



FROM: Palm Beach County Medical Society (pbcms.org)
TO: PBCMS Membership
RE: 2026 Florida Legislative Session — Healthcare Update
DATE: April 8, 2026
SUBJECT: 2026 Florida Legislative Session: What You Need to Know

Dear PBCMS Members,

The 2026 Florida Regular Legislative Session adjourned sine die on March 13 — without completing its only constitutionally required task: passing a state budget. Lawmakers are expected to return for a special session in mid-April to address the budget, and potentially other unfinished priorities. Of the nearly 1,923 bills filed, only 237 passed both chambers. Below is a summary of the healthcare-related legislation most relevant to your practice and your patients.

BILLS THAT PASSED

⚠️ Naturopathy / Board of Naturopathic Medicine

HB 223 by Rep. Smith / SB 688 by Sen. Rodriguez

This is the most significant — and most concerning — bill to emerge from the 2026 session for Florida physicians.

Florida first regulated naturopathy in 1927 but effectively banned the profession in 1959. After decades of failed attempts, this legislation finally passed, redesignating Chapter 462 of Florida Statutes from “Naturopathy” to “Naturopathic Medicine” and establishing a formal licensing and regulatory framework for naturopathic doctors (NDs). The bill creates the **Board of Naturopathic Medicine** within the Department of Health (DOH), with board members appointed by the Governor and confirmed by the Senate to four-year terms. The DOH will require at least four additional FTEs to support implementation. The effective date is December 31, 2026.

Under the bill, licensed NDs may diagnose and treat patients for any “deformity, disease, pain, or other physical or mental condition” — language nearly identical to that used for medical doctors — using natural therapies such as botanical medicine, nutrition, homeopathy, physiotherapy, and minor surgery. Naturopathic doctors cannot prescribe pharmaceutical drugs, perform major surgery or anesthesia, or practice as an MD, DO, or chiropractor. Telehealth practice is explicitly authorized.

Why This Matters to You

The bill’s proponents framed it as bringing approximately 2,500 currently unregulated practitioners in Florida under an oversight framework. However, both the Florida Medical Association (FMA) and the broader medical community have raised substantive concerns:

- Naturopathic education takes place at small, private schools operating outside the mainstream American university system. Admission rates at U.S. naturopathic schools have ranged from 65% to 100%, with no standardized entrance exam requirement. These schools are accredited by a naturopathy-run body that is recognized administratively but not for academic rigor by the U.S. Department of Education. *(Source: Science-Based Medicine, March 2026; flsenate.gov bill analyses)*
- The creation of a self-governing **Board of Naturopathic Medicine** is the central concern for organized medicine. As one physician-legislator warned during committee: “It puts the camel’s nose under the tent, creating a separate Board of naturopathy that will, over time, regulate its own standards, define its own scope, and return to this Legislature seeking broader authority... Scope expansion is not hypothetical. It’s predictable.” *(Source: Florida Politics, February 2026)*



- The bill passed out of committee on a 7-4 vote over these objections. The FMA actively opposed this legislation and is **urging Governor DeSantis to veto it**. PBCMS supports that position, and we encourage members to contact the Governor's Office to request a veto. The Governor has 15 days after transmittal to act.

We will monitor this closely and update you if the Governor signs or vetoes the bill. If signed, history strongly suggests that naturopathic doctors will return to future legislative sessions seeking expanded scope — including prescribing authority and more complex medical procedures. The self-governing board structure created by this bill will accelerate that process.

Sickle Cell Disease Education

HB 353 by Rep. Hunchofsky / SB 844 by Sen. Jones

As originally filed, this bill would have imposed a new mandatory CME requirement on all Florida physicians for sickle cell disease care management — a position the FMA opposed. After physician advocacy, the standalone CME mandate was removed. The enacted version incorporates sickle cell disease education into the already-mandated controlled substance CME course. A reasonable compromise. (Source: flmedical.org)

Temporary Certificates for Practice in Areas of Critical Need

HB 809 by Rep. Benarroch / SB 1480 by Sen. Burton

The enacted version (the House bill was amended to match the Senate's narrower approach) permits physicians holding temporary practice certificates who established a primary care treatment relationship by January 1, 2026, in a federally designated area of critical need to continue practicing there even if the area subsequently loses that designation. Each board is required to review temporary certificate holders at least annually and may revoke or restrict a certificate if minimum requirements are not met. The FMA supported the final version. (Source: flmedical.org)

Health Care Patient Protection — Pediatric Emergency Readiness

HB 355 by Rep. Oliver / SB 68 by Sen. Harrell

This bill mandates new pediatric emergency care protocols in hospital emergency departments and requires public disclosure of readiness assessments. It passed both chambers without a single “no” vote, reflecting strong bipartisan support for improving pediatric emergency care standards. (Source: flmedical.org)

Safety Design Standards for Office Surgery Suites

HB 1175 by Rep. Redondo / SB 1526 by Sen. Rodriguez

Requires the Florida Building Commission and State Fire Marshal to establish alternative safety design standards for office surgery suites by October 1, 2026. This bill was pushed by hospital interests and moved through the legislative process via a rarely used procedural mechanism that bypassed two assigned Senate committee stops, going directly to Senate Rules before passing unanimously. Physician-owned office surgery facilities should review implementation rules as they develop later this year. (Source: flmedical.org)



Florida Birth-Related Neurological Injury Compensation Association (NICA)

HB 1291 by Rep. Anderson / SB 1668 by Sen. Burton

This legislation revises financial oversight provisions for NICA, codifies a settlement agreement with the state Medicaid program, and clarifies the order in which special assessments are triggered in the event of insolvency. The key takeaway: **this bill does not authorize new physician assessments**. The current \$250 annual assessment is unchanged. NICA has always had authority to assess in the event of insolvency – this legislation codifies and sequences that process. OIR must first authorize a transfer of up to \$20 million from the Insurance Regulatory Trust Fund before any provider assessments are triggered. (Source: flmedical.org; flsenate.gov bill summaries)

Drug Price and Coverage / PRICE Act

HB 697 by Rep. Kincart Jonsson / SB 1760 by Sen. Brodeur

This legislation adds targeted protections for pharmacies against certain PBM (pharmacy benefit manager) practices. If a PBM denies a claim, sets an unfair reimbursement price, or makes another adverse decision, the pharmacy now has a defined appeals process. PBMs are prohibited from steering patients or excluding drugs under conditions prohibited by law. The bill also restores income eligibility for the AIDS Drug Assistance Program (ADAP) to 400% of the federal poverty level through June 30, 2026 – an important protection for patients living with HIV. (Source: flmedical.org)

BILLS THAT FAILED (BUT MAY RETURN)

“Big Beautiful Healthcare Frontier Act”

HB 693 by Rep. Redondo

This was one of the House’s two flagship healthcare bills for the session – a sweeping 143-page measure that combined state-level implementation of the federal “One Big Beautiful Bill Act” with a broad deregulation agenda. The House passed it, but it **died in the Senate Rules Committee on March 13, 2026**. (Source: flsenate.gov)

Had it passed, the bill would have authorized autonomous practice for all advanced practice registered nurse specialties, repealed remaining Certificate of Need requirements for nursing homes and hospice providers, joined multiple interstate licensure compacts for physician assistants and EMS personnel, tightened Medicaid and CHIP eligibility consistent with federal law, and required health insurers to count out-of-network services toward patient deductibles and out-of-pocket maximums. Many of these provisions – particularly APRN autonomous practice – are expected to return in future sessions.

Scope of Practice — A Coordinated House Push That Stalled in the Senate

The House ran an aggressive campaign this session to expand non-physician provider scopes of practice. None of the standalone scope bills advanced in the Senate. Bills that were heard in the House but did not advance include:

- **APRN Autonomous Mental Health Practice** (HB 301 / SB 138) – Would have allowed certain APRNs autonomous mental health practice authority.
- **Autonomous Certified Nurse Anesthesiologist Practice** (HB 375 / SB 462) – Would have allowed CRNAs to provide anesthesia services without physician oversight. This remains a critical concern for surgeons and anesthesiologists in our region.



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- **Physician Assistant Expanded Authority** (SB 668 / HB 683 / SB 374) — Would have permitted PAs to practice without physician supervision under certain conditions and expanded prescribing authority.
 - **Chiropractic Prescribing** (HB 439 / SB 1524) — Would have allowed chiropractors to prescribe and administer certain substances.
 - **Acupuncture Modernization** (HB 169 / SB 672) — Would have updated licensure and education requirements for acupuncturists.

Members should expect most of these proposals to return in 2027.

Patient Rights and Other Failed Healthcare Legislation

- **Wrongful Death of an Unborn Child** (HB 289 / SB 164) — Would have expanded wrongful death actions to include unborn children. The House version passed the full House but died in Senate committee.
- **Parental Rights in Minor Healthcare** (HB 173 / SB 166) — Would have required explicit parental consent for many health services for minors, including STD treatment. The FMA opposed this bill due to concerns about adolescent access to care. Passed the House but was never heard in the Senate.
- **Medical Freedom / Vaccine Opt-Out** (SB 1756 by Sen. Yarborough) — Would have added a “conscience” exemption to school immunization requirements (in addition to existing medical and religious exemptions) and authorized over-the-counter ivermectin sales. The Senate passed the bill, but it was never taken up by the House. **It is possible this issue will be brought back up in a special session later this year.**
- **Mandatory Human Review of Insurance Claim Denials** (HB 527 / SB 202) — Would have required a qualified human professional to review AI-generated insurance claim denials. The FMA worked to ensure the “qualified human professional” would be defined as a physician. Died in committee.
- **Professional Use of Nursing Titles / “Doctor” Designations** (HB 237 / SB 36) — Would have required DNP and PhD holders to specify what they are a doctor of. Stalled after a proposed amendment adding criminal penalties created stakeholder conflict.
- **Protection from Surgical Smoke** (HB 93 / SB 162) — Would have required smoke evacuation systems in hospitals and ambulatory surgical centers during procedures that generate surgical smoke. Died in committee.
- **Patient Access to Medical Records** (HB 1309 / SB 1140) — Would have streamlined patient medical record access timelines and permitted electronic delivery. Passed the full House but died in the Senate.
- **Congenital Cytomegalovirus Education** (HB 1203 / SB 1414) — Would have required development of educational materials on congenital CMV and related CME for certain healthcare providers. The FMA supported this bill. SB 1414 passed through two of three committee stops but did not receive a hearing in the House. Died in committee.
- **Ambulatory Surgical Center Regulation** (HB 1207 / SB 1156) — Would have created a separate regulatory chapter for ASCs distinct from the chapter governing hospitals. Passed the House in significantly amended form; the original Senate version stalled in the Fiscal Policy Committee.

WHAT’S NEXT



- **Budget Special Session:** Lawmakers are expected to return in mid-April to pass a state budget. Healthcare appropriations — including Medicaid rates and public health funding — remain to be finalized.
- **Naturopathy Veto Decision:** Governor DeSantis has a limited window to act on HB 223/SB 688. We strongly encourage members to contact the Governor’s Office to request a veto.
- **Future Scope of Practice Battles:** The Senate blocked the House’s sweeping scope expansion agenda this year, but these proposals will return. PBCMS will continue to monitor and engage.
- **FMA Engagement:** PBCMS remains actively engaged with the FMA on all legislative priorities. We will provide updates as the budget session concludes and as the Governor acts on pending legislation.

Questions or concerns? Contact us at www.pbcms.org • 561-433-3940

Palm Beach County Medical Society

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Sources: Florida Medical Association 2026 Legislative Report (flmedical.org); Florida Senate Bill pages for HB 223, SB 688, HB 693, SB 1668, SB 1756 (flsenate.gov); WUSF Public Media; Florida Politics; Science-Based Medicine (March 2026); Ballotpedia 2026 Florida Legislative Session.