

# 2025 Legislative Report

The 2025 Legislative Session has been an intriguing one – and it's not over. Of the 1,982 bills that were filed, only 254 passed both chambers. However, the budget, which is the only constitutionally required action item, was not passed. The Legislature passed HCR 1631, a concurrent resolution extending the 2025 Regular Session of the Florida Legislature, until 11:59 p.m. on Friday, June 6, 2025.

## BILLS THAT PASSED

### Department of Health

(HB 1299 by Rep. Yarkosky and SB 1270 by Sen. Collins)

Every session there is a Department of Health package that often gets loaded up with several unrelated issues to the point where it dies of its own weight. This year, however, the House and Senate sponsors were able to get the bill across the finish line by jettisoning the most controversial provision in the original bill – a provision that would have prohibited physicians and hospitals from discriminating against a patient based solely on the patient's vaccination status.

The FMA was successful in having this provision narrowed to apply only to hospitals before it was removed entirely. The remaining provisions – which were either favorable or did not apply to the practice of medicine – include an extension of the repeal date for the definition of “messenger ribonucleic acid vaccine” from 2025 to 2027; add new institutions authorized to grant medical faculty certificates; update laws governing temporary certificates for physicians and physician assistants working in areas of critical-need areas; and eliminate background check requirements for officers and board members of medical marijuana treatment centers but maintains them for owners and managers.

Most notably, the bill helps further the goal of increasing access to care in Florida by amending last year's Interstate Mobility Act (SB 1600 by Sen. Collins). The change reduces

the active practice requirement for licensure by endorsement from three years to two and allows licensure for applicants with a National Practitioner Data Bank report if the conduct that occasioned the reported adverse action would not have violated any statute or rule in Florida. The FMA was also able to get language included late in the session that will allow newly licensed residents in other states currently excluded from Florida licensure to qualify for licensure by endorsement.

### Improving Screening for and Treatment of Blood Clots

(HB 1421 by Rep. Black and SB 890 by Sen. Yarbrough)

Named the “Emily Adkins Protection Act,” this legislation requires hospitals and ambulatory surgical centers to develop policies and regularly train staff to screen for and treat venous thromboembolisms using evidence-based best practices. It creates a statewide venous thromboembolism registry to collect and track data from hospitals and generate reports to improve patient outcomes and compliance. Additionally, this legislation requires ALFs to provide residents with consumer information pamphlets containing certain information about venous thromboembolisms. This legislation was supported by the FMA and inspired by the Blood Clot and Pulmonary Embolism Workgroup, a state-established entity. Longtime FMA member Chris Pittman, MD, served on this workgroup.

## Stem Cell Therapy

(SB 1768 by Sen. Trumbull and HB 1617 by Rep. Buchanan)

The proponents of this bill sought to ensure that certain stem cell therapies that have not been approved by the FDA are available and properly regulated in Florida. The FMA was extensively involved in the crafting of this legislation and sought to ensure that a proper balance was struck between protecting the public from bogus therapies and preventing physician overregulation. SB 1768 authorizes physicians to perform stem cell therapies that have not been approved by the FDA for orthopedics, wound care, and pain management and requires that all stem cells used be retrieved, manufactured, and stored in facilities registered with and regulated by the FDA and certified or accredited by approved organizations. Physicians must obtain signed consent from patients and must advertise that the therapies have not yet been approved by the FDA. This bill excludes treatments that use fetal or embryo-derived cells from abortions and imposes felony penalties and disciplinary actions by the appropriate board if any provision is violated.

## Refund of Overpayments Made by Patients

(SB 1808 by Sen. Burton and HB 1513 by Sen. Greco)

This bill was inspired by an experience the Senate sponsor had with her dentist in which a number of overpayments that she made were not refunded until she discovered the overpayments over a year later. SB 1808 requires any physician, healthcare practitioner, or licensed healthcare facility that bills the

patient's insurer to refund to the patient any overpayment not later than 30 days after the date that the physician, healthcare practitioner, or healthcare facility determines that such overpayment was made. The FMA was able to correct an amended version of the bill on the issue of overpayment determination to clarify that the 30-day repayment obligation is only triggered when the physician determines that an overpayment was made.

## Recovery of Damages for Medical Negligence Resulting in Death

(HB 6017 by Rep. Trabulsi and SB 734 by Sen. Yarborough)

For 35 consecutive years, the FMA has successfully defeated every attempt to legislatively expand the availability of noneconomic damages in wrongful death cases. This year, unfortunately, the Legislature passed HB 6017 despite the concerted efforts of the physician, hospital, insurance, and business lobbies. HB 6017, if signed by Gov. Ron DeSantis, will remove the prohibition on recovery of noneconomic wrongful death damages in a medical negligence case by the decedent's children who are 25 years of age or older and parents of a deceased child who was 25 years of age or older at the time of death. The governor is reportedly not in favor of this legislation, and the FMA is working with its coalition partners to ensure that he vetoes the bill and that any override attempt is unsuccessful.

## BILLS THAT FAILED

Scope-of practice-expansion was a dominant issue this session. The FMA battled numerous bills that sought to expand the practice scope of allied health providers:

- **Acupuncture (HB 803 by Rep. Alvarez and SB 1722 by Sen. Wright)**  
Would have allowed acupuncturists to provide primary healthcare and treatment services and order clinical lab tests and diagnostic imaging.
- **Chiropractic Medicine (HB 849 by Rep. Tramont and SB 564 by Sen. Gruters)**

Would have expanded the chiropractic scope of practice to include ordering, storing, possessing, prescribing, and administering "articles of natural origin."

- **Autonomous Practice by Certain Psychiatric Nurses (HB 883 by Rep. Shoaf and SB 758 by Sen. Simon)**  
Would have given psychiatric nurses the ability to practice autonomously.
- **Autonomous Practice by a Certified Registered Nurse Anesthetist (HB 649 by Rep. Giallombardo and Sen. 718 by Rep. Rodriguez)**  
Would have allowed CRNAs to practice autonomously

*without an established protocol with a physician.*

- **Naturopathic Medicine (HB 533 by Rep. Smith and SB 470 by Sen. Rodriguez)**

*Would have changed the practice of naturopathy to “naturopathic medicine” and would have allowed naturopaths to call themselves naturopathic physicians with the same scope of practice as a medical or osteopathic physician.*

- **Optometry (HB 449 by Rep. Rizo)**

*Would have given the Board of Optometry control over*

*optometrists’ scope of practice and would have allowed optometrists to perform laser procedures.*

- **Physician Assistants (SB 1540 by Sen. Collins)**

*Would have allowed physician assistants to practice without physician supervision.*

- **Prescriptive Authority Certification for Psychologists (HB 23 by Rep. Franklin and SB 250 by Sen. Simon)**

*Would have allowed psychologists to prescribe certain medications, including controlled substances, after consultation with the patient’s primary care physician.*

The FMA was successful in ensuring that not a single scope-of-practice expansion bill passed. The fight will continue, however, as we expect these bills to be filed again next session.

## Office Surgery Standards of Practice

(HB 309 by Rep. Gentry and SB 424 by Sen. Gaetz)

*As originally filed, these bills would have imposed onerous new requirements and regulations on office surgery. The FMA was able to work with the bill sponsors early in the session and rewrite the legislation to address certain issues without unduly burdening the practice of medicine. Both bills ultimately died in committee without receiving a hearing.*

## Electronic Prescribing

(HB 1297 by Rep. Partington and SB 1568 by Rep. Brodeur)

*During the 2019 session, the FMA negotiated a compromise on legislation that would have required physicians to issue prescriptions electronically in all instances. The FMA was able to include provisions that allowed physicians to issue paper prescriptions when it would be impractical to do so electronically, and to allow patients to compare prices. HB 1297 would have removed these exemptions. The FMA worked with Sen. Brodeur on SB 1568 and was able to restore the exemptions on the Senate bill. The two chambers could not come to an agreement on the differing versions and both bills died late in the session.*

## Health Care Provider Referrals

(HB 1101 by Rep. Albert and SB 1842 by Sen. Burton)

*This bill was a major priority of the House, probably for negotiating purposes rather than the merits of the policy. For unknown reasons, the House decided that it was important to fix the problems with limited network insurance plans by requiring physicians to notify patients in writing when referring a patient to an out-of-network provider. This remedy completely ignored the fact that the physician is not a party to the contract between the patient and the insurance company and is not in a position to know the network status of all of the providers they refer patients to. Fortunately, the FMA was able to work with Sen. Burton to drastically limit the Senate bill’s application. The two chambers were unable to work out the differences, and the bills ping-ponged back and forth on the final day and ultimately were withdrawn from consideration.*

## Parental Rights

(HB 1505 by Rep. Plakon and SB 1288 by Sen. Grall)



*The Parent's Bill of Rights, legislation passed in 2021, prohibited physicians from treating minors without parental consent unless otherwise provided by law. SB 1288 would have removed the "unless otherwise provided by law" provision with the result that it would have been illegal for physicians to treat minors without parental consent in a number of situations, including testing for and treating STIs. Physicians also would have been unable to provide treatment to minors in emergency situations, an issue the FMA specifically had to fix during the 2022 session. The FMA and our specialty society partners secured numerous changes to this legislation, but the bill ultimately died on the Senate floor.*

### **Health Care Practitioner Identification**

**(HB 1341 by Rep. Gonzalez Pittman and SB 172 by Sen. Burton and HB 1427 by Rep. Griffiths)**

*Originating after a Board of Nursing opinion that allowed a CRNA to refer to himself as a "nurse anesthesiologist," this legislation has been a session fixture for the last five years. Known as the "ology bill," a version actually passed both chambers in 2024, only to be vetoed by Gov. DeSantis. This year's version took a slightly different approach in that it restricted the list of protected titles to board-certified specialties and omitted such titles as "physician" and "doctor." After SB 172 was passed by the Senate, the bill language was added to HB 1427, a House train that unfortunately included several provisions the Senate opposed. Eventually, everything was stripped out of HB 1427 and a nursing education bill was substituted in and passed by both chambers. The "ology bill" will have to wait until next year.*

### **BUDGET**

The state's budget will be the sole focus of the extended session. Two key items to keep an eye on are SB 110, the Rural Renaissance Package, and the Florida Reimbursement Assistance for Medical Education (FRAME) program. The Rural Renaissance Package contains a \$25 million grant program that would give \$250,000 for a primary healthcare provider to set up a practice in a rural community. Additionally, FRAME was cut from \$46 million to \$16 million in the House version of the budget. The Senate retains the entire \$46 million in its version of the budget. The FMA is advocating for full funding of this program, which is designed to encourage qualified medical professionals to practice in underserved areas of the state. It offers annual payments to offset loans and educational expenses incurred during the pursuit of medical, dental, mental health, or nursing degrees and licensure.