The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL:	SB 1800
INTRODUCER:	Senator Calatayud
SUBJECT:	Parkinson's Disease Research Funding
DATE:	March 31, 2025
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Morgan	Brown	HP	**Pre-meeting**
2.			AHS	
3.			FP	

I. Summary:

SB 1800 creates s. 381.992, F.S., to establish the Parkinson's Disease Research Program (program) within the Florida Department of Health (DOH), to support innovative research and provide caregiver assistance. The bill requires the DOH to create a Parkinson's Disease Research Program Registry (registry) of individuals served by the program.

The bill requires health plans to cover the costs of Parkinson's disease biomarker testing for individuals under this program.

The bill requires the Legislature to appropriate funds from the General Revenue Fund to the program for fiscal year 2025-2026. The funds must be allocated through grants to specific entities and for certain purposes.

The bill requires the DOH to establish the Parkinson's Disease Research Advisory Board (board) to oversee the administration of the program. The bill establishes board membership; requires the board to establish guidelines for grant applications, selection criteria, and reporting requirements; and provides that, effective October 2, 2028, the provisions related to the creation of the board are repealed.

The bill requires that recipients of grant funds submit an annual report to the DOH including certain details.

The bill provides that the section may be cited as the "Parkinson's Disease Research Fund Act."

The bill provides an effective date of October 1, 2025.

II. Present Situation:

Parkinson's Disease

Parkinson's disease is a movement disorder of the nervous system[1] that worsens over time. Although Parkinson's disease cannot be cured, medications may help control and improve symptoms.[2]

Parkinson's disease is very common overall, ranking second among age-related degenerative brain diseases. It is also the most common motor (movement-related) brain disease. Experts estimate that it affects at least 1 percent of people over the age of 60 worldwide.[3]

Parkinson's disease is not fatal, but the symptoms and effects are often contributing factors to death. The average life expectancy for Parkinson's disease in 1967 was a little under 10 years. Since then, the average life expectancy has increased by about 55 percent, rising to more than 14.5 years. That, combined with the fact that Parkinson's diagnosis is much more likely after age 60, means this condition does not often affect the life expectancy by more than a few years.[4]

Parkinson's Disease Symptoms & Complications

Parkinson's disease symptoms can be different for everyone. Early symptoms may be mild and may go unnoticed. Symptoms often begin on one side of the body, then affect both sides as the disease progresses. Symptoms are usually worse on one side than the other.[5]

Parkinson's disease symptoms may include:[6]

- Tremors – Rhythmic shaking that usually begins in the hands or fingers. Sometimes a tremor begins in the foot or jaw, or an individual may rub their thumb and forefinger back and forth, also known as a pill-rolling tremor. The hand may tremble when at rest or when under stress. Some individuals notice less shaking when doing some sort of task or moving around.
- Bradykinesia (slow movement) – Parkinson's disease may slow movement, making simple tasks more difficult. It can be challenging to get out of a chair, shower, or get dressed. The disease may cause less facial expression and make it difficult to blink.
- Rigid muscles – Parkinson's disease can cause stiff muscles in any part of the body. Muscles may feel tense and painful, and arm movements may become short and jerky.
- Poor posture and balance – Parkinson's disease may cause posture to become stooped, and an individual may experience falls or problems with balance.

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[1] The nervous system is a network of nerve cells that controls many parts of the body, including movement. *See* Mayo Clinic, *Parkinson's Disease, available at* https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw. (last visited Mar. 30, 2025).

[2] Mayo Clinic, *Parkinson's Disease, available at* https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055#:~:text=Parkinson's%20disease%20is%20a%20movement,a%20foot%20or%20the%20jaw. (last visited Mar. 30, 2025).

[3] Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Mar. 30, 2025).

[4] *Id.*

[5] *Supra* note 2.

[6] *Id.*

- Loss of automatic movements – Parkinson's disease may lessen an individual's ability to make certain movements that typically are accomplished without thinking, including blinking, smiling, or swinging arms while walking.
- Speech changes – The disease may result in soft or quick speech, slurring, or hesitation prior to speaking. Speech may become flat or monotone, without typical speech patterns.
- Writing changes – Trouble writing and writing that appears cramped and small are a sign of the disease.
- Nonmotor symptoms – These may include depression; anxiety; constipation; sleep problems, including acting out dreams; the need to urinate often; trouble smelling; problems thinking and with memory; feeling very tired; blood pressure changes; and pain or cramps in muscles and joints.

Individuals with Parkinson's disease may have treatable complications, including:[7]

- Trouble thinking clearly – Parkinson's disease can affect memory, language, and reasoning skills. The disease can also lead to dementia or other conditions that affect thinking. These complications usually occur later in the disease's progression, and typically medications have only a modest benefit in managing symptoms.
- Emotional changes and depression – Some people feel irritable and concerned early in the course of Parkinson's disease, experiencing depression and anxiety. Medications and other treatments can assist with these changes.
- Trouble swallowing and chewing – Late-stage Parkinson's disease affects the muscles in the mouth causing trouble swallowing and chewing, which can lead to a nutrient deficiency. The collection of food or saliva in the mouth can also pose a choking hazard or cause drooling.
- Sleep problems and sleep disorders – Individuals with Parkinson's disease may wake often during the night, have nightmares, and fall asleep during the day.
- Rapid eye movement sleep behavior disorder – This involves acting out dreams, and medications and other therapies may help improve sleep.

Causes of Parkinson's Disease

Parkinson's disease causes a specific area of the brain, the basal ganglia,[8] to deteriorate. As this area deteriorates, the ability to control the areas regulated by this portion of the brain decreases. Researchers have uncovered that Parkinson's disease causes a major shift in brain chemistry.[9]

Under normal circumstances, the brain uses chemicals known as neurotransmitters to control how brain cells (neurons) communicate with each other. With Parkinson's disease, an individual does not have enough dopamine, one of the most important neurotransmitters.[10]

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[7] *Id.*

[8] The basal ganglia are a cluster of nuclei found deep to the neocortex of the brain. It has a multitude of functions associated with reward and cognition but is primarily involved in motor control. In particular, the basal ganglia are considered to be a gate-keeping mechanism for the initiation of motor movement, effectively choosing which actions to allow and which actions to inhibit. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Neuroanatomy, Basal Ganglia, available at* *https://www.ncbi.nlm.nih.gov/books/NBK537141/#:~:text=The%20basal%20ganglia%20is%20a,primarily%20involved%20in%20motor%20control.* (last visited Mar. 30, 2025).

[9] *Supra* note 3.

[10] *Id.*

When the brain sends activation signals telling the muscles to move, it fine-tunes the movements using cells that require dopamine. A lack of dopamine causes slowed movements and tremors, symptoms of Parkinson's disease.[11]

As Parkinson's disease progresses, the symptoms expand and intensify. Later stages of the disease often affect brain functions, causing dementia-like symptoms and depression.[12]

The cause of Parkinson's disease is unknown, but several factors seem to play a role, including:[13]

- Genes – Specific genetic changes are linked to Parkinson's disease, but these are rare unless many family members have been diagnosed with the disease.
- Environmental factors – Exposure to certain toxins or other environmental factors may increase the risk of later Parkinson's disease. One example is 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP), a substance that can be found in illegal drugs and is sometimes sold illegally as "synthetic heroin." Other examples include pesticides and contaminated well-water used for drinking; however, no environmental factor has been identified as a definitive cause.

Many changes occur in the brains of individuals with Parkinson's disease. Researchers are studying the changes which include:[14]

- The presence of Lewy bodies – Clumps of proteins in the brain, called Lewy bodies, are associated with Parkinson's disease and researchers believe these proteins hold an important clue to the cause of the disease.
- Alpha-synuclein found within Lewy bodies – Alpha-synuclein is a protein found in all Lewy bodies. It occurs in a clumped form that cells cannot break down. This is currently an important focus among Parkinson's disease researchers. Alpha-synuclein has been found in the spinal fluid of individuals who later have Parkinson's disease.
- Altered mitochondria – Mitochondria are powerhouse compartments inside cells that create most of the body's energy. Changes to mitochondria can cause cell damage and are often observed in the brains of individuals with Parkinson's disease.

Parkinson's Disease Risk Factors

Risk factors for Parkinson's disease include:[15]

- Age – The risk of Parkinson's disease increases with age. Usually, it starts around age 50 or older. The average age of onset is around age 70. Parkinson's disease can occur in younger adults, but it is rare. When individuals younger than age 50 are diagnosed with the disease, it is known as early-onset Parkinson's disease.
- Genetics – The risk of developing Parkinson's Disease increases if one or more first-degree relatives, such as parents or siblings, have been diagnosed with the disease. However, familial Parkinson's disease is only attributed to about 10 percent of all cases.[16]
- Sex – Men are more likely to develop Parkinson's disease than women.

[11] *Id*.
[12] *Id*.
[13] *Supra* note 2.
[14] *Id*.
[15] *Id*.
[16] *Supra* note 3.

- Exposure to toxins – Ongoing exposure to herbicides and pesticides may slightly increase the risk of developing Parkinson's disease.

Parkinson's Disease Prevention

Since the cause of Parkinson's disease is unknown, there are no proven ways to prevent it. However, research shows that some factors may help protect against it, including:[17]

- Exercise – Aerobic exercise has been linked to a lower risk of Parkinson's disease.
- Caffeine - Some studies show a link between drinking caffeinated beverages, such as coffee and green tea, may lower the risk of developing Parkinson's disease.
- Medicines – Some medications, such as ibuprofen and statins,[18] have been linked to a lower risk of the disease.

Parkinson's Disease Diagnosis and Tests

A biomarker is a biological molecule found in blood, other body fluids, or tissues that are a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition.[19]

Biomarker testing is a method to look for genes, proteins, and other substances (biomarkers or tumor markers) that can provide information about cancer and other conditions. Biomarkers are substances in the body that can give researchers and doctors information about a person's health. For example, high cholesterol is a biomarker of heart disease. Currently, the use of biomarkers is in the beginning stages to help diagnose Parkinson's disease.[20]

Diagnosing Parkinson's disease is mostly a clinical process, meaning it relies heavily on a health care provider examining the symptoms, asking questions, and reviewing medical history. Some diagnostic and lab tests are possible, but these are usually needed to rule out other conditions or certain causes; however, most lab tests are not necessary unless the patient is unresponsive to treatment for Parkinson's disease, which can indicate another condition.[21]

When health care providers suspect Parkinson's disease or need to rule out other conditions, various imaging and diagnostic tests are possible, including:[22]

- Blood tests;
- Computed tomography (CT) scans;[23]

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[17] *Id*.
[18] Statins are drugs that can lower cholesterol. *See* Mayo Clinic, *Statins: Are these cholesterol-lowering drugs right for you?, available at* https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/statins/art-20045772#:~:text=Statins%20are%20drugs%20that%20can,of%20heart%20disease%20and%20stroke. (last visited Mar. 30, 2025).
[19] National Institutes of Health, National Cancer Institute, *Biomarker Testing for Cancer Treatment, available at* https://www.cancer.gov/about-cancer/treatment/types/biomarker-testing-cancer-treatment (last visited Mar. 30, 2025).
[20] Parkinson's Foundation, *Parkinson's Biomarkers, available at* https://www.parkinson.org/understanding-parkinsons/getting-diagnosed/biomarkers (last visited Mar. 30, 2025).
[21] *Supra* note 3.
[22] *Id*.
[23] A CT scan is a type of imaging that uses X-ray techniques to create detailed images of the body. It then uses a computer to create cross-sectional images, also called slices, of the bones, blood vessels, and soft tissues inside the body. CT scan images

- Genetic testing;
- Magnetic resonance imaging (MRI);[24] and
- Positron emission tomography (PET) scans.[25]

Researchers have found ways to test for possible indicators of Parkinson's disease. Both of these tests involve the alpha-synuclein protein; however, these tests only serve to provide information that can help a provider in making a diagnosis.[26]

- Spinal tap – Looks for misfolded alpha-synuclein proteins in cerebrospinal fluid, which is the fluid that surrounds the brain and spinal cord. This test involves a spinal tap (lumbar puncture), where a health care provider inserts a needle into the spinal canal to collect cerebrospinal fluid for testing.
- Skin biopsy – Another possible test involving a biopsy of surface nerve tissue. A biopsy includes collecting a small sample of the skin, including the nerves in the skin. The samples come from a spot on the back and two spots on the leg. Analyzing the samples can help determine if the alpha-synuclein protein has a certain kind of malfunction that could increase the risk of developing Parkinson's disease.

Parkinson's Disease Management and Treatment

For now, Parkinson's disease is not curable, but there are multiple ways to manage its symptoms. The treatments can also vary from person to person, depending on the specific symptoms and how well certain treatments work. Medications are the primary way to treat this condition.[27]

A secondary treatment option is surgery to implant a device that will deliver a mild electrical current to part of the brain (deep brain stimulation).[28] There are also some experimental options,

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show more detail than plain X-rays do. *See* Mayo Clinic, *CT Scan, available at* https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675 (last visited Mar. 30, 2025).

[24] An MRI is a noninvasive medical imaging test that produces detailed images of almost every internal structure in the human body, including the organs, bones, muscles, and blood vessels. MRI scanners create images of the body using a large magnet and radio waves. No ionizing radiation is produced during an MRI exam, unlike X-rays. These images give a physician important information in diagnosing a medical condition and planning a course of treatment. *See* Johns Hopkins Medicine, *Magnetic Resonance Imaging (MRI), available at* https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/magnetic-resonance-imaging-mri#:~:text=Magnetic%20resonance%20imaging%2C%20or%20MRI,large%20magnet%20and%20radio%20waves. (last visited Mar. 30, 2025).

[25] A PET scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. The PET scan uses a radioactive drug called a tracer to show both typical and atypical metabolic activity. A PET scan can often detect the atypical metabolism of the tracer in diseases before the disease shows up on other imaging tests, such as a CT and an MRI. *See* Mayo Clinic, *Positron emission tomography scan, available at* https://www.mayoclinic.org/tests-procedures/pet-scan/about/pac-20385078 (last visited Mar. 30, 2025).

[26] *Supra* note 3.

[27] *Id.*

[28] In years past, surgery was an option to intentionally damage and scar a part of the brain that was malfunctioning because of Parkinson's disease. Today, that same effect is possible using deep-brain stimulation, which uses an implanted device to deliver a mild electrical current to those same areas. The major advantage is that deep-brain stimulation is reversible, while intentional scarring damage is not. This treatment approach is almost always an option in later stages of Parkinson's disease when levodopa therapy becomes less effective, and in people who have a tremor that does not seem to respond to the usual medications. *See* Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Mar. 30, 2025).

such as stem cell-based treatments, however, availability often varies, and many are not an option for individuals with Parkinson's disease.[29]

Medications that do one or more of the following are used to treat Parkinson's disease:[30]

- Adding dopamine – Medications like levodopa[31] can increase the available levels of dopamine in the brain. This medication is almost always effective, and when it does not work, that is usually a sign of some other form of parkinsonism[32] rather than Parkinson's disease. Long-term use of levodopa eventually leads to side effects that make it less effective.
- Simulating dopamine – Dopamine agonists are medications that have a dopamine-like effect. Dopamine is a neurotransmitter, causing cells to act in a certain way when a dopamine molecule latches onto them. Dopamine agonists can latch on and cause cells to behave the same way. These are more common in younger patients to delay starting levodopa.
- Dopamine metabolism blockers – The body has natural processes to break down neurotransmitters like dopamine. Medications that block the body from breaking down dopamine allow more dopamine to remain available to the brain. These medications are especially useful early on and can also help when combined with levodopa in later stages of Parkinson's disease.
- Levodopa metabolism inhibitors – These medications slow down how the body processes levodopa, helping it last longer. These medications may need careful use as they can have toxic effects and damage the liver. They are most often used to help as levodopa becomes less effective.
- Adenosine blockers – Medications that block how certain cells use adenosine (a molecule used in various forms throughout the body) can have a supportive effect when used alongside levodopa.
- Other medications are used to treat specific symptoms of Parkinson's disease.

Florida Department of Health

The DOH is responsible for the state's public health system, which must be designed to promote, protect, and improve the health of all people in the state.[33]

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[29] Stem cell transplants add new dopamine-using neurons into the brain to take over for damaged ones. Neuron-repair treatments try to repair damaged neurons and encourage new neurons to form. Gene therapies and gene-targeted treatments target specific mutations that cause Parkinson's disease. Some also boost the effectiveness of levodopa or other treatments. *See* Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Mar. 30, 2025).

[30] *Supra* note 3.

[31] Levodopa is the precursor to dopamine. Most commonly, clinicians use levodopa as a dopamine replacement agent for the treatment of Parkinson's disease. It is most effectively used to control bradykinetic symptoms apparent in Parkinson's disease. Levodopa is typically prescribed to a patient with Parkinson's disease once symptoms become more difficult to control with other anti-parkinsonism drugs. See National Institutes of Health, National Library of Medicine, National Center for Biotechnology Information, *Levodopa (L-Dopa), available at* https://www.ncbi.nlm.nih.gov/books/NBK482140/#:~:text=Levodopa%20is%20the%20precursor%20to,symptoms%20apparent%20in%20Parkinson%20disease. (last visited Mar. 30, 2025).

[32] "Parkinsonism" is an umbrella term that describes Parkinson's disease and conditions with similar symptoms. It can refer not only to Parkinson's disease but also to other conditions like multiple system atrophy or corticobasal degeneration. *See* Cleveland Clinic, *Parkinson's Disease, available at* https://my.clevelandclinic.org/health/diseases/8525-parkinsons-disease-an-overview#symptoms-and-causes (last visited Mar. 30, 2025).

[33] Section 381.001, F.S.

Health Plan

Pursuant to s. 408.7057(1)(b), F.S., a "health plan" is a health maintenance organization[34] or a prepaid health clinic[35] certified under ch. 641, F.S., a prepaid health plan authorized under s. 409.912, F.S., an exclusive provider[36] organization certified under s. 627.6472, F.S., or a major medical expense health insurance policy, as defined in s. 627.643(2)(e), F.S., offered by a group or an individual health insurer licensed pursuant to ch. 624, F.S., including a preferred provider[37] organization under s. 627.6471, F.S.

Florida Executive Branch Structure

Chapter 20, F.S., creates the organizational structure of the Executive Branch of state government, and s. 20.03, F.S., provides definitions for uniform nomenclature throughout the structure of the Executive Branch, including bodies created as adjuncts to Executive Branch departments, agencies, or offices. A "council" or "advisory council" means an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives. Pursuant to s. 20.052(8), F.S., a law creating, or authorizing the creation of, an advisory body must provide for the repeal of the advisory body on October 2 of the third year after enactment unless the law is reviewed and saved from repeal through reenactment by the Legislature.

[34] "Health maintenance organization" means any organization authorized under this part which:
(a) Provides, through arrangements with other persons, emergency care, inpatient hospital services, physician care, ambulatory diagnostic treatment, and preventive health care services.
(b) Provides, either directly or through arrangements with other persons, health care services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis.
(c) Provides, either directly or through arrangements with other persons, comprehensive health care services which subscribers are entitled to receive pursuant to a contract.
(d) Provides physician services directly through physicians who are either employees or partners of such organization or under arrangements with a physician or any group of physicians.
(e) If offering services through a managed care system, has a system in which a primary physician is designated for each subscriber upon request of a subscriber requesting service by a physician, and is responsible for coordinating the health care of the subscriber of the respectively requested service and for referring the subscriber to other providers of the same discipline when necessary. Each female subscriber may select as her primary physician an obstetrician or gynecologist who has agreed to serve as a primary physician and is in the health maintenance organization's provider network.
[35] "Prepaid health clinic" means any organization authorized under this part which provides, either directly or through arrangements with other persons, basic services to persons enrolled with such organization, on a prepaid per capita or prepaid aggregate fixed-sum basis, including those basic services which subscribers might reasonably require to maintain good health. However, no clinic that provides or contracts for, either directly or indirectly, inpatient hospital services, hospital inpatient physician services, or indemnity against the cost of such services shall be a prepaid health clinic.
[36] "Exclusive provider" means a provider of health care, or a group of providers of health care, that has entered into a written agreement with the insurer to provide benefits under a health insurance policy, which agreement shall include any health care provider listed in s. 627.419(3) and (4) and shall provide reasonable access to such health care providers.
[37] "Preferred provider" means any licensed health care provider with which the insurer has directly or indirectly contracted for an alternative or a reduced rate of payment, which shall include any health care provider listed in s. 627.419(3) and (4) and shall provide reasonable access to such health care providers.

III. Effect of Proposed Changes:

The bill contains the following whereas clauses:

- Parkinson's disease is a progressive neurological disorder affecting approximately one million Americans, with an estimated 90,000 new diagnoses each year.
- There is currently no cure for Parkinson's disease, and innovative research is essential to advance therapies, improve patient outcomes, and alleviate the burden of the disease.

Section 1 creates s. 381.992, F.S., to provide that the section may be cited as the "Parkinson's Disease Research Fund Act."

The bill establishes the program within the DOH to support innovative research and provide caregiver assistance. The bill requires the DOH to create a registry of individuals served by the program.

The bill requires a health plan as defined in s. 408.7057(1), F.S., to cover the costs of Parkinson's disease biomarker testing for individuals under this program.

The bill requires the Legislature to appropriate funds from the General Revenue Fund to the program for fiscal year 2025-2026. The funds must be allocated through grants as follows:

- $20 million must be awarded through competitive grants to state universities, research institutions, and medical centers actively engaged in Parkinson's disease research with priority given to innovative therapies and projects aimed at finding a cure.
- $5 million must be used to establish and expand programs that support caregivers of individuals living with Parkinson's disease, including respite care,[38] training, and mental health resources.

The bill requires the DOH to establish the board, an advisory board, as defined in s. 20.03, F.S., to oversee the administration of the program. The board must consist of representatives from:

- Leading research institutions in the state.
- Parkinson's disease advocacy organizations.
- Caregiver support groups.
- The medical community specializing in neurological diseases.

The bill requires the board to establish guidelines for grant applications, selection criteria, and reporting requirements to ensure transparency and accountability. The bill provides that effective October 2, 2028, the provisions related to the creation of the board are repealed in accordance with s. 20.052(8), F.S., unless reviewed and saved from repeal through reenactment by the Legislature.

[38] Respite care provides short-term relief for primary caregivers, giving them time to rest, travel, or spend time with other family and friends. The care may last anywhere from a few hours to several weeks at a time. Respite care can take place at home, in a health care facility, or at an adult day care center. *See* National Institutes of Health, National Institute on Aging, *What Is Respite Care?, available at* https://www.nia.nih.gov/health/caregiving/what-respite-care (last visited Mar. 30, 2025).

The bill also requires that recipients of grant funds submit an annual report to the DOH detailing all of the following:

- The progress of funded research.
- Outcomes and measurable impacts of caregiver support programs.
- Any additional recommendations for improving the effectiveness of the program.

Section 2 provides an effective date of October 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill requires health plans to cover the costs of Parkinson's disease biomarker testing for individuals under this program. This will have a negative indeterminate cost to the specified health plans. However, it is possible that the mandated coverage may reduce the overall costs of care for an enrollee, insured, or subscriber as a result of the use of a more targeted diagnostic protocol.

C. Government Sector Impact:

The bill appropriates $25 million from the General Revenue Fund to the program for fiscal year 2025-2026.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill requires the DOH to create a registry of individuals served by the program; however, the bill is silent as to the information that will be included in the registry, whether an individual can opt-out of inclusion in the registry, accessibility of the registry, etc. There could be privacy and security concerns if protected heath information is collected.

While the bill does not specifically designate staff from the DOH to provide administrative support to assist with board duties, the DOH will likely incur an insignificant operational impact to assist the board in its work.

The bill does not speak to the total number of representatives and is silent as to whose responsibility it is to appoint board members.

The bill creates an "advisory board," which is undefined in ch. 20, F.S. If the advisory board is deemed to be a committee or taskforce, s. 20.03, F.S., requires it to sunset in three years; however, if the board is deemed a council or advisory council, statute authorizes its perpetual existence. Pursuant to s. 20.052(8), F.S., a law creating, or authorizing the creation of, an advisory body must provide for the repeal of the advisory body on October 2 of the third year after enactment unless the law is reviewed and saved from repeal through reenactment by the Legislature. The bill provides that effective October 2, 2028, the provisions related to the creation of the board are repealed.

VIII. Statutes Affected:

This bill creates section 381.992 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.