law contains protections specifically directed to 16 and 17-year-olds, including restrictions on what times during a day they may work, how many hours in a week they may work, and what jobs or occupations they may perform.

The bill makes the following changes to hours and timeframes relating to the employment of minors:

- Clarifies that minors 15 years old or younger may not work more than 15 hours in any one week, when school is in session.
- Provides that minors 16 and 17 years old:
 - May only work between 6:30 a.m. and 11 p.m., when school is scheduled the following day.
 - May not work for more than 8 hours in any one day when school is scheduled the following day, except when the day of work is on a holiday or Sunday.
 - May work for more than 30 hours per week when the minor's parent or custodian, or the school superintendent or his or her designee, waives the limitation on a form prescribed by DBPR and provided to the minor's employer.
- Provides that minors 15 years of age or younger, instead of 17 years of age or younger, may not work more than:
 - 6 consecutive days in any one week.
 - 4 hours continuously without an interval of at least 30 minutes for a meal period.
- Provides that minors 16 and 17 years of age who work for 8 hours or more in any one day may not work for more than 4 hours continuously without an interval of at least 30 minutes for a meal period.
- Provides that the work restrictions do not apply to:
 - Minors enrolled in an educational institution who qualify on a hardship basis.
 - Minors 16 and 17 years old who are in a home education program or are enrolled in an approved virtual instruction program in which the minor is separated from the teacher by time only.
 - Minors in domestic service in private homes or employed by their parents.
- Clarifies that the DBPR is authorized to grant a waiver of these restrictions.

- Clarifies that an employer who requires, schedules, or otherwise causes a minor to be employed, permitted, or suffered to work in violation of these provisions commits a violation of the law, punishable as provided in s. 450.141, F.S.

Subject to the Governor's veto powers, the effective date of the bill is July 1, 2024.

SB 168 - Congenital Cytomegalovirus Screenings (Sen. Polsky / Rep. Melo)

SB 168 passed the Senate on February 29, 2024, and subsequently passed the House on March 5, 2024.

Cytomegalovirus (CMV) is a common virus that infects people of all ages. Over half of adults are infected with CMV by age 40, and approximately one in every 200 babies is born with congenital CMV (CCMV). Some infants with CCMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. Approximately one in five babies with CCMV have long-term health problems, including hearing loss.

Florida's Newborn Screening Program (NSP), operated by the Department of Health (DOH), screens all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, including hearing loss. In the event that a newborn screen has an abnormal result, the baby's health care provider, or a nurse or specialist from NSP's Follow-up Program provides follow-up services and referrals for the child and his or her family.

Current law requires all newborns be screened for hearing loss at birth, unless such screening is objected to by the newborn's parent or guardian; newborns who fail the hearing screening must also be screened for CCMV. In 2021, 8,500 newborns did not pass their hearing screening, of which, 300 were diagnosed with hearing loss. The bill expands the population which must undergo mandatory CCMV testing beyond the current population of infants who fail the required newborn hearing screening to include infants admitted to a neonatal intensive care unit within 21 days of birth for specified reasons, and newborns who are transferred to another facility for a higher level of care.

The bill also requires that children diagnosed with a congenital cytomegalovirus infection, with or without hearing loss, be referred to the Children's Medical Services Early Intervention Program and be deemed eligible for a baseline evaluation and any medically necessary follow-up reevaluations and monitoring.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

SB 186 - Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee (Sen. Brodeur / Rep. Bankson)

SB 186 passed the Senate on February 14, 2024, and subsequently passed the House on March 6, 2024.

Progressive supranuclear palsy (PSP) is a rare neurodegenerative disease that can severely inhibit an individual's balance and ability to walk, speech and ability to swallow, eye movements and vision, mood and behavior, and cognition. There is no cure for PSP and treatment is limited to managing the signs and symptoms. PSP is not fatal, but complications from PSP often lead to death, usually resulting from pneumonia or a serious fall. PSP worsens over time, so early diagnosis is preferred, however, it shares many symptoms with, and is often misdiagnosed as other neurodegenerative diseases, including Parkinson's disease and Alzheimer's disease.

The bill creates the Justo R. Cortes Progressive Supranuclear Palsy Act to require the State Surgeon General to establish a 20-member policy committee on progressive supranuclear palsy and other neurodegenerative diseases. Members of the committee must be appointed by the State Surgeon General, the Speaker of the House of Representatives, and the President of the Senate. The bill tasks the committee with identifying PSP incidence and other data, identifying the standard of care for PSP, and developing a risk surveillance system and various policy recommendations, among other tasks.

The bill requires the Department of Health to submit a progress report by January 4, 2025, and a final report by January 4, 2026, with findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The bill provides a sunset date for the committee of July 1, 2026. The bill has no fiscal impact on state or local government. Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 201 - Emergency Refills of Insulin and Insulin-related Supplies or Equipment (Rep. Bell / Sen. Rodriguez)

CS/HB 201 passed the House on February 15, 2024, and subsequently passed the Senate on March 5, 2024.

There are 38 million people in the United States diagnosed with diabetes, including more than 2 million people in Florida. Diabetes occurs when blood glucose, also called blood sugar, is too high due to an individual's inability to effectively produce or process insulin. Over time, high blood glucose leads to problems such as: heart disease, stroke, kidney disease, eye problems, dental disease, nerve damage, foot problems, depression, sleep apnea, and sexual and bladder problems. Diabetics must take insulin to reduce their blood glucose levels. Different types of insulin start to work at different speeds, and the effects of each last a different length of time.

In the event a pharmacist receives a request for an insulin prescription refill, but is unable to readily obtain refill authorization from a prescriber, current law allows the pharmacist to dispense a one-time emergency refill of one vial of insulin. However, current law does not authorize pharmacists to dispense insulin-related supplies or equipment as part of an emergency prescription refill, and one vial may be insufficient for some patients' emergency needs.

CS/HB 201 expands the authority to dispense an emergency refill of insulin by eliminating both the one-vial limit and the one-time limit. The bill allows the pharmacist to dispense enough insulin until the patient can secure a current prescription order from their primary care physician. The bill allows a pharmacist to dispense emergency refills of insulin up to three nonconsecutive times per calendar year, per patient. The bill also authorizes a pharmacist to dispense an emergency refill of insulin-related supplies or equipment if the pharmacist is unable to readily obtain refill authorization from a prescriber. The bill allows a pharmacist to dispense emergency refills of insulin-related supplies or equipment up to three nonconsecutive times per calendar year, per patient.

The bill provides an effective date of July 1, 2024.

HB 241 - Coverage for Skin Cancer Screenings (Rep. Massullo / Sen. Harrell)

CS/HB 241 passed the House on February 28, 2024, and subsequently passed the Senate on March 1, 2024.

Cancer is the second leading cause of death in the United States and skin cancer deaths represent five percent of all cancer deaths. Over 9,600 new cases of skin cancer in Florida are diagnosed every year; however, the long-term survival rates of those diagnosed early are high. Florida's state employee health coverage is managed by the Division of State Group Insurance (DSGI) within the Department of Management Services (DMS). Under the authority of s. 110.123, F.S., the DSGI procures the health coverage contracts, and manages the state's benefits program (Program) for over 300,000 state employees, their spouses, and dependents.

The bill requires the state group health insurance plan (plan) to provide coverage for annual skin cancer screening by a dermatologist, physician assistant, or an advanced registered practice nurse. The bill prohibits the plan from imposing a deductible, copayment, coinsurance, or any other cost sharing requirement for such coverage. The bill requires DMS to implement the benefit effective January 1, 2025.

The bill prohibits the plan's insurers and health plans from bundling payments for skin cancer screenings with any other procedure or service, including evaluations or management visits, which are performed during the same or subsequent office visit.

Subject to the Governor's veto powers, the effective date of the bill is July 1, 2024.

SB 330 - Behavioral Health Teaching Hospitals (Sen. Boyd / Rep. Garrison)

CS/SB 330 passed the House on March 6, 2024, as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on March 6, 2024.

Current challenges to the recruitment and retention of behavioral health providers include financial limitations (e.g., resources, reimbursement rates, student debt), educational limitations (e.g., lack of training to serve diverse populations, barriers to enter workforce), and workplace limitations (e.g., shortages in rural areas, high workloads that lead to burnout). To increase the overall supply of behavioral health professionals, some states incentivize workforce development partnerships between hospitals and universities.

CS/HB 1617 creates a behavioral health teaching hospital program within the Agency for Health Care Administration (AHCA). It requires AHCA to designate four named hospitals as behavioral health teaching hospitals within 30 days after the act becomes law. It establishes standards for behavioral health teaching hospitals for those four, and for future behavioral health teaching hospitals, which AHCA may designate starting July 1, 2025. The bill requires AHCA to award each behavioral health teaching hospital funds for up to 10 new residency slots and for workforce development programs. The bill establishes a competitive grant program for behavioral health teaching hospitals based on the quality of the hospitals' integrated workforce development plans and of their implementation of those plans.

The bill establishes the Florida Center for Behavioral Health Workforce (Center) within the Louis de la Parte Florida Institute for Mental Health at the University of South Florida. The bill authorizes the Center to perform original research, policy analysis, and to develop and share best practices that advance the behavioral health professions.

The bill requires the Department of Children and Families (DCF) to conduct a comprehensive, systematic study of the behavioral health supply-and-demand relationship in Florida by January 31, 2025.

The bill appropriates \$300 million in nonrecurring funds for the grant program, for use in \$100 million increments over the next three fiscal years, \$6 million in recurring funds for residencies through the Slots for Doctors Program for the first four designated hospitals, \$2 million in recurring funds for workforce development programs through the Training, Education and Clinicals in Health Funding Program for the first four designated hospitals, and \$5 million to operate the Center.

The bill was approved by the Governor on March 21, 2024, ch. 2024-12, L.O.F., and will become effective on July 1, 2024; except for provisions related to the DCF study which are effective upon the act becoming law, and amendments to s. 409.909, F.S., related to the Slots for Doctors Program which are effective July 1, 2025.

HB 341 - Designation of a Diagnosis on Motor Vehicle Registrations (Rep. Salzman / Sen. Rodriguez)

CS/CS/HB 341 passed the House on February 28, 2024, and subsequently passed the Senate on March 1, 2024.

Except as otherwise provided in law, every owner or person in charge of a motor vehicle that is operated or driven on the roads of Florida must register the vehicle in the state. The owner or person in charge must apply to the Department of Highway Safety and Motor Vehicles (DHSMV) or to its authorized agent for registration of each such vehicle on a form prescribed by the DHSMV.

The application for registration must include the street address of the owner's permanent residence or the address of his or her permanent place of business and be accompanied by personal or business identification information. An individual applicant must provide a valid driver license or identification card issued by this state or another state or a valid passport. A business applicant must provide a federal employer identification number, if applicable, or verification that the business is authorized to conduct business in the state, or a Florida municipal or county business license or number.

Additionally, DHSMV must include certain language on the application form such as, but not limited to, language allowing an applicant who is deaf or hard of hearing to voluntarily indicate that he or she is deaf or hard of hearing. If the applicant indicates on the application that he or she is deaf or hard of hearing, such information must be included through the Driver and Vehicle Information Database and available through the Florida Crime Information Center system. The bill provides legislative intent and provides that the act may be cited as the "Safeguarding American Families Everywhere (SAFE) Act."

The bill requires the application form for motor vehicle registration to include language allowing an applicant to voluntarily indicate that the applicant has been diagnosed with, or is the parent or legal guardian of a child or ward who has been diagnosed with, any of the following disabilities or disorders by a physician licensed under chapter 458, F.S., or chapter 459, F.S.: autism; attention deficit hyperactivity disorder; down syndrome; Alzheimer's disease; traumatic brain injury; posttraumatic stress disorder; diabetes; an autoimmune disorder; deafness; blindness; and any other mentally or physically limiting disorder.

The bill provides that if the applicant indicates one of the diagnoses listed above on the application, then DHSMV must include the designation "SAFE" in the motor vehicle record. For purposes of this designation, DHSMV may not include in the motor vehicle record personal identifying information of, or any diagnosis of, a person for whom a diagnosis is indicated. DHSMV must allow a motor vehicle owner or co-owner to update a motor vehicle registration to include or remove the "SAFE" designation at any time.

Subject to the Governor's veto powers, the effective date of this bill is October 1, 2024.

[HB 415 - Pregnancy and Parenting Resources Website \(Rep. Jacques / Sen. Grall\)](#)

CS/HB 415 passed the House on February 15, 2024, and subsequently passed the Senate on March 5, 2024.

The transition to parenthood can be an overwhelming life event, with more than half of parents reporting feeling inadequately prepared. Florida provides numerous programs and resources to expectant and new families to assist with this transition. The Department of Health (DOH), Department of Children and Families (DCF), and the Agency for Health Care Administration (AHCA) provide information related to a variety of pregnancy and parenting resources on their respective websites. However, unlike other states such as South Dakota, Texas, and North Dakota, Florida does not currently have a comprehensive state website containing information related to available public and private pregnancy and parenting resources.

CS/HB 415 requires DOH, in partnership with DCF and AHCA, to contract with a third-party to create a website that provides information and links to public and private pregnancy and parenting resources. The website must include, at a minimum, information on resources related to:

- Educational materials on pregnancy and parenting;
- Maternal health services;
- Prenatal and postnatal services;
- Educational and mentorship programs for fathers;
- Social services;
- Financial assistance;
- Adoption services.

The bill also requires DOH, DCF, and AHCA to include a clear and conspicuous link to the website on their respective websites. The pregnancy and parenting resources website must be functional by January 1, 2025. The bill appropriates \$466,200 in nonrecurring funds from the Administrative Trust Fund to DOH to implement its provisions and has no fiscal impact on local governments.

Subject to the Governor’s veto powers, the bill is effective July 1, 2024.

[HB 461 - Excusal from Jury Service \(Rep. Amesty / Sen. Grall\)](#)

CS/HB 461 passed the House on January 18, 2024, and subsequently passed the Senate on February 14, 2024.

The Florida Constitution provides that “[t]he right of trial by jury shall be secure to all and remain inviolate.” A jury must be composed of no fewer than six jurors. However, in a capital case the minimum number is twelve jurors. To serve on a jury, a juror must be 18 years of age or older, be a citizen of the United States, and be a legal resident of Florida and his or her respective county.

A person reports for jury service in his or her county of residence. Any person who is summoned as a juror and fails to attend without a sufficient excuse must pay a fine and may be held in contempt of court. Under Florida law, certain persons are disqualified or

excusable from jury service based on their position, physical or mental health condition, or personal beliefs.

The bill amends s. 40.013, F.S., to require that a woman who has given birth within six months before the reporting date on a summons for jury service must be excused from jury service upon request. The bill clarifies that such excusal applies only to the specific summons for which the excusal is requested.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

SB 544 - Swimming Lesson Voucher Program (Rep. Hutson / Sen. Busatta Cabrera)

SB 544 passed the Senate on February 14, 2024, and subsequently passed the House on March 5, 2024.

In Florida, drowning is the leading cause of accidental death for children under age five. In 2023, 94 children died in Florida from accidental drowning. Florida ranked highest in the country for unintentional drowning death rates for children ages zero to nine and third for children ages zero to 17 years of age. Studies show that swimming lessons can reduce the likelihood of child drowning.

CS/SB 544 creates the Swimming Lesson Voucher Program within the Department of Health (DOH) to increase water safety in Florida and to offer vouchers for swimming lessons, at no cost, to low-income families with children ages four and under. The bill requires DOH to implement the voucher program and contract with swimming lesson vendors to establish a network of providers to participate in the voucher program.

The bill requires DOH to establish a method for the public to apply for vouchers and for determining applicant eligibility criteria. The bill requires vendors offering swimming lessons at a public pool that is owned or maintained by a county or municipality to participate in the program, if requested by DOH. The bill requires DOH to adopt rules to implement the swimming lesson voucher program.

CS/SB 544 appropriates \$500,000 in nonrecurring general revenue to DOH to fund the program.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 591 - Hot Car Death Prevention (Rep. Brannan / Sen. Bradley)

CS/HB 591 passed the House on February 15, 2024, and subsequently passed the Senate on February 21, 2024.

Heatstroke is a debilitating illness characterized by severe hyperthermia, profound central nervous system dysfunction, and additional organ and tissue damage. Vehicular heatstroke occurs when a person experiencing heatstroke cannot escape the vehicle in which the

person is trapped. Since 1998, Florida has lost 110 children to vehicular heatstroke. The Florida Uniform Traffic Control Law provides penalties if a child under the age of 6 is left unattended or unsupervised in a motor vehicle. Law enforcement cited 1,282 people statewide for leaving a child under the age of 6 unattended or unsupervised from 2012 to 2022.

A law enforcement officer who observes a child left unattended or unsupervised in a motor vehicle may use whatever means are reasonably necessary to protect and remove the child from the vehicle. Current law advises a law enforcement officer to attach written notification to the vehicle when the officer removes a child from the immediate area. If the law enforcement officer cannot locate the child's parents or other person responsible for the child, the officer must deliver physical custody of the child to the Florida Department of Children and Families (DCF). In addition, current law authorizes the general public to rescue any vulnerable person by removing that person from a vehicle.

CS/HB 591 creates "Ariya's Act" in memoriam of Ariya Paige who died of a heatstroke after being left in a vehicle. The bill designates April as "Hot Car Death Prevention Month" to raise the public's awareness of the dangers of leaving children unattended in motor vehicles and to educate the public on how to prevent children from dying of vehicular heatstroke.

The bill encourages DCF, the Department of Health, the Department of Highway Safety and Motor Vehicles, local governments, and other agencies to sponsor events that promote awareness on the dangers of leaving a child unattended in a motor vehicle and methods to prevent hot car deaths of children. Specifically, these campaigns must address proper motor vehicle safety for children, the criminal penalties associated with leaving a child in a motor vehicle unattended or unsupervised, and the steps a bystander can take to rescue a vulnerable child in imminent danger.

Subject to the Governor's veto power, the effective date of this bill is July 1, 2024.

HB 775 - Surrendered Infants (Rep. Canady/Beltran / Sen. Yarborough)

CS/HB 775 passed the House on February 15, 2024, and subsequently passed the Senate on February 21, 2024.

Florida law allows parents who are unwilling or unable to care for their newborn infants to safely relinquish them at hospitals, fire stations, and emergency medical services stations. This 'safe haven law' currently allows parents to anonymously surrender newborn infants up to 7 days old and grants the parents immunity from criminal prosecution unless there is actual or suspected child abuse or neglect.

CS/HB 775 increases the age that an infant may be surrendered from 7 days old to 30 days old, preventing unsafe abandonment by allowing more time for parents to decide whether to surrender a child. The bill changes the term "newborn infant" to "infant" to reflect the extended age.

The bill authorizes a parent, after delivery of an infant in a hospital, to leave the infant with hospital medical staff. The parent of the infant must notify the staff that the parent is voluntarily surrendering the infant and does not intend to return. The bill also authorizes a parent to call 911 and request that an emergency medical services provider meet the surrendering parent at a specified location for the purpose of surrendering the infant.

Subject to the Governor's veto powers, the bill is effective July 1, 2024.

HB 865 - Youth Athletic Activities (Rep. Yeager / Sen. Collins)

CS/HB 865 passed the House on March 4, 2024, and subsequently passed the Senate on March 5, 2024.

Sudden cardiac arrest is the leading cause of death for student athletes. Florida law requires public schools that are members of the Florida High School Athletic Association (FHSAA) to have a school employee or volunteer trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) present at athletic activities, including competitions, practices, workouts, and conditioning sessions. However, public schools who are not members of the FHSAA are not required to comply with these standards.

The bill requires all athletic coaches employed by public schools to hold and maintain certification in CPR, first aid, and the use of an AED. The certification must be consistent with national evidence-based emergency cardiovascular care guidelines.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 883 - Short-acting Bronchodilator Use in Public and Private Schools (Rep. Koster / Sen. Hooper)

CS/CS/HB 883 passed the House on February 28, 2024, as amended, and subsequently passed the Senate on March 1, 2024.

To provide access to life-saving interventions during a student's respiratory distress at a public or private school, the bill authorizes a public or private school to acquire and stock a supply of short-acting bronchodilators and components from a wholesale distributor or to enter into an arrangement with a wholesale distributor or manufacturer, for short-acting bronchodilators and components at fair-market, free, or reduced prices. The bill specifies the requirements for storing and maintaining the stock supply of short-acting bronchodilators and components.

Additionally, a public or private school may also accept short-acting bronchodilators and components as a donation or transfer if the items meet the U.S. Food and Drug Administration regulations and are in a new, unexpired, manufactured-sealed condition.

The bill authorizes specified health care practitioners to prescribe short-acting bronchodilators and components in the name of a public school or private school. Additionally, the bill authorizes a licensed pharmacist to dispense short-acting bronchodilators and components to a prescription issued in the name of a public or private school.

The bill outlines criteria for individuals authorized to administer short-acting bronchodilators and components to students at public and private schools and requires schools to inform parents of the school's adopted protocol and obtain parental permission before administering short-acting bronchodilators or components to a student in respiratory distress emergencies.

The bill authorizes a private school asthmatic student, similar to a public-school student, to carry a short-acting bronchodilator and components while in school, if a parent and physician provided approval to the principal.

The bill establishes immunity from civil and criminal liability for schools, trained school personnel, and health care practitioners who act in accordance with the provisions of the bill.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 885 - Coverage for Biomarker Testing (Rep. Gonzalez Pittman / Sen. Calatayud)

CS/CS/HB 885 passed the House on February 29, 2024, and subsequently passed the Senate on March 5, 2024.

Biomarker testing is a method of looking for any structure, process, genes, proteins, or other substance in the body that can be measured and provide information about the body or its products and influence or predict the incidence or outcome of disease. It is a type of personalized or precision medicine where medical care is tailored to a person's specific genes, proteins, and other substances which may be present in a person's body. Biomarker testing is not helpful for all diseases, but it can be helpful to show whether certain types of diseases may be likely to grow or spread; whether certain types of treatment may be more likely or unlikely to be helpful; and whether a particular treatment is working.

The bill requires coverage within the state group insurance plan and Medicaid program for biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition or to guide treatment. The bill requires enrollees to have access to a clear and convenient process to request authorization for testing through readily accessible websites of the insurer, health plan, and Medicaid program.

The bill requires the Medicaid program to implement this coverage by October 1, 2024, and makes the coverage requirements applicable to state group health insurance policies

issued on or after January 1, 2025. For Medicaid, the bill authorizes the Agency for Health Care Administration to seek federal approval if necessary to implement the coverage. For Medicaid managed care contracts, the bill permits the inclusion of any rate impact of the benefit change in the applicable contracts.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024, except for the provisions related to Medicaid, which are effective October 1, 2024.

HB 917 - Career and Technical Education (Rep. Snyder / Sen. Simon)

CS/CS/HB 917 passed the House on February 27, 2024, as amended. The bill was amended in the Senate on March 1, 2024, and returned to the House. The House concurred in the Senate amendment and subsequently passed the bill as amended on March 7, 2024.

The bill authorizes a minor aged 16 or 17 years to work on any residential building construction, if the minor has earned an Occupational Health and Safety Administration (OSHA) 10 certification, does not perform any work in violation of federal law or OSHA rules, does not work on any scaffolding, roof, superstructure or ladder above 6 feet, and is being supervised by an individual meeting specified criterion.

The bill revises the definition of journey worker to include passing a state-approved industry test, if required, and modifies the criteria by which local governments must issue a journey worker license in specified trades and requires license reciprocity.

The bill requires the Department of Education (DOE) to convene, no later than December 1, 2024, a workgroup to identify best practices in career and technical education (CTE) pathways from middle school to high school and to identify the three math pathways for students enrolled in secondary grades.

The bill expands the duties of the Office of Reimagining Education and Career Help to include coordinating with the DOE, the Department of Commerce, and CareerSource Florida, Inc. to publish and disseminate a statewide CTE education asset map by March 1, 2025, informing workforce and industry partners of opportunities to partner and expand CTE in the state. The information disseminated must be in a user-friendly format detailing secondary CTE courses, funding, workforce alignment, and career dual enrollment programs.

The bill repeals the Florida Talent Development Council and requires that the REACH Office assumes its responsibilities, including coordinating, facilitating, and communicating statewide efforts to meet supply and demand needs for the state's health care workforce.

The bill authorizes a school district and Florida College System institution to exempt from postsecondary career education program basic skills requirements a student who possesses a high school diploma from an eligible private school, or, for a student in a home

education program or a personalized education program, a signed affidavit submitted by the student's parent or legal guardian.

The bill authorizes district school boards, as an alternative to the required annual career fair, to consult with local workforce development boards, advisory committees, and business groups to determine free or cost-effective methods to provide other career and industry networking and exposure opportunities for secondary and elementary students.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 935 - Home Health Care Services (Rep. Franklin / Sen. Trumbull)

CS/CS/HB 935 passed the House on February 15, 2024, and subsequently passed the Senate on March 5, 2024.

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments to provide coverage for health services for eligible persons and is administered by the Agency for Health Care Administration. The federal government sets the minimum mandatory populations to be included in every state Medicaid program, and the minimum mandatory benefits. These benefits include home health care services.

Florida Medicaid pays for home health services necessary to assist a recipient living at home, including home health visits, nursing and home health aide services, supplies, appliances, and durable medical equipment. Under current law, Medicaid reimbursement is not available for home health services ordered by any practitioner other than a physician, such as a nurse.

The bill allows Medicaid to pay for home health services ordered by advanced practice registered nurses and physician assistants.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 975 - Background Screenings and Certifications – Rep. Trabulsy, Bell / Sen. Grall

CS/CS/HB 975 passed the House on February 29, 2024, as amended. The bill was amended in the Senate on March 6, 2024, and returned to the House. The House concurred with the Senate amendments and subsequently passed the bill as amended on March 7, 2024.

Current law requires certain prospective employees to be screened for a history of criminal offenses to protect vulnerable persons. Certain criminal offenses disqualify the applicant from employment. Chapter 435, F.S., establishes procedures for criminal history background screening of prospective employees and outlines the screening requirements. There are two levels of background screening: Level 1 and Level 2.

The bill adds additional offenses to the list of disqualifying offenses for Level 2 background screening and revises the eligibility criteria for exemptions from disqualification. The bill extends the deadline for independent youth athletic team coaches to undergo a Level 2 background screening from July 1, 2024, to January 1, 2025.

Current law requires only specified health care professions to undergo background screening as a requirement for initial licensure; the majority of health care professions licensed by the Department of Health (DOH) are not subject to background screening. The bill revises background screening requirements to apply to the majority of health care professionals licensed by DOH, and requires those licensed prior to July 1, 2025, to comply at their next licensure renewal.

Continuums of Care (CoCs) coordinate local efforts to prevent and end homelessness at the local level. The Department of Children and Families (DCF) requires employees of CoCs and their subcontractors to undergo Level 2 background screening. However, individuals with lived experience of homelessness, who can be helpful in delivering homelessness services, may have criminal histories that prevent passing a background screening. The bill establishes a pathway by which a person who has lived experience with homelessness may qualify for a modified background screening process to be employed by certain homeless service providers.

The bill appropriates \$250,000 to DOH to implement the provisions of the bill.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024; except for the provisions relating to the background screening of licensed health care professionals which is effective July 1, 2025.

SB 994 - Student Transportation Safety (Sen. Burgess / Rep. Michael)

CS/CS/SB 994 passed the Senate on March 4, 2024, and subsequently passed the House on March 6, 2024.

Florida law expressly preempts the state the regulation of the use of cameras for enforcing the Florida Uniform Traffic Control Law. The only cameras currently authorized to enforce traffic laws are traffic infraction detectors (commonly known as red light cameras), speed detection systems used to enforce school zone speed limits for violations in excess of 10 miles per hour over the speed limit, and school bus infraction detection systems.

A school bus infraction detection system is a camera system affixed to a school bus with two or more camera sensors or computers that produce a recorded video and two or more film or digital photographic still images for the purpose of documenting a motor vehicle being used or operated in a manner that allegedly violates the laws relating to traffic stopping for a school bus. Florida law authorizes school districts to install and operate a school bus infraction detection system on a school bus to enforce such laws.

The bill makes the following changes to laws relating to the use of school bus infraction detection systems:

- Authorizes a private vendor or manufacturer of a school bus infraction detection system to receive a fixed amount of collected proceeds for service rendered in relation to the installation, operation, and maintenance of school bus infraction detection systems;
- Revises requirements for signage posted on the rear of a school bus indicating the use of a school bus infraction detection system by no longer requiring the signage to be high-visibility reflective signage;
- Requires a court that has jurisdiction over traffic violations to determine whether to uphold a notice of violation;
- Revises the permissible uses of civil penalties assessed and collected for a violation enforced by a school bus infraction detection system;
- Clarifies the application of a certain fee for a notice of violation;
- Amends provisions relating to use of camera footage; and
- Amends reporting requirements for school districts.

Subject to the Governor's veto powers, the effective date of this bill is effective upon becoming law.

HB 1007 - Nicotine Products and Dispensing Devices (Rep. Overdorf / Sen. Perry)

CS/HB 1007 passed the House on March 1, 2024. The bill was amended in the Senate on March 5, 2024, and was returned to the House. The House concurred in the Senate amendment and passed the bill as amended on March 7, 2024.

The bill:

- Grants authority to the Attorney General (AG) to create a directory (AG Directory) of all nicotine manufacturers that sell nicotine dispensing devices which the AG has deemed attractive to minors.
- Provides that nicotine dispensing devices that are either single-use or disposable electronic cigarettes, or devices that use sealed, prefilled, and disposable cartridge of nicotine in a solution may be reviewed for inclusion on the AG Directory.
- Sets standards for the AG, and reviewing courts, to use to determine how to evaluate whether a device should be included in the AG Directory and allows review of such determination under the Florida Administrative Procedure Act (APA).
- Prohibits manufacturers, retailers, wholesalers and distributors from selling, shipping, or distributing nicotine dispensing devices that are listed on the AG Directory.
- Requires the Department of Legal Affairs in the Attorney General's Office (Department) to make the AG Directory publicly available on its website by January 1, 2025.

- Provides that the AG Directory determination does not apply to a nicotine dispensing device that has received a Federal Food and Drug Administration (FDA) marketing granted order.
- Allows retailers and wholesalers holding a nicotine dispensing device which is on the AG Directory 60 days to sell or remove the product before it is considered contraband.
- Allows a nicotine product manufacturer to be fined \$1,000 per day that it offers to sell a nicotine dispensing device that is on the AG Directory in violation of these provisions after March 1, 2025.
- Provides that it is a first-degree misdemeanor for a retailer, a wholesaler, or a distributor who sells, ships, or otherwise distributes a nicotine dispensing device on the AG Directory under certain circumstances.
- Provides that selling, shipping or distributing nicotine dispensing devices on the AG Directory is deemed an unfair and deceptive trade practice.
- Considers nicotine dispensing devices that are on the AG Directory to be contraband, and subject to seizure and destruction by court order under certain circumstances.
- Requires the Department to maintain detailed information and records related to seized nicotine dispensing devices.
- Provides agent of service procedures for a nonresident manufacturer of nicotine dispensing devices under certain circumstances.
- Provides that, in addition to current misdemeanor offenses for selling a nicotine product to a person under 21, any person who sells a nicotine product to a person under 21 for a third or subsequent time at any time after the first violation commits a third-degree felony.

Subject to the Governor’s veto powers, the effective date of this bill is October 1, 2024.

[SB 1286 - Return of Weapons and Arms Following an Arrest \(Sen. Collins / Rep. Brackett\)](#)

CS/SB 1286 passed the Senate on February 28, 2024, and subsequently passed the House on March 5, 2024.

Generally, a law enforcement officer is authorized to search a person incident to a lawful arrest and seize items discovered on the person arrested or within his or her immediate control if the seizure is necessary to protect the officer from attack, prevent an escape, or assure the subsequent lawful custody of the fruits of a crime or the articles used in the commission of a crime. A law enforcement agency holds seized property that is needed for the prosecution of a crime as evidence. All other seized property that is not subject to forfeiture under the Florida Contraband Forfeiture Act (FCFA) under ss. 932.701–932.7062, F.S, is either held by a law enforcement agency as “personal property” or “safekeeping property.”

Section 790.08, F.S., requires every law enforcement officer who makes an arrest under s. 790.07, F.S., which prohibits the use or attempted use of a weapon, electric weapon or device, or arms (weapon or firearm) in committing a felony, or under any other law or municipal ordinance to take possession of any weapon or firearm found upon the person arrested and deliver such weapon or firearm to the sheriff or chief of police of the jurisdiction in which the arrest was made. The sheriff or the chief of police must retain such a weapon or firearm until after the trial of the person arrested.

Sections 790.08(2) and (3), F.S., require the forfeiture of a weapon or firearm if a person is convicted of violating s. 790.07, F.S., or a similar offense involving the *use or attempted use* of a weapon or firearm in committing a felony, and the return of a weapon or firearm if a person is acquitted or such charges are dismissed. The forfeiture and return requirements do *not* apply in circumstances where a weapon or firearm was seized as evidence but was not *used* in committing a felony or where a weapon or firearm is seized and held by a law enforcement agency as safekeeping property. Because there is currently no statute prescribing procedures for the return of a weapon or firearm held as safekeeping property, the specific procedures for returning such property vary by jurisdiction.

Section 933.14(3), F.S., prohibits a law enforcement agency from returning a pistol or firearm without an order of a trial court judge if such pistol or firearm has been taken by any officer with a search warrant or without a search warrant upon a view by the officer of a breach of the peace. Courts have interpreted “breach of the peace” as a generic term that includes “...*all* violations of the public peace, order, or decorum. A breach of the peace includes the violation of any law enacted to preserve peace and good order.”

The bill amends s. 790.08, F.S., to delete the requirement for a sheriff or chief of police to retain custody of all weapons or firearms seized incident to an arrest until after the trial of the person arrested. Instead, the bill requires a law enforcement agency to return any weapons or firearms that are taken from a person following an arrest, but that are *not* seized as evidence or seized and subject to forfeiture under the FCFA upon request of the person arrested within 30 days after such request is made if he or she:

- Has been released from detention;
- Provides a form of government-issued photographic identification; and
- If requesting the return of a firearm, successfully completes a criminal history background check confirming the person is not prohibited from possessing a firearm under state or federal law, including not having any prohibition arising from an injunction, a risk protection order, or any other court order prohibiting the person from possessing a firearm.

The bill amends s. 933.14, F.S., to delete a provision requiring an order of a trial court judge to return a pistol or firearm to its owner if such pistol or firearm was taken by an officer upon a view by the officer of a breach of the peace.

The bill authorizes a sheriff or chief of police to develop reasonable procedures to ensure the timely return of weapons or firearms which are not inconsistent with the bill. The bill prohibits a sheriff or chief of police from requiring a court order to release weapons or firearms that are not seized as evidence in a criminal proceeding unless there are competing claims of ownership of such weapons or firearms.

Subject to the Governor’s veto powers, the effective date of this bill is July 1, 2024.

HB 1545 - Child Exploitation Offenses (Rep. Baker, Rep. Yarkosky / Sen. Martin)

CS/HB 1545 passed the House on March 1, 2024. The bill was amended in the Senate on March 5, 2024, and returned to the House. The House concurred in the Senate amendment and subsequently passed the bill as amended on March 7, 2024.

Felony offenses which are subject to the Criminal Punishment Code are listed in a single offense severity ranking chart (OSRC) in s. 921.0022, F.S., which uses 10 offense levels to rank felonies from least severe to most severe. Each felony offense listed in the OSRC is assigned a level according to the severity of the offense. A person’s primary offense, any other current offenses, and prior convictions are scored using the points designated for the offense severity level of each offense. The final score calculation, following the scoresheet formula, determines the lowest permissible sentence that a trial court may impose.

Section 827.071, F.S., prohibits specified child exploitation offenses, including:

- Section 827.071(2) or (3), F.S., prohibiting a person from using a child in or promoting a child sexual performance, as second-degree felonies and Level 6 offenses.
- Section 827.071(4), F.S., prohibiting a person from possessing child pornography with the intent to promote, as a second-degree felony and a Level 5 offense.
- Section 827.071(5), F.S., prohibiting a person from possessing or intentionally viewing child pornography, as a third-degree felony and a Level 5 offense.

The bill amends s. 921.0022, F.S., to increase the OSRC rankings for specified child exploitation offenses:

Violation	Current OSRC Ranking	New OSRC Ranking
Using a child in or promoting a child sexual performance under s. 827.071(2) or (3), F.S.	Level 6	Level 7
Possessing child pornography with intent to promote under s. 827.071(4), F.S.	Level 5	Level 7

Possessing or intentionally viewing child pornography under s. 827.071(5), F.S.	Level 5	Level 6
---	---------	---------

The bill also creates s. 847.01385, F.S., to prohibit harmful communication to a minor as a third-degree felony, ranked as a Level 3 offense. Under the bill, an adult is prohibited from engaging in a pattern of verbal or written communication to a minor that includes explicit and detailed verbal descriptions or narrative accounts of sexual activity, sexual conduct, or sexual excitement and that is harmful to minors.

The bill prohibits an offender from raising specified defenses to such a violation.

Subject to the Governor’s veto powers, the effective date of this bill is October 1, 2024.

SB 1582 - Department of Health (Sen. Rodriguez / Rep. Anderson)

CS/CS/HB 1441 passed the House on March 6, 2024, as CS/CS/CS/SB 1582 as amended. The Senate concurred with the House amendment to the Senate bill, and subsequently passed the bill as amended on March 7, 2024.

The bill makes changes to several programs administered by the Department of Health (DOH).

DOH certifies Environmental health professionals (EHPs) to perform evaluations of environmental or sanitary conditions in specific environmental health program areas. The bill creates an environmental health technician certification for candidates to work under the supervision of a certified EHP.

The Legislature established the Rare Disease Advisory Council in 2021 to assist DOH in providing recommendations to improve health outcomes for individuals with rare diseases residing in the state. The bill creates the Andrew John Anderson Pediatric Rare Disease Grant Program within DOH with the purpose of advancing the progress of research and cures for pediatric rare diseases.

In 2023, the Legislature directed DOH to partner with a community-based sickle cell disease medical treatment and research center to establish and maintain a registry to track outcome measures of newborns with sickle cell disease or sickle cell trait. The bill authorizes adults to opt into the registry and revises the process by which parents can opt their newborns out of the registry.

The Florida Newborn Screening Program (NSP) promotes the screening of all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as well as environmental risk factors. The bill revises the NSP to specify the responsibilities of relevant health care practitioners and repeal obsolete provisions. The

bill standardizes hearing screening practices for newborns and requires screening results for children up to 36 months of age be reported to DOH.

The Florida Cancer Control and Advisory Council (Council) monitors Florida's cancer burden and recommends changes in policies, systems, and environments that lead to cancer-related health outcomes. The bill adds an additional member to the Council representing Mayo Clinic in Jacksonville.

The bill requires DOH to open an additional 90-day window for Pigford/In Re Black Farmers litigants to cure deficiencies in their applications for Medical Marijuana Treatment Center licensure. The bill revises licensure requirements for this applicant group and requires DOH to grant licenses to all qualified applicants.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024; except for the provision related to MMTC license applications which is effective upon the act becoming law.

SB 1600 - Interstate Mobility (Sen. Collins / Rep. Plasencia)

CS/SB 1600 passed the Senate on March 1, 2024, and subsequently passed the House on March 6, 2024.

The bill revises or creates licensure by endorsement for numerous businesses and professionals regulated by the Department of Health (DOH) or the Department of Business and Professional Regulation (DBPR).

The bill authorizes licensure by endorsement for 17 professions regulated by DOH. The bill repeals existing licensure by endorsement statutes for all other health care professions regulated by DOH, excluding radiation technicians and respiratory therapists, and establishes a standardized process for licensure by endorsement for all health care professions. The bill requires DOH and the boards to issue a license to a qualified applicant within seven days after receipt of all required documentation. The bill allows DOH to continue to process applications for licensure by endorsement under existing law until the earlier of the board or DOH adopting rules to implement the provisions of this bill or six months.

The bill requires DOH to submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives related to the approval and denial of applications for licensure by endorsement, and disciplinary actions taken against such licensees.

The bill authorizes DBPR to issue a license by endorsement to an applicant who meets certain criteria if licensure by endorsement based on years of licensure or certain examination or experience requirement is not otherwise provided for in the practice act, excluding harbor pilots. The bill requires that a board, or DBPR, to make a determination that

the applicant's license in another jurisdiction is not substantially equivalent to or is otherwise insufficient for a license in Florida before denying an application. The bill grants such an applicant seven days to appeal the denial to the Secretary of DBPR.

Subject to the Governor's veto powers, the bill is effective July 1, 2024.

SB 1698 - Food and Hemp Products (Sen. Burton / Rep. Gregory)

CS/CS/HB 1613 passed the House on March 6, 2024, as CS/SB 1698 as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on March 6, 2024.

Hemp, also called industrial hemp, is defined as the plant *Cannabis sativa* L. and any part of that plant, including seeds, derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers thereof, whether growing or not, with a delta-9 tetrahydrocannabinol (THC) concentration that does not exceed 0.3 percent on a dry-weight basis, with the exception of hemp extract, which may not exceed 0.3 percent total delta-9 THC on a wet-weight basis. Hemp is used to create hemp extract, which is defined as "a substance or compound intended for ingestion, containing more than trace amounts of cannabinoid, or for inhalation which is derived from or contains hemp, and which does not contain other controlled substances." In 2019, the Legislature created the State Hemp Program within the Department of Agriculture and Consumer Services (DACS), which authorizes the cultivation of hemp and sale of hemp extract products.

Hemp extract products are available throughout the state in various forms, including, but not limited to, oils, lotions, and gummies. Hemp extract products are only authorized to be distributed in the state if the product meets certain requirements established by DACS. Hemp extract products meant for ingestion or inhalation may not be sold to individuals under the age of 21.

The bill revises the definition of "hemp" to specify that hemp extract products may not exceed 0.3 percent total delta-9 THC concentration on a wet-weight basis or may not exceed 5 milligrams per serving and 50 milligrams per container on a wet-weight basis, whichever is less. Additionally, the bill revises the definition of "hemp extract" to specify that it may not contain controlled substances listed in statute; any quantity of synthetic cannabinoids; or other specified cannabinoids such as delta-8 THC. As such, products containing these substances could no longer be legally sold as hemp. The bill also revises the definition of "attractive to children" to expand the types of hemp products that are considered attractive to children and are therefore prohibited.

The bill expands the laboratory testing and packaging requirements that are currently applicable to hemp extract that is distributed or sold in the state to also apply such requirements to hemp extract that is manufactured, delivered, held, or offered for sale in the state.

The bill prohibits an event organizer from promoting, advertising, or facilitating an event where hemp extract products that do not comply with general law are sold or marketed or where hemp extract products are sold or marketed by businesses that are not properly permitted. The bill appropriates \$2 million in nonrecurring funds from the General Revenue Fund to the Department of Law Enforcement for the purchase of testing equipment necessary to implement the bill.

Subject to the Governor's veto powers, the effective date of this bill is October 1, 2024.

SB 7016 - Health Care (Senate Health Policy / House Health & Human Services)

SB 7016 passed the Senate on January 18, 2024, and subsequently passed the House on February 22, 2024. The Governor signed the bill into law on March 21, 2024.

The bill revises or creates numerous provisions of Florida law relating to the state's health care workforce, health care services, health care practitioner licensure and regulation, health care facility licensure and regulation, the Medicaid program, health-care-related education programs and health care services programs. Specifically, the bill revises:

- The Dental Student Loan Repayment Program (DSLRL Program);
- The Florida Reimbursement Assistance for Medical Education (FRAME) Program;
- The Telehealth Minority Maternity Care Program;
- The Statewide Medicaid Residency Program (SMRP); and
- The Access to Health Care Act.

The bill amends statutes relating to:

- Mobile response team standards; Licensure for foreign-trained physicians;
- Certification of foreign medical schools;
- Medical faculty certificates;
- Autonomous-practice nurse midwives;
- Developmental research laboratory schools; and
- The Linking Industry to Nursing Education (LINE) Fund.

The bill creates:

- The Health Care Screening and Services Grant Program;
- An advanced birth center designation;
- The Training, Education, and Clinicals in Health (TEACH) Funding Program;
- Emergency department diversion requirements for hospitals and Medicaid managed care plans;
- A requirement for the Agency for Health Care Administration (AHCA) to produce an annual report entitled "Analysis of Potentially Preventable Health Care Events of Florida Medicaid Enrollees;"
- Limited licenses for graduate assistant physicians; and
- Temporary certificates for physician assistants (PA) and advanced practice registered nurses (APRN) to practice in areas of critical need.

The bill provides that Florida will enter the Interstate Medical Licensure Compact, the Audiology and Speech Language Pathology Interstate Compact, and the Physical Therapy Licensure Compact. The bill contains numerous appropriations related to the programs and revisions listed above, as well as for provider reimbursement in the Medicaid program.

The bill appropriates \$717,105,294 (\$327,389,679 recurring general revenue (GR), \$3,014,032 non-recurring GR, \$384,536,016 recurring Trust Fund (TF) and \$2,166,567 non-recurring (TF) to implement the bill's provisions.

The bill was approved by the Governor on March 21, 2024, ch. 2024-15, L.O.F., and became effective on that date; except for various appropriations which are effective July 1, 2024, or October 1, 2024.

HB 7021 - Mental Health and Substance Abuse (Rep. Maney / Sen. Grall)

CS/CS/HB passed the House on March 4, 2024. The bill was amended in the Senate on March 7, 2024, and returned to the House. The House concurred in the Senate amendment and subsequently passed the bill as amended on March 8, 2024. The bill includes portions of CS/HB 915 and CS/HB 951.

In Florida, the Baker Act provides a legal procedure for voluntary and involuntary mental health examination and treatment and the Marchman Act addresses substance abuse through a comprehensive system of prevention, detoxification, and treatment services. The Department of Children and Families (DCF) is the single state authority for substance abuse and mental health treatment services in Florida.

The bill modifies the Baker and Marchman Acts to improve the processes for obtaining mental health and substance abuse examinations and treatment and to align certain provisions to be consistent between both acts.

The bill amends the Baker Act in that it:

- Combines and streamlines processes for courts to order individuals to involuntary outpatient services and involuntary inpatient placement.
- Provides cleaner and clearer processes for courts to meet an individuals' treatment needs and provides needed flexibility to order outpatient services over inpatient placement or both when necessary.
- Prohibits courts from ordering an individual with a developmental disability who lacks a co-occurring mental illness to a state mental health treatment facility for involuntary inpatient placement.
- Authorizes certain parties and witnesses to appear remotely.
- Allows an individual to be admitted as a civil patient in a state mental health treatment facility without a transfer evaluation and prohibits a court, in a hearing for

placement in a treatment facility, from considering substantive information in the transfer evaluation unless the evaluator testifies at the hearing.

- Allows for consideration of the patient's treatment history at the facility and any information regarding the patient's condition and behavior provided by knowledgeable individuals to be considered in the criteria for involuntary examination.
- Allows the court to retain jurisdiction to enter further orders as needed.

The bill amends the Marchman Act in that it:

- Repeals existing provisions for court-ordered involuntary assessments and stabilization in the Marchman Act and creates a new consolidated involuntary treatment process.
- Authorizes witnesses to appear remotely. 2024T Summary of Legislation Passed Committee on Children, Families, and Elder Affairs
- Allows an individual to be admitted as a civil patient in a state mental health treatment facility without a transfer evaluation.
- Prohibits a court, in a hearing for placement in a treatment facility, from considering substantive information in the transfer evaluation unless the evaluator testifies at the hearing.

For both the Baker and Marchman Acts, the bill:

- Creates a more comprehensive and personalized discharge planning process.
- Requires specific information to be included in court orders requiring involuntary services.
- Requires DCF to publish certain specified reports on its website.
- Removes limitations on advance practice registered nurses and physician assistants serving the physical health needs of individuals receiving psychiatric care.
- Allows a psychiatric nurse to release a patient from a receiving facility if certain criteria are met.
- Removes the 30-bed cap for crisis stabilization units.

The bill also creates the Office of Children's Behavioral Health Ombudsman to be a central point to receive complaints on behalf of children and adolescents with behavioral health disorders receiving services to use such information to improve the child and adolescent mental health treatment and support system.

The bill appropriates \$50,000,000 to the Department of Children and Families to implement the substantive provisions of the bill and fund the likely increase in outpatient services orders.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.

HB 7063 - Anti-human Trafficking (Rep. Overdorf / Sen. Avila)

HB 7063 passed the House on February 22, 2024. The bill was amended in the Senate on March 5, 2024, and returned to the House. The House concurred in the Senate amendment and subsequently passed the bill as amended on March 8, 2024. The bill includes portions of CS/HB 1379.

Human trafficking is a form of modern-day slavery which involves the transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, purchasing, patronizing, procuring, or obtaining of another person for the purpose of exploiting that person.

Section 16.617, F.S., creates the Statewide Council on Human Trafficking (Council), within the Department of Legal Affairs (DLA), to enhance the development and coordination of state and local law enforcement and social services responses to fight commercial sexual exploitation as a form of human trafficking and to support victims. Section 16.618, F.S., requires DLA to establish a direct-support organization (DSO) to provide assistance, funding, and support to the Council. Authorization for the DSO expires on October 1, 2024, unless reviewed and saved from repeal by the Legislature.

Sections 394.875, 456.0341, 480.043, 509.096, and 787.29, F.S., require various entities to implement procedures to report suspected human trafficking and to display human trafficking awareness signs. The signs must contain the telephone number for the National Human Trafficking Hotline or such other number that the Florida Department of Law Enforcement uses to detect and stop human trafficking.

Section 562.13, F.S., prohibits any licensed alcohol vendor from employing a person under 18 years of age, with certain exceptions. However, a minor to whom these exceptions otherwise apply may not be employed if the employment involves nudity on the part of the minor and such nudity is intended as a form of adult entertainment.

The bill amends s. 16.618, F.S., to extend the statutory authorization for the DSO until October 1, 2029, at which time s. 16.618, F.S., will be repealed unless reviewed and saved from repeal by the Legislature.

The bill also amends ss. 394.875, 456.0341, 480.043, 509.096, and 787.29, F.S., to modify the requirements for human trafficking reporting procedures and awareness signs from requiring the National Human Trafficking Hotline number to be utilized to requiring the Florida Human Trafficking Hotline number to be utilized. The bill amends ss. 456.0341, 480.043, and 509.096, F.S., to require the update to human trafficking awareness signs to be completed and updated signage to be posted by January 1, 2025.

The bill amends s. 787.06, F.S., to require a nongovernmental entity to provide an affidavit attesting that the nongovernmental entity does not use coercion for labor or services, when executing, renewing, or extending a contract with a governmental entity.

The bill creates s. 787.30, F.S., to prohibit an owner, manager, employee, or contractor of an adult entertainment establishment from knowingly employing, contracting with, contracting with another person to employ, or otherwise permitting a person under the age of 21 years to perform or work in any capacity at an adult entertainment establishment as a first-degree misdemeanor; or to perform or work *while nude* in an adult entertainment establishment, as a second-degree felony.

The bill amends s. 562.13, F.S., to prohibit a minor who may otherwise meet an exception to work for an alcohol vendor from being employed by an adult entertainment establishment.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2024.