## FPMA 2025 Legislative Report

# BALLARD PARTNERS

#### 2025 Legislative Report

The 2025 Florida Legislature failed to wrap up its 60-day session as scheduled on Friday, May 2, 2025. Florida lawmakers voted to extend the regular session until June 6<sup>th</sup> to complete the budget and related bills. A vote was taken by the House of Representatives to extend until June 30, without the concurrence of the Senate. On day 105, the House and Senate agreed to a leaner, \$115.1 billion budget after working through several inter-party clashes. This will most likely seep into next year's session and the 2026 elections.

The FPMA continues to advance its agenda and profile; during a legislative committee week in February, we held our legislative day at the Capitol. The day was highlighted by our Orthoscan machine on the 2<sup>nd</sup> Floor of the Capitol and our members providing evaluations and general footcare advice to legislators and the public. There is no better way to showcase our medical skills than in the halls of the Florida Capitol.

The FPMA Legislative Committee and lobbyists spent the early part of session evaluating and soft selling the idea of including Podiatry in the Florida Reimbursement Assistance for Medical Education Program (FRAME). We discovered some resistance, not due to our credentials but more from a cost standpoint and legislative apathy towards FRAME. We will continue to evaluate our positions as we prepare for the 2026 session. 2025 Healthcare Bills Signed Into Law

#### THE FLORIDA SENATE 2025 SUMMARY OF LEGISLATION PASSED Appropriations Committee on Agriculture, Environment, and General Government

### **SB 158** — Coverage for Diagnostic and Supplemental Breast Examinations by Senator Berman

SB 158 prohibits the state group insurance program from imposing any cost-sharing liability for diagnostic breast examinations and supplemental breast examinations in any contract or plan for state employee health benefits that provides coverage for diagnostic breast examinations or supplemental breast examinations. The prohibition is effective January 1, 2026, consistent with the start of the new plan year.

The bill provides that if, under federal law, this prohibition would result in health savings account ineligibility under s. 223 of the Internal Revenue Code, the prohibition applies only to health savings account qualified high-deductible health plans with respect to the deductible of such a plan after the person has satisfied the minimum deductible under such plan.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect January 1, 2026. *Vote: Senate 38-0; House 116-0* 

#### CS/HB 519 — Administration of Controlled Substances by Paramedics

by Health Professions & Programs Subcommittee and Reps. Bartleman, Melo, and others (CS/SB 1224 by Health Policy Committee and Senator Harrell)

The bill amends s. 893.05, F.S., to allow a health care practitioner who is specified as an authorized prescriber of controlled substances, to cause a controlled substance to be administered, under his or her direction and supervision only, by a certified paramedic in the course of providing emergency services.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law. *Vote: Senate 37-0; House 108-0* 

#### CS/HB 547 — Medical Debt

by Health Care Facilities & Systems Subcommittee and Rep. Partington (CS/CS/SB 656 by Rules Committee; Health Policy Committee; and Senator Rodriguez)

The bill amends billing and collection activities of hospitals and ambulatory surgical centers (ASC) in s. 395.3011, F.S., to:

- Expand the scope of "extraordinary collection action" to include actions taken in relation to obtaining payment for any bill of care, rather than only bills of care that are covered under a hospital's or ASC's financial assistance policy.
- Allow a hospital or ASC to sell a patient's debt without the 30-day notice to the patient as required under current law if the debt:
  - Is not subject to interest or fees and the purchaser of the debt does not take any other extraordinary collection actions that the hospital or ASC could otherwise take; and
  - Is returned to the facility if the debt buyer determines that the debt qualifies for charity care under the facility's financial assistance policy.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025.

Vote: Senate 38-0; House 116-0

#### CS/HB 647 — Advanced Practice Registered Nurse Services

by Health Professions & Programs Subcommittee and Rep. Trabulsy and others (CS/SB 998 by Health Policy Committee and Senator Calatayud)

The bill provides that, in the absence of a funeral director, an advanced practice registered nurse (APRN) providing hospice care pursuant to a written protocol with a licensed physician may file a certificate of death or fetal death. The bill authorizes such an APRN to certify the cause of death and correct information on a permanent certificate of death or fetal death.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 38-0; House 111-0* 

#### CS/SB 944 — Insurance Overpayment Claims Submitted to Psychologists

by Banking and Insurance Committee and Senator Davis

The bill reduces from 30 months to 12 months the timeframe for a health insurer or health maintenance organization (HMO) to submit claims for overpayment to a licensed psychologist. The bill's reduction in the look-back period results in licensed psychologists being subject to the same 12-month look-back period for insurer and HMO overpayments as health care providers licensed under chs. 458 (medical practice), 459 (osteopathic medicine), 460 (chiropractic medicine), 461 (podiatric medicine), or 466 (dentistry), F.S. The bill applies to claims for services provided on or after January 1, 2026.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 37-0; House 115-0* 

#### CS/CS/SB 958 — Type 1 Diabetes Early Detection Program

by Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Bernard

The bill requires the Department of Health (DOH), in collaboration with school districts throughout the state, to develop Type 1 diabetes informational materials for the parents and guardians of students. Within 90 days after July 1, 2025, the DOH must develop materials related to the early detection of Type 1 diabetes and post the materials on its website to be available to each early learning coalition, school district, and charter school.

The bill requires the DOH to develop a standardized methodology for each early learning coalition, school district, and charter school for the notification of the parents or guardians of voluntary prekindergarten, kindergarten, and first-grade students. Parents and guardians must be notified of the availability of the Type 1 diabetes early detection materials by September 30, 2025, and annually thereafter.

The bill also requires the informational materials on Tyle 1 diabetes to include, at minimum:

- A description of Type 1 diabetes.
- A description of the risk factors and warning signs associated with Type 1 diabetes.
- A description of the process for screening students for early detection of Type 1 diabetes using a blood autoantibody test.
- A recommendation for further evaluation for students displaying warning signs associated with Type 1 diabetes or positive early detection screening results.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 37-0; House 115-0* 

#### CS/CS/SB 1156 — Home Health Aide for Medically Fragile Children **Program**

by Fiscal Policy Committee; Health Policy Committee; and Senators Harrell and Sharief

The bill amends laws relating to the Home Health Aide for Medically Fragile Children (HHAMFC) program. Specifically, the bill:

- Specifies that the HHAMFC must complete an approved training program and the employing home health agency must provide validation of the HHAMFC prior to the aide providing services to an eligible relative. The employing home health agency must also provide training on HIV/AIDS and ensure that the HHAMFC holds and maintains a certification in cardiopulmonary resuscitation (CPR).
- Specifies that the training program must consist of at least 76 total hours of training with at least 40 hours of home health aide training, 20 hours of skills training tailored to the needs of the child, 16 hours of clinical training related to the child's needs, and training on HIV infections and CPR.
- Increases the Medicaid utilization cap from eight hours per day to 12 hours per day.
- Provides that the \$25 per hour Medicaid reimbursement rate is a minimum rate.
- Requires the Agency for Health Care Administration (AHCA) to seek federal approval to allow providers to receive reimbursement under the program and to disregard the income earned by a HHAMFC from the program when calculating eligibility for Medicaid.
- Requires Medicaid managed care plans to provide the AHCA with data necessary to assess the rate and extent of hospitalizations for children attended by HHAMFCs compared with those attended by a registered nurse or licensed practical nurse.
- Requires home health agencies to report an adverse incident within 48 hours of the • incident, defines the term "adverse incident," and requires the AHCA to include data on adverse incidents occurring under the care of a HHAMFC in its required annual assessment of the HHAMFC program.
- Requires the AHCA to make all necessary requests and submissions to obtain federal • approval and initiate any necessary rulemaking within 60 days of the act becoming law.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law.

Vote: Senate 37-0; House 113-0

#### CS/CS/HB 1299 — Department of Health

by Health & Human Services Committee; Health Professions & Programs Subcommittee; and Rep. Yarkosky and others (CS/CS/CS/SB 1270 by Rules Committee; Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Collins)

The bill postpones until June 1, 2027, the scheduled repeal of the statutory definition of "messenger ribonucleic acid vaccine" (mRNA vaccine) to maintain statutory prohibitions against discrimination based on knowledge or belief of a person's status relating to vaccination with any mRNA vaccine, including by governmental entities, business establishments, and educational institutions.

The bill defines "owner," "manager," and "employee" for purposes of background screening requirements applicable to medical marijuana treatment centers (MMTCs) and certified marijuana testing laboratories. The bill requires MMTCs to report any actual or attempted theft, diversion, or loss of marijuana to local law enforcement and to notify the Department of Health (DOH) by email.

The bill revises the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act by reducing the required duration of active practice for licensure-by-endorsement applicants from three years to two. It also establishes that reported conduct in the National Practitioner Data Bank does not disqualify an applicant from licensure under the MOBILE Act if the reported conduct would not constitute a violation of Florida law or rule. In such cases, the bill authorizes the applicable regulatory board, or the DOH if there is no board, to approve the application, approve it with restrictions or conditions, or deny it.

The bill updates the term "American Association of Physician Specialists" with the name of its official certifying body "American Board of Physician Specialties" in several different statutes relating to controlled substance prescribing, pain management clinics, and anesthesiologist assistants.

The bill modifies active practice requirements for the licensure of allopathic physicians by endorsement to provide that out-of-state applicants who would have satisfied the active practice requirements before the MOBILE Act's adoption can continue to become licensed in Florida as M.D.s.

The bill revises the list of institutions at which the DOH is authorized to issue a medical faculty certificate to an individual who has been offered and has accepted a full-time faculty appointment to include Orlando College of Osteopathic Medicine, Lincoln Memorial University-DeBusk College of Osteopathic Medicine in Orange Park, Florida, and Loma Linda University School of Medicine - AdventHealth in Orlando, Florida.

The bill revises criteria for the issuance of temporary certificates for practice in areas of critical need by allopathic and osteopathic physician assistants. Under the bill, such temporary

certificates are limited to physician assistants who are licensed in a U.S. state or the District of Columbia, thereby excluding those licensed only in U.S. territories.

The bill corrects one material deviation and conforms provisions of the Physical Therapy Licensure Compact to the model language by defining the term "party state."

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025, except for the provisions relating to mRNA vaccine which take effect upon the act becoming a law. *Vote: Senate 37-0; House 113-0* 

#### CS/HB 1353 — Home Health Care Services

by Health & Human Services Committee and Rep. Franklin and others (SB 1412 by Senator Calatayud)

The bill:

- Allows one administrator to manage up to five home health agencies (HHA) regardless of their location as long as the HHAs have identical controlling interests;
- Allows initial visits, service evaluation visits, and discharge visits to be conducted by individuals under contract with the HHA, as opposed to only by a direct employee of the HHA as under preexisting law; and
- Revises the requirements to participate in the "Excellence in Home Health Program" to allow all types of HHAs to participate regardless of payor type, patient population, or service designation.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. *Vote: Senate 37-0; House 115-0* 

#### CS/CS/CS/HB 1421 — Improving Screening for and Treatment of Blood Clots

By Health & Human Services Committee; Health Care Budget Subcommittee; Health Professions & Programs Subcommittee; and Rep. Black and others (CS/CS/SB 890 by Fiscal Policy Committee; Appropriations Committee on Health and Human Services; and Senators Yarborough, Berman, Gruters, and Rouson)

The bill creates the Emily Adkins Family Protection Act to improve screening for and treatment of blood clots. Specifically, the bill:

- Specifies that chronic critical illness and genetic predisposition for developing venous thromboembolisms (VTE) are chronic diseases.
- Requires specified training and protocols to assess and treat patients at risk of VTE when the patient is admitted to a hospital that has an emergency department or an ambulatory surgical center (ASC).
- Requires the Department of Health to contract with a private entity to establish and maintain a statewide VTE registry.
- Requires the Agency for Health Care Administration to provide a report to the Governor and the Legislature on the incidence of VTE.
- Requires each hospital that has an emergency department and each ASC to report certain • information to the registry.
- Requires certified nursing assistants, when employed by a nursing home facility for a 12-month period or longer, to receive training on recognizing the signs and symptoms of VTE and techniques for providing an emergency response.
- Requires assisted living facilities to provide a pamphlet to residents upon admission • containing information on VTE.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. Vote: Senate 36-0: House 110-0

#### CS/CS/SB 1490 — Children's Medical Services Program

by Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Harrell

The bill transfers the operation of the Children's Medical Services (CMS) Managed Care Plan from the Department of Health (DOH) to the Agency for Health Care Administration (AHCA); however, the DOH will retain responsibility for clinical eligibility determinations and must provide ongoing consultation to the AHCA on services to children and youth with special health care needs.

The bill requires the AHCA to establish specific measures of access, quality, and costs of providing health care services to children and youth with special health care needs. The AHCA must contract with an independent evaluator to conduct an evaluation of the services provided, which must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 15, 2028.

The bill repeals provisions related to the administration of CMS, as well as provisions that clarify instances in which it is not a standards of conduct violation for a physician who is involved with the DOH under certain circumstances to also be employed by the DOH to provide CMS services or services to assist in proceedings related to children.

The bill eliminates the Statewide CMS Network Advisory Council and CMS program technical advisory panels.

The bill also requires the AHCA to develop a plan to redesign the Florida Medicaid Model Waiver for home and community-based services to include children who receive private duty nursing services. The AHCA must submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2025, detailing certain aspects of the waiver redesign.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect upon becoming a law, except as otherwise expressly provided. *Vote: Senate 37-0; House 112-0* 

#### THE FLORIDA SENATE **2025 SUMMARY OF LEGISLATION PASSED** Committee on Children, Families, and Elder Affairs

#### CS/HB 1567 — Insulin Administration by Direct Support Professionals and Relatives

by Human Services Subcommittee and Rep. Tuck and others (CS/CS/SB 1736 by Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senators Grall, Sharief, and Bradley)

The bill creates a new section of law to allow a direct-support professional or the relative of an individual in an Agency for Persons with Disabilities licensed group home facility to administer insulin to a client with a developmental disability. The bill provides that the administration of insulin includes sliding scale insulin therapy, to include the calculation of an insulin dose based on current blood glucose and the administration of that calculated dose subcutaneously using an insulin pen containing premeasured doses or a syringe filled with the calculated dose drawn from a vial of insulin.

The bill defines the term "direct-support professional" to mean an individual paid to provide services directly to a client with developmental disabilities that receives home and communitybased services.

The bill allows direct-support professionals or relatives to administer insulin to individuals if the group home facility provides training and adopts policies and procedures governing the administration of insulin by direct-support professionals or relatives.

The bill further provides immunity from civil liability to group home facilities that are compliant with the requirements for the administration of insulin. The bill provides civil and criminal immunity to direct-support professionals or relatives for the administration of insulin in group home facilities, so long as the direct-support professional or relative were compliant with the requirements of administration.

The bill also adds subcutaneous administration of insulin and epinephrine by self-administration devices to existing medication administration law that allows an unlicensed direct service provider to administer or supervise the self-administration of certain medications.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2025. Vote: Senate 38-0; House 111-0

#### CS/CS/SB 1808 — Refund of Overpayments Made by Patients

by Rules Committee; Health Policy Committee; and Senator Burton

The bill requires health care practitioners, facilities, providers, and anyone who accepts payment from insurance for services rendered by health care practitioners, to refund any overpayment made by the patient no later than 30 days after determining that the patient made an overpayment.

Under the bill, if a health care practitioner fails to timely refund an overpayment after he or she determines that an overpayment was made, the failure constitutes grounds for disciplinary action by the applicable board, or the Department of Health if there is no board.

Under the bill, if a facility or provider licensed by the Agency for Health Care Administration fails to timely refund an overpayment, the agency may impose an administrative penalty of up to \$500 on the licensee.

The bill's requirement to timely refund such an overpayment does not apply to overpayments made to providers by health insurers and health maintenance organizations, and the bill instead defers to existing law for such cases.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect January 1, 2026. *Vote: Senate 37-0; House 112-0* 

## MEDICAID

#### Signed Into Law

- HB 1103 (06-09-2025): The new law expands a Medicaid managed-care pilot program • statewide and shifts how services are delivered to thousands on the state's Medicaid iBudget waitlist. It imposes new transparency requirements on the Agency for Persons with Disabilities and ensures families have greater say in care decisions. It also includes transparency requirements for iBudget reports and limits on mandatory enrollment in managed care. Currently, a pilot program in select counties serves 358 people, but the new law lifts the 600-person cap and opens statewide enrollment to the more than 21,000 Floridians on the iBudget waitlist by October. In 2026, those already receiving services could opt in, but not be forced in. It also adds structural reforms: creating a Statewide Family Council, mandating quarterly public reporting from APD, and commissioning a study of the algorithm that determines how much assistance individuals receive through iBudget. Additionally, it ensures that Florida Community Care will continue to be the only contracted managed-care plan for the intellectually disabled for the next six years. Florida Community Care was awarded a contract by AHCA to manage the pilot after the state was given federal approval for the program in February 2024.
- SB 1156 (06-23-2025): Requires AHCA to seek federal approval to exclude any income earned by a family under the Home Health Aide for Medically Fragile Children (HHAMFC) Program from being considered in a Medicaid eligibility determination. It also increases the utilization cap of reimbursable hours to 12 hours per day and 40 hours per week, per medically fragile child. It also reduces the total hours of required training from 85 hours to 76 hours, and requires the 76 hours of training to consist of 40 hours of home health aide training, 20 hours of nursing skills training, which must be tailored to the child's individualized care needs, and 16 hours of clinical training related to the specific needs of an eligible relative under the direct supervision of a licensed registered nurse. Additionally, it requires home health agencies to report HHAMFC-related adverse incidents to their managed care plans and AHCA, within 48 hours, and requires AHCA to include data on such adverse incidents in the annual assessment report.
- <u>SB 1490</u> (05-23-2025): The new law requires DOH to transfer the Children's Medical Services managed care plan contracts, which serve children and youth with special health care needs, to AHCA, effective July 1, 2025. It also requires AHCA to develop a plan to redesign the Medicaid Model Waiver to include a new tiered service array for children and youth with special health care needs who receive private duty nursing services. The bill requires AHCA to submit a report on the plan to the governor and legislative leaders by Dec. 31, 2025. It also requires a multiyear evaluation of the current Medicaid service model for medically fragile children, and requires AHCA to submit a final report to the governor and legislative leaders by Jan. 15, 2028.

 $\begin{array}{c} 06/25/2025\ 12:15:35 \end{array}$ 

#### FLORIDA LEGISLATURE 2025 - REGULAR SESSION STATISTICS REPORT

SENATE BILLS	FILED	PASSED SENATE	PASSED BOTH CHAMBERS
CONCURRENT RESOLUTIONS	2	1	1
RESOLUTIONS(ONE CHAMBER)	40	36	0
GENERAL BILLS	909	162	105
LOCAL BILLS	11	5	5
JOINT RESOLUTIONS	13	0	0
MEMORIALS	2	2	2
TOTALS	977	206	113 *

HOUSE BILLS	FILED	PASSED HOUSE	PASSED BOTH CHAMBERS
CONCURRENT RESOLUTIONS	5	3	2
RESOLUTIONS(ONE CHAMBER)	54	52	0
GENERAL BILLS	858	191	120
LOCAL BILLS	47	35	32
JOINT RESOLUTIONS	14	6	2
MEMORIALS	4	0	0
TOTALS	982	287	156 *

SENATE AND HOUSE BILLS	FILED	PASSED FIRST CHAMBER	PASSED BOTH CHAMBERS
CONCURRENT RESOLUTIONS	7	4	3
RESOLUTIONS(ONE CHAMBER)	94	88	0
GENERAL BILLS	1767	353	225
LOCAL BILLS	58	40	37
JOINT RESOLUTIONS	27	6	2
MEMORIALS	6	2	2
TOTALS	1959	493	269 *