



Week 6 FOMA Legislative Update

2026 Florida Legislative Session (February 16-20)

Despite the President’s Day holiday on Monday, legislative committees met throughout the week, and both chambers held floor sessions on Thursday and Friday. Several healthcare bills moved through committee, with one professional licensure measure advancing to the House floor calendar.

The Senate Appropriations Committee on Health and Human Services convened on February 18 to continue advancing health care legislation and budget priorities as the session moves deeper into its committee phase. Although no physician-specific licensure bills were voted out this week, regulatory and scope-related measures remain active and continue to progress through their remaining stops. Of particular interest is [SB 268](#), which creates a public records exemption for identifying information of emergency department physicians. While narrow in application, the bill formally defines “emergency department physician” in statute, and any statutory definition that shapes physician categorization warrants attention for osteopathic physicians practicing in emergency settings. Also moving through the process is [SB 914](#), which would authorize certain non-physician providers to perform dry needling. Though it does not directly alter physician authority, the proposal reflects the continued incremental expansion of procedural privileges among non-physician providers, a trend that remains important to monitor within the broader scope of practice landscape. The Senate convened for a floor session late in the week. No major physician licensure or Board of Osteopathic Medicine legislation received final passage during Week 6. Most healthcare bills remain in committee.

Across the rotunda, the House Health and Human Services Committee also met on February 18 and advanced [HB 567](#) relating to podiatric medicine. The measure revises continuing education and licensure requirements for podiatrists and was reported favorably out of committee before being placed on the House Second Reading Calendar. While the bill is specific to podiatric practice, it reflects a broader and increasingly consistent legislative focus on professional board governance, continuing education standards, and licensure oversight. These themes are directly relevant to osteopathic regulatory integrity and warrant continued attention as similar frameworks are considered across health care professions. The House convened for floor sessions on February

19 and 20, and although HB 567 now sits on the calendar for further consideration, no osteopathic-specific licensure or Board of Osteopathic Medicine authority measures were heard on the floor this week.

Although no direct amendments to osteopathic examination requirements or licensure statutes were heard this week, we remain attentive to several developing areas that could carry downstream implications. Scope of practice expansion measures continue to surface in various forms, and workforce and graduate medical education funding discussions are steadily taking shape within the budget committees. We are also closely reviewing any statutory revisions that refine or redefine physician terminology, recognizing that even technical language adjustments can have meaningful regulatory consequences.

Week 6 also reflects several broader legislative trends. Activity surrounding professional board regulation is increasing, with multiple bills revisiting continuing education standards, licensure structures, and practice requirements across health care disciplines. At the same time, incremental scope expansion efforts, including measures such as dry needling, signal sustained legislative interest in widening procedural authority for non-physician providers. While no major physician-specific bills reached final passage this week, several remain in the committee funnel and are approaching their final stops, positioning them for potential movement in the coming weeks.

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.*)
 - **We expect this bill to be up in HHS either 2/24 or 2/26**
- **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 STILL 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 STILL 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. House bill has last stop at HHS; SB542 not moving, SB688 still has two more committee stops.)*
- **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 two of three committee stops. Bill is still moving; late filed amendment to SB version might delay this bill moving through next committee stop..)*
- **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, still has two stops to go; House has still not heard bill.)*

LIKELY 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 placed on Calendar, 2nd reading; 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.)*

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)*

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 placed on Calendar, 2nd reading; Senate has not held a committee meeting.)*



Wrongful Death and Medical Liability

- **Medical Negligence/Wrongful Death – [HB 6003](#) / [SB 1700](#) (Trabulsky / 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 has been referred to Senate Rules; 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 has been referred to Senate Rules Committee. The Senate version is at its third and final stop, Rules Committee. These bills are moving.)*

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. *(House version placed on Calendar, 2nd reading this week; 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. (*House bill placed on Calendar, 2nd reading 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 was placed on Calendar, 2nd reading.)*
- 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 bill placed on Special Order Calendar 2.19; House version placed on Calendar, 2nd reading. Bills are alive and kicking)

Looking Ahead – Week 7

Looking ahead, we anticipate an acceleration of health care bills that have already cleared their initial committee references, as leadership begins narrowing the field in advance of key deadlines. Budget negotiations will increasingly shape the landscape, particularly as healthcare allocations and workforce priorities come into sharper fiscal focus. Any amendment touching osteopathic examination requirements or licensure standards will warrant immediate and careful review to ensure regulatory consistency and professional integrity. Throughout this process, FOMA remains fully engaged in safeguarding osteopathic licensure, reinforcing physician-led care, and ensuring that patient safety remains the central consideration in all scope and regulatory discussions.