1 A bill to be entitled 2 An act relating to the Department of Health; amending 3 s. 20.43, F.S.; revising the purpose of the 4 department; revising duties of the State Surgeon 5 General; eliminating the Officer of Women's Health 6 Strategy; revising divisions within the department; 7 amending s. 20.435, F.S.; eliminating the Florida 8 Drug, Device, and Cosmetic Trust Fund and the Nursing 9 Student Loan Forgiveness Trust Fund as trust funds 10 under the department; amending s. 215.5602, F.S.; 11 conforming references; amending s. 381.001, F.S.; revising legislative intent; requiring the Department 12 of Health to be responsible for the state public 13 14 health system; requiring the department to provide 15 leadership for a partnership involving federal, state, 16 and local government and the private sector to accomplish public health goals; amending s. 381.0011, 17 F.S.; deleting duties and powers of the department; 18 19 repealing s. 381.0013, F.S., relating to the department's authority to exercise the power of 20 21 eminent domain; repealing s. 381.0014, F.S., relating 22 to department rules that superseded regulations and 23 ordinances enacted by other state departments, boards 24 or commissions, or municipalities; repealing s. 25 381.0015, F.S., relating to judicial presumptions 26 regarding the department's authority to enforce public health rules; amending s. 381.0016, F.S.; allowing a 27 county to enact health regulations and ordinances 28

Page 1 of 167

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consistent with state law; repealing s. 381.0017, F.S., relating to the purchase, lease, and sale of real property by the department; amending s. 381.0025, F.S.; deleting penalties for a violation of ch. 381, F.S., a quarantine, a department rule, an impersonation of an employee of the department, or the malicious dissemination of certain information; providing that certain actions that interfere, hinder, or oppose official duties of department employees constitute a second-degree misdemeanor; providing penalties; amending s. 381.003, F.S.; revising provisions relating to the department's responsibility for communicable disease prevention and control programs; amending s. 381.0031, F.S.; permitting the department to conduct studies concerning epidemiology of communicable diseases of public health significance; deleting noninfectious diseases from the list of diseases determined to be a threat to public health; amending s. 381.00315, F.S.; requiring the department to establish rules for conditions and procedures for imposing and releasing a quarantine; requiring specific provisions to be included in rules; providing that the rules established under this section supersede all rules enacted by other state agencies, boards, or political subdivisions; making any violation of the rules established under the section, a quarantine, or requirement adopted pursuant to a declared public health emergency a second degree

Page 2 of 167

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misdemeanor; providing penalties; repealing s. 381.0032, F.S., relating to epidemiological research; repealing s. 381.00325, F.S., relating to the Hepatitis A awareness program; amending s. 381.0034, F.S.; deleting an obsolete qualifying date reference; repealing s. 381.0037, F.S., relating to legislative findings and intent with respect to AIDS; amending s. 381.004, F.S.; deleting legislative intent; conforming cross-references; amending 381.0046, F.S.; requiring the department to establish dedicated HIV and AIDS regional and statewide minority coordinators; deleting the requirement that the statewide director report to the chief of the Bureau of HIV and AIDS within the department; amending s. 381.005, F.S.; deleting the requirement that hospitals implement a plan to offer immunizations for pneumococcal bacteria and influenza virus to all patients 65 years of age or older; amending s. 381.0051, F.S.; deleting legislative intent for the Comprehensive Family Planning Act; amending s. 381.0052, F.S., relating to the "Public Health Dental Program Act"; repealing unused department rulemaking authority; amending s. 381.0053, F.S., relating to the comprehensive nutrition program; repealing unused department rulemaking authority; repealing s. 381.0054, F.S., relating to healthy lifestyles promotion by the department; amending s. 381.0056, F.S., relating to the "School Health Services Act"; deleting legislative findings; deleting

Page 3 of 167

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the requirement that school health programs funded by health care districts or entities be supplementary to and consistent with the act and other applicable statutes; amending s. 381.0057, F.S., relating to funding for school health services; deleting legislative intent; amending s. 381.00591, F.S.; permitting the department to apply for and become a National Environmental Laboratory Accreditation Program accreditation body; eliminating rulemaking authority of the department to implement standards of the National Environmental Laboratory Accreditation Program; amending s. 381.00593, F.S.; repealing unused rulemaking authority relating to the public school volunteer health care practitioner program; amending s. 381.0062, F.S., relating to the "Comprehensive Family Planning Act"; deleting legislative intent; amending s. 381.0065, F.S.; deleting legislative intent; defining the term "bedroom"; conforming crossreferences; providing for any permit issued and approved by the Department of Health for the installation, modification, or repair of an onsite sewage treatment and disposal system to transfer with the title of the property; providing circumstances in which an onsite sewage treatment and disposal system is not considered abandoned; providing for the validity of an onsite sewage treatment and disposal system permit if rules change before final approval of the constructed system; providing that a system

Page 4 of 167

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modification, replacement, or upgrade is not required unless a bedroom is added to a single-family home; deleting provisions requiring the department to administer an evaluation and assessment program of onsite sewage treatment and disposal systems and requiring property owners to have such systems evaluated periodically; deleting obsolete provisions; creating s. 381.00651, F.S.; requiring a county or municipality containing a first magnitude spring to adopt by ordinance, under certain circumstances, the program for the periodic evaluation and assessment of onsite sewage treatment and disposal systems; requiring the county or municipality to notify the Secretary of State of the ordinance; authorizing a county or municipality, in specified circumstances, to opt out of certain requirements by a specified date; authorizing a county or municipality to adopt or repeal, after a specified date, an ordinance creating an evaluation and assessment program; subject to notification of the Secretary of State; providing criteria for evaluations, qualified contractors, and repair of systems; providing for certain procedures and exemptions to be implemented in specified circumstances; defining the term "system failure"; requiring that certain procedures be used for conducting tank and drainfield evaluations and assessments; providing requirements for county health departments; requiring the county or municipality to

Page 5 of 167

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develop a system for tracking the evaluations; providing criteria; requiring counties and municipalities to notify the Secretary of Environmental Protection and the Department of Health that an evaluation program ordinance is adopted; requiring the Department of Environmental Protection to notify those counties or municipalities of the use of, and access to, certain state and federal program funds and to provide certain guidance and technical assistance upon request; prohibiting the adoption of certain rules by the department; providing applicability; repealing s. 381.00656, F.S.; eliminating the grant program for assisting owners of onsite sewage treatment and disposal systems; amending s. 381.0066, F.S.; lowering the fees imposed by the department for certain permits; amending s. 381.0068, F.S.; deleting a date by which a technical review and advisory panel must be established within the department for assistance with rule adoption; deleting the authority of the chair of the panel to advise affected persons or the Legislature of the panel's position on legislation, proposed state policy, or other issue; amending s. 381.00781, F.S.; eliminating authority of the department to annually adjust maximum fees according to the Consumer Price Index; amending s. 381.0086, F.S.; revising department rulemaking authority relating to migrant farmworkers and other migrant labor camp or residential migrant housing

Page 6 of 167

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occupants; removing lighting and maintenance and operation of roads from the list of health and safety standards to be created by the department; amending s. 381.0098, F.S.; deleting legislative intent with respect to standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste; amending s. 381.0101, F.S.; deleting legislative intent regarding certification of environmental health professionals; deleting definitions; providing for the Division Director for Emergency Preparedness and Community Support to serve on an environmental health professionals advisory board; conforming a cross-reference; amending s. 381.0203, F.S.; eliminating the regulation of drugs, cosmetics, and household products under ch. 499, F.S., from the pharmacy services program; eliminating the contraception distribution program at county health departments; amending s. 381.0261, F.S.; requiring the department, rather than the Agency for Health Care Administration, to publish a summary of the Florida Patient's Bill of Rights and Responsibilities on its Internet website; deleting the requirement to print and distribute the summary; repealing s. 381.0301, F.S. relating to the Centers for Disease Control and Prevention, the State University System, Florida medical schools, and the College of Public Health of the University of South Florida; deleting the requirement that the College of Public Health be

Page 7 of 167

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consulted by state officials in the management of public health; repealing s. 381.0302, F.S.; eliminating the Florida Health Services Corps; amending s. 381.0303, F.S.; eliminating the requirement that the Special Needs Shelter Interagency Committee submit recommendations to the Legislature; repealing s. 381.04015, F.S.; eliminating the Women's Health Strategy Office and Officer of Women's Health Strategy; amending s. 381.0403, F.S., relating to the "Community Hospital Education Act"; deleting legislative findings and intent; revising the mission of the program; requiring minimum funding for graduate education in family practice; deleting reference to an intent to establish a statewide graduate medical education program; amending s. 381.0405, F.S.; deleting an appropriation to the Office of Rural Health; amending s. 381.0406, F.S.; deleting unnecessary introductory language in provisions relating to rural health networks; repealing s. 381.0407, F.S., to eliminate the mandatory payment of claims from public health care providers and county health departments by managed care plans; repealing s. 381.045, F.S.; eliminating department authority to provide services to certain health care providers infected with Hepatitis B or HIV; amending s. 381.06015, F.S.; deleting obsolete provision that requires the department, the Agency for Health Care Administration, and private consortium members seeking

Page 8 of 167

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private or federal funds to initiate certain program actions relating to the Public Cord Blood Tissue Bank; repealing s. 381.0605, F.S., relating to designating the Agency for Health Care Administration as the state agency to administer the Federal Hospital and Medical Facilities Amendments of 1964; eliminating authority of the Governor to provide for administration of the amendments; repealing s. 381.102, F.S., to eliminate the community health pilot projects; repealing s. 381.103, F.S., to eliminate the duties of the department to assist the community health pilot projects; amending s. 381.4018, F.S.; deleting legislative findings and intent with respect to physician workforce assessment and development; conforming a cross-reference: repealing s. 381.60225, F.S., to eliminate background screening requirements for health care professionals and owners, operators, and employees of certain health care providers, services, and programs; repealing ss. 381.732 and 381.733, F.S., relating to the "Healthy People, Healthy Communities Act"; repealing s. 381.734, F.S., to eliminate the Healthy Communities, Healthy People Program; amending s. 381.7352, F.S.; deleting legislative findings relating to the "Reducing Racial and Ethnic Health Disparities: Closing the Gap Act"; amending s. 381.7353, F.S.; removing the authority of the State Surgeon General to appoint an ad hoc committee to study certain aspects of racial and

Page 9 of 167

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ethnic health outcome disparities and make recommendations; amending s. 381.7356, F.S.; deleting a provision requiring dissemination of Closing the Gap grant awards to begin on a date certain; amending s. 381.765, F.S.; repealing unused rulemaking authority relating to records and recordkeeping for departmentowned property; repealing s. 381.77, F.S., to eliminate the annual survey of nursing home residents age 55 and under; repealing s. 381.795, F.S., to eliminate the requirement that the department establish a program of long-term community-based supports and services for individuals with traumatic brain or spinal cord injuries; amending s. 381.853, F.S.; deleting legislative findings relating to brain tumor research; repealing s. 381.855, F.S., which established the Florida Center for Universal Research to Eradicate Disease; repealing s. 381.87, F.S., to eliminate the osteoporosis prevention and education program; repealing s. 381.895, F.S., which established standards for compressed air used for recreational diving; repealing s. 381.90, F.S., to eliminate the Health Information Systems Council; amending s. 381.91, F.S., relating to the Jesse Trice Cancer Program; revising legislative intent; amending 381.922, F.S.; conforming a reference; repealing s. 385.210, F.S., the Arthritis Prevention and Education Act; amending s. 391.016, F.S.; clarifying the purposes and functions of the Children's Medical

Page 10 of 167

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Services program; requiring the coordination and maintenance of a medical home for participating children; requiring the establishment and maintenance of a provider service network for children with special health care needs and other eligible children; amending s. 391.021, F.S.; revising definitions; amending s. 391.025, F.S.; revising the components of the Children's Medical Services program; amending s. 391.026, F.S.; revising the powers and duties of the department in administering the Children's Medical Services network; amending s. 391.028, F.S.; eliminating the central office and area offices of the Children's Medical Services program; authorizing the Director of Children's Medical Services to appoint necessary staff and contract with providers to establish a decentralized operations system to provide certain program activities on a statewide basis; establishing criteria for contracting for statewide operation of program activities; requiring concurrence of the Governor and State Surgeon General; requiring competitive procurement; establishing criteria for a provider service network to be considered a qualified contractor; amending s. 391.029, F.S.; specifying eligibility for services provided under the Children's Medical Services program; clarifying who may receive services under the program; deleting the requirement that the department determine financial and medical eligibility for program; deleting the requirement that

Page 11 of 167

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the department determine the financial ability of parents to pay for services; eliminating discretion of the department to pay reasonable travel expenses; amending s. 391.0315, F.S.; deleting a prohibition against a child eligible under Title XIX or XXI of the Social Security Act from receiving services under the program until the child is enrolled in Medicaid or a Title XXI program; amending s. 392.51, F.S., relating to tuberculosis control; removing legislative findings and intent; amending s. 392.61, F.S.; eliminating the requirement that the department develop a methodology for distributing funds appropriated for community tuberculosis control programs; amending s. 392.62, F.S.; requiring a contractor to use licensed community hospitals and other facilities for the care and treatment of persons who have active tuberculosis or a history of noncompliance with prescribed drug regimens and require inpatient or other residential services; removing authority of the department to operate a licensed hospital to treat tuberculosis patients; requiring the tuberculosis control program to fund participating facilities; requiring facilities to meet specific conditions; requiring the department to develop a transition plan for the closure of A.G. Holley State Hospital; specifying content of transition plan; requiring submission of the plan to the Governor and Legislature; requiring full implementation of the transition plan by a certain

Page 12 of 167

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date; amending s. 401.243, F.S.; repealing unused rulemaking authority governing the implementation of injury-prevention grant programs; amending s. 401.245, F.S.; repealing unused rulemaking authority relating to operating procedures for the Emergency Medical Services Advisory Council; amending s. 401.271, F.S.; repealing unused rulemaking authority relating to an exemption for the spouse of a member of the Armed Forces of the United States on active duty from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces; amending s. 402.45, F.S.; repealing unused rulemaking authority relating to the community resource mother or father program; amending s. 403.863, F.S.; directing the department to contract with the American Environmental Laboratory Association to perform state public water supply laboratory certification application review and evaluation and laboratory inspections; adding certain actions to the list of acts constituting grounds for which disciplinary actions may be taken under the section; amending ss. 400.914 and 409.256, F.S.; conforming references; repealing s. 458.346, F.S., which created the Public Sector Physician Advisory Committee and established its responsibilities; amending s. 462.19, F.S., relating to the renewal of licenses for practitioners of naturopathy; repealing unused rulemaking authority; repealing s. 464.0197, F.S.,

Page 13 of 167

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relating to state budget support for the Florida Center for Nursing; amending s. 464.208, F.S.; repealing unused rulemaking authority relating to background screening information of certified nursing assistants; repealing s. 466.00775, F.S., relating to unused rulemaking authority relating to dental health access and dental laboratory registration provisions; amending s. 514.011, F.S.; revising the definition of "public bathing place"; amending s. 514.021, F.S.; restricting rulemaking authority of the department; limiting scope of standards for public pools and public bathing places; prohibiting the department from adopting by rule any regulation regarding the design, alteration, or repair of a public pool or public bathing; eliminating authority of the department to review plans, issue approvals, and enforce occupancy provisions of the Florida Building Code; amending s. 514.023, F.S.; adding public bathing places to the provisions allowing sampling of beach waters to determine water quality and allowing health advisories to be issued for elevated levels of bacteria in such waters; amending s. 514.025, F.S.; requiring county health departments to review applications and plans for the construction or placement of public pools or bathing places; providing for the department to review applications and plans if no qualified staff are employed at the county health department; establishing that county health departments are responsible to

Page 14 of 167

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monitor water quality in public pools and bathing places; amending s. 514.03, F.S.; permitting local governments or local enforcement districts to determine compliance with general construction provisions of the Florida Building Code; permitting local governments or local enforcement districts to conduct plan reviews and inspections of public pools and bathing places to determine compliance; eliminating an application process for review of building plans for a public pool or bathing place by the department; amending s. 514.031, F.S.; requiring a valid permit from the county health to operate a public pool; revising the list of documents that must accompany an application for a permit to operate a public pool; providing the county health department with authority to review, approve, and deny an application for a permit to operate a public pool; amending s. 514.033, F.S.; deleting authority of the department to establish a fee schedule; requiring fees collected by the department or county health department to be deposited into the County Health Department Trust Fund; amending s. 514.05, F.S.; requiring all amounts collected to be deposited in the County Health Department Trust Fund; granting the county health department the authority to close a public pool that is not in compliance with chapter 514, F.S., or applicable rules; amending s. 514.06, F.S.; deeming a public pool or bathing place to

Page 15 of 167

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present a significant risk to public health by failing to meet water quality and safety to be a public nuisance; allowing for a public nuisance to be abated or enjoined; amending s. 633.115, F.S.; making conforming changes; amending s. 1009.66, F.S.; reassigning responsibility for the Nursing Student Loan Forgiveness Program from the Department of Health to the Department of Education; amending s. 1009.67, F.S.; reassigning responsibility for the nursing scholarship program from the Department of Health to the Department of Education; providing type two transfers of the programs; providing for transfer of a trust fund; providing applicability to contracts; authorizing transfer of funds and positions between departments; requiring the Division of Medical Quality and Assurance to create a plan to improve efficiency of the function of the division; directing the division to take certain actions in creating the plan; directing the division to address particular topics in the plan; requiring all executive branch agencies to assist the department in creating the plan; requesting all other state agencies to assist the department in creating the plan; amending ss. 154.503, 381.0041, 384.25, 392.56, 456.032, 768.28, and 775.0877, F.S.; conforming cross-references; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Page 16 of 167

Section 1. Subsections (1), (2), and (3) of section 20.43, Florida Statutes, are amended to read:

20.43 Department of Health.—There is created a Department of Health.

- (1) The purpose of the Department of Health is to <u>protect</u> and promote and <u>protect</u> the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. The department shall:
- (a) Identify, diagnose, and conduct surveillance of diseases and health conditions in the state and accumulate the health statistics necessary to establish trends Prevent to the fullest extent possible, the occurrence and progression of communicable and noncommunicable diseases and disabilities.
- (b) Implement interventions that prevent or limit the impact or spread of diseases and health conditions Maintain a constant surveillance of disease occurrence and accumulate health statistics necessary to establish disease trends and to design health programs.
- other health data to inform the public and formulate public health policy and planning Conduct special studies of the causes of diseases and formulate preventive strategies.
- (d) <u>Maintain and coordinate preparedness for and responses</u>
 to public health emergencies in the state Promote the
 maintenance and improvement of the environment as it affects
 public health.

Page 17 of 167

(e) Provide or ensure the provision of quality health care and related services to identified populations in the state

Promote the maintenance and improvement of health in the residents of the state.

- impact on public health in the state Provide leadership, in cooperation with the public and private sectors, in establishing statewide and community public health delivery systems.
- (g) Regulate health practitioners for the preservation of the health, safety, and welfare of the public Provide health care and early intervention services to infants, toddlers, children, adolescents, and high-risk perinatal patients who are at risk for disabling conditions or have chronic illnesses.
- (h) Provide services to abused and neglected children through child protection teams and sexual abuse treatment programs.
- (i) Develop working associations with all agencies and organizations involved and interested in health and health care delivery.
- (j) Analyze trends in the evolution of health systems, and identify and promote the use of innovative, cost-effective health delivery systems.
- (k) Serve as the statewide repository of all aggregate data accumulated by state agencies related to health care; analyze that data and issue periodic reports and policy statements, as appropriate; require that all aggregated data be kept in a manner that promotes easy utilization by the public, state agencies, and all other interested parties; provide

Page 18 of 167

technical assistance as required; and work cooperatively with the state's higher education programs to promote further study and analysis of health care systems and health care outcomes.

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- (1) Include in the department's strategic plan developed under s. 186.021 an assessment of current health programs, systems, and costs; projections of future problems and opportunities; and recommended changes that are needed in the health care system to improve the public health.
- (m) Regulate health practitioners, to the extent authorized by the Legislature, as necessary for the preservation of the health, safety, and welfare of the public.
- (2) (a) The head of the Department of Health is the State Surgeon General and State Health Officer. The State Surgeon General must be a physician licensed under chapter 458 or chapter 459 who has advanced training or extensive experience in public health administration. The State Surgeon General is appointed by the Governor subject to confirmation by the Senate. The State Surgeon General serves at the pleasure of the Governor. The State Surgeon General shall serve as the leading voice on wellness and disease prevention efforts, including the promotion of healthful lifestyles, immunization practices, health literacy, and the assessment and promotion of the physician and health care workforce in order to meet the health care needs of the state. The State Surgeon General shall focus on advocating healthy lifestyles, developing public health policy, and building collaborative partnerships with schools, businesses, health care practitioners, community-based organizations, and public and private institutions in order to

533 promote health literacy and optimum quality of life for all 534 Floridians.

- (b) The Officer of Women's Health Strategy is established within the Department of Health and shall report directly to the State Surgeon General.
- (3) The following divisions of the Department of Health are established:
 - (a) Division of Administration.

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- (b) Division of <u>Emergency Preparedness and Community</u>
 Support Environmental Health.
 - (c) Division of Disease Control and Health Protection.
- (d) Division of <u>Community Health Promotion</u> Family Health Services.
 - (e) Division of Children's Medical Services Network.
- (f) Division of <u>Public Health Statistics and Performance</u>
 Management Emergency Medical Operations.
- (g) Division of Medical Quality Assurance, which is responsible for the following boards and professions established within the division:
 - 1. The Board of Acupuncture, created under chapter 457.
 - 2. The Board of Medicine, created under chapter 458.
- 3. The Board of Osteopathic Medicine, created under chapter 459.
- 556 4. The Board of Chiropractic Medicine, created under chapter 460.
- 558 5. The Board of Podiatric Medicine, created under chapter 559 461.
 - 6. Naturopathy, as provided under chapter 462.

Page 20 of 167

- 7. The Board of Optometry, created under chapter 463.
- 8. The Board of Nursing, created under part I of chapter 464.
- 9. Nursing assistants, as provided under part II of chapter 464.
 - 10. The Board of Pharmacy, created under chapter 465.
- 567 11. The Board of Dentistry, created under chapter 466.
- 568 12. Midwifery, as provided under chapter 467.

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- 569 13. The Board of Speech-Language Pathology and Audiology, 570 created under part I of chapter 468.
- 571 14. The Board of Nursing Home Administrators, created under part II of chapter 468.
- 573 15. The Board of Occupational Therapy, created under part 574 III of chapter 468.
- 575 16. Respiratory therapy, as provided under part V of chapter 468.
- 577 17. Dietetics and nutrition practice, as provided under part X of chapter 468.
- 579 18. The Board of Athletic Training, created under part 580 XIII of chapter 468.
- 19. The Board of Orthotists and Prosthetists, created under part XIV of chapter 468.
 - 20. Electrolysis, as provided under chapter 478.
- 584 21. The Board of Massage Therapy, created under chapter 585 480.
- 586 22. The Board of Clinical Laboratory Personnel, created under part III of chapter 483.
- 588 23. Medical physicists, as provided under part IV of

Page 21 of 167

589	chapter 483.
590	24. The Board of Opticianry, created under part I of
591	chapter 484.
592	25. The Board of Hearing Aid Specialists, created under
593	part II of chapter 484.
594	26. The Board of Physical Therapy Practice, created under
595	chapter 486.
596	27. The Board of Psychology, created under chapter 490.
597	28. School psychologists, as provided under chapter 490.
598	29. The Board of Clinical Social Work, Marriage and Family
599	Therapy, and Mental Health Counseling, created under chapter
600	491.
601	30. Emergency medical technicians and paramedics, as
602	provided under part III of chapter 401.
603	(h) Division of Children's Medical Services Prevention and
604	Intervention.
605	(i) Division of Information Technology.
606	(j) Division of Health Access and Tobacco.
607	(h)(k) Division of Disability Determinations.
608	Section 2. Subsections (14) through (22) of section
609	20.435, Florida Statutes, are renumbered as subsection (13)
610	through (20), respectively, and present subsections (13) and
611	(17) of that section are amended to read:
612	20.435 Department of Health; trust funds.—The following
613	trust funds shall be administered by the Department of Health:
614	(13) Florida Drug, Device, and Cosmetic Trust Fund.
615	(a) Funds to be credited to and uses of the trust fund

Page 22 of 167

617 chapter 499.

- (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund.
 - (17) Nursing Student Loan Forgiveness Trust Fund.
- (a) Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of s. 1009.66.
- (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund.
- Section 3. Subsections (10) and (12) of section 215.5602, Florida Statutes, are amended to read:
- 215.5602 James and Esther King Biomedical Research Program.—
- (10) The council shall submit an annual progress report on the state of biomedical research in this state to the Florida Center for Universal Research to Eradicate Disease and to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives by February 1. The report must include:
- (a) A list of research projects supported by grants or fellowships awarded under the program.
 - (b) A list of recipients of program grants or fellowships.

Page 23 of 167

(c) A list of publications in peer reviewed journals involving research supported by grants or fellowships awarded under the program.

(d) The total amount of biomedical research funding currently flowing into the state.

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- (e) New grants for biomedical research which were funded based on research supported by grants or fellowships awarded under the program.
- (f) Progress in the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.
- From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease. Beginning in the 2011-2012 fiscal year and thereafter, \$25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7) shall be reserved for research of tobacco-related or cancerrelated illnesses. Of the revenue deposited in the Health Care Trust Fund pursuant to this section, \$25 million shall be transferred to the Biomedical Research Trust Fund within the Department of Health. Subject to annual appropriations in the General Appropriations Act, \$5 million shall be appropriated to the James and Esther King Biomedical Research Program, \$5 million shall be appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created under s. 381.922, \$5 million shall be appropriated to the H. Lee Moffitt Cancer Center and Research Institute established under s.

Page 24 of 167

1004.43, \$5 million shall be appropriated to the Sylvester Comprehensive Cancer Center of the University of Miami, and \$5 million shall be appropriated to the University of Florida Shands Cancer <u>Hospital</u> Center.

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Section 4. Section 381.001, Florida Statutes, is amended to read:

381.001 Legislative intent; Public health system.-

(1) It is the intent of the Legislature that The Department of Health is be responsible for the state's public health system which shall be designed to promote, protect, and improve the health of all people in the state. The mission of the state's public health system is to foster the conditions in which people can be healthy, by assessing state and community health needs and priorities through data collection, epidemiologic studies, and community participation; by developing comprehensive public health policies and objectives aimed at improving the health status of people in the state; and by ensuring essential health care and an environment which enhances the health of the individual and the community. The department shall provide leadership for Legislature recognizes that the state's public health system must be founded on an active partnership working toward shared public health goals and involving between federal, state, and local governments and the private sector government and between the public and private sectors, and, therefore, assessment, policy development, and service provision must be shared by all of these entities to achieve its mission.

2) It is the intent of the Legislature that the

Page 25 of 167

department, in carrying out the mission of public health, focus attention on identifying, assessing, and controlling the presence and spread of communicable diseases; on monitoring and regulating factors in the environment which may impair the public's health, with particular attention to preventing contamination of drinking water, the air people breathe, and the food people consume; and ensuring availability of and access to preventive and primary health care, including, but not limited to, acute and episodic care, prenatal and postpartum care, child health, family planning, school health, chronic disease prevention, child and adult immunization, dental health, nutrition, and health education and promotion services.

(3) It is, furthermore, the intent of the Legislature that the public health system include comprehensive planning, data collection, technical support, and health resource development functions. These functions include, but are not limited to, state laboratory and pharmacy services, the state vital statistics system, the Florida Center for Health Information and Policy Analysis, emergency medical services coordination and support, and recruitment, retention, and development of preventive and primary health care professionals and managers.

(4) It is, furthermore, the intent of the Legislature that the department provide public health services through the 67 county health departments in partnership with county governments, as specified in part I of chapter 154, and in so doing make every attempt possible to solicit the support and involvement of private and not-for-profit health care agencies in fulfilling the public health mission.

Section 5. Section 381.0011, Florida Statutes, is amended to read:

- 381.0011 Duties and powers of the Department of Health.—It is the duty of the Department of Health to:
- (1) Assess the public health status and needs of the state through statewide data collection and other appropriate means, with special attention to future needs that may result from population growth, technological advancements, new societal priorities, or other changes.
- (2) Formulate general policies affecting the public health of the state.
- (2) (3) Administer and enforce laws and rules relating to sanitation, control of communicable diseases, illnesses and hazards to health among humans and from animals to humans, and the general health of the people of the state.
- (3) (4) Coordinate with Cooperate with and accept assistance from federal, state, and local officials for the prevention and suppression of communicable and other diseases, illnesses, injuries, and hazards to human health.
- (5) Declare, enforce, modify, and abolish quarantine of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health, except as provided in ss. 384.28 and 392.545-392.60.
- (a) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a quarantine. The rules must include provisions related to:
 - 1. The closure of premises.

Page 27 of 167

2. The movement of persons or animals exposed to or infected with a communicable disease.

- 3. The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.
- 4. Testing or destruction of animals with or suspected of having a disease transmissible to humans.
 - 5. Access by the department to quarantined premises.
- 6. The disinfection of quarantined animals, persons, or premises.
 - 7. Methods of quarantine.

- (b) Any health regulation that restricts travel or trade within the state may not be adopted or enforced in this state except by authority of the department.
- (4) (6) Provide for a thorough investigation and study of the incidence, causes, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.
- (5)(7) Provide for the dissemination of information to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health. The department shall conduct a workshop before issuing any health alert or advisory relating to food-borne illness or communicable disease in public lodging or food service establishments in order to inform persons, trade associations, and businesses of the risk to public health and to seek the input of affected persons, trade associations, and businesses on the best methods of informing and protecting the public, except in an emergency, in

Page 28 of 167

785 which case the workshop must be held within 14 days after the 786 issuance of the emergency alert or advisory. 787 (6) (8) Act as registrar of vital statistics. 788 (9) Cooperate with and assist federal health officials in 789 enforcing public health laws and regulations. 790 (10) Cooperate with other departments, local officials, 791 and private boards and organizations for the improvement and 792 preservation of the public health. 793 (11) Maintain a statewide injury-prevention program. 794 (12) Adopt rules pursuant to ss. 120.536(1) and 120.54 to 795 implement the provisions of law conferring duties upon it. This 796 subsection does not authorize the department to require a permit 797 or license unless such requirement is specifically provided by 798 law. 799 (7) (13) Manage and coordinate emergency preparedness and 800 disaster response functions to: investigate and control the 801 spread of disease; coordinate the availability and staffing of 802 special needs shelters; support patient evacuation; ensure the 803 safety of food and drugs; provide critical incident stress 804 debriefing; and provide surveillance and control of 805 radiological, chemical, biological, and other environmental 806 hazards. 807 (14) Perform any other duties prescribed by law. 808

Section 6. <u>Section 381.0013, Florida Statutes, is</u> repealed.

Section 7. <u>Section 381.0014, Florida Statutes, is</u> repealed.

Section 8. Section 381.0015, Florida Statutes, is

Page 29 of 167

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813 repealed.

Section 9. Section 381.0016, Florida Statutes, is amended to read:

381.0016 <u>County and</u> municipal regulations and ordinances.—
Any <u>county or</u> municipality may enact, in a manner prescribed by law, health regulations and ordinances not inconsistent with state public health laws and rules adopted by the department.

Section 10. <u>Section 381.0017, Florida Statutes, is</u> repealed.

Section 11. Section 381.0025, Florida Statutes, is amended to read:

381.0025 Penalties.-

(1) Any person who violates any of the provisions of this chapter, any quarantine, or any rule adopted by the department under the provisions of this chapter is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(2) Any person who interferes with, hinders, or opposes any employee of the department in the discharge of his or her duties pursuant to the provisions of <u>s. 381.00315</u> this chapter, part I of chapter 386, chapter 513, or chapter 514 commits, or who impersonates an employee of the department, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(3) Any person who maliciously disseminates any false rumor or report concerning the existence of any infectious or contagious disease is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Page 30 of 167

Section 12. Paragraph (d) of subsection (1) of section 381.003, Florida Statutes, is amended to read:

381.003 Communicable disease and AIDS prevention and control.—

- (1) The department shall conduct a communicable disease prevention and control program as part of fulfilling its public health mission. A communicable disease is any disease caused by transmission of a specific infectious agent, or its toxic products, from an infected person, an infected animal, or the environment to a susceptible host, either directly or indirectly. The communicable disease program must include, but need not be limited to:
- (d) Programs for the prevention, control, and reporting of communicable diseases of public health significance as provided for in this chapter.

Section 13. Section 381.0031, Florida Statutes, is amended to read:

- 381.0031 <u>Epidemiological research;</u> report of diseases of public health significance to department.—
- (1) The department may conduct studies concerning the epidemiology of communicable diseases of public health significance affecting people in Florida.
- (2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a communicable disease of public health significance shall immediately report

Page 31 of 167

the fact to the Department of Health.

(3) (2) Periodically the department shall issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (2) (1).

- $\underline{(4)}$ Reports required by this section must be in accordance with methods specified by rule of the department.
- (5)(4) Information submitted in reports required by this section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.
- (6) (5) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of communicable diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a communicable disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of communicable diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information by a health care

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practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.

- (7)(6) The department may adopt rules related to reporting communicable diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required followup activities by the department which are necessary to protect public health.
 - (8) This section does not affect s. 384.25.
- Section 14. Subsection (1) of section 381.00315, Florida Statutes, is amended, and subsection (4) is added to that section, to read:
- 381.00315 Public health advisories; public health emergencies and quarantines.—The State Health Officer is responsible for declaring public health emergencies and quarantines and issuing public health advisories.
 - (1) As used in this section, the term:
- (a) "Public health advisory" means any warning or report giving information to the public about a potential public health threat. Prior to issuing any public health advisory, the State Health Officer must consult with any state or local agency regarding areas of responsibility which may be affected by such

Page 33 of 167

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advisory. Upon determining that issuing a public health advisory is necessary to protect the public health and safety, and prior to issuing the advisory, the State Health Officer must notify each county health department within the area which is affected by the advisory of the State Health Officer's intent to issue the advisory. The State Health Officer is authorized to take any action appropriate to enforce any public health advisory.

- "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Prior to declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:
- 1. Directing manufacturers of prescription drugs or overthe-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are

Page 34 of 167

permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
- 3. Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced registered nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to

inactive status when the public health emergency ends or prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

- 4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.
- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to quarantine. If there is no practical method to quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.

(4) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a

Page 36 of 167

1009	quarantine. The rules must include provisions related to:
1010	(a) The closure of premises.
1011	(b) The movement of persons or animals exposed to or
1012	infected with a communicable disease.
1013	(c) The tests or treatment, including vaccination, for
1014	communicable disease required prior to employment or admission
1015	to the premises or to comply with a quarantine.
1016	(d) Testing or destruction of animals with or suspected of
1017	having a disease transmissible to humans.
1018	(e) Access by the department to quarantined premises.
1019	(f) The disinfection of quarantined animals, persons, or
1020	<pre>premises.</pre>
1021	(g) Methods of quarantine.
1022	(5) The rules adopted under this section and actions taken
1023	by the department pursuant to a declared public health emergency
1024	or quarantine shall supersede all rules enacted by other state
1025	departments, boards or commissions, and ordinances and
1026	regulations enacted by political subdivisions of the state. Any
1027	person who violates any rule adopted under this section, any
1028	quarantine, or any requirement adopted by the department
1029	pursuant to a declared public health emergency, commits a
1030	misdemeanor of the second degree, punishable as provided in s.
1031	775.082 or s. 775.083.
1032	Section 15. Section 381.0032, Florida Statutes, is
1033	repealed.
1034	Section 16. <u>Section 381.00325</u> , Florida Statutes, is
1035	repealed.

Page 37 of 167

Section 17. Subsection (1) of section 381.0034, Florida

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Statutes, is amended to read:

381.0034 Requirement for instruction on HIV and AIDS.-

(1) As of July 1, 1991, The Department of Health shall require each person licensed or certified under chapter 401, chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed said course, on a form provided by the department, when submitting fees or application for each biennial renewal.

Section 18. <u>Section 381.0037, Florida Statutes, is</u> repealed.

Section 19. Subsections (2) though (11) of section 381.004, Florida Statutes, are renumbered as subsections (1) through (10), respectively, and present subsection (1), paragraph (a) of present subsection (3), paragraph (d) of present subsection (5), present subsection (7), and paragraph (c) of present subsection (11) of that section are amended to read:

381.004 HIV testing.-

(1) LEGISLATIVE INTENT.—The Legislature finds that the use of tests designed to reveal a condition indicative of human

Page 38 of 167

immunodeficiency virus infection can be a valuable tool in protecting the public health. The Legislature finds that despite existing laws, regulations, and professional standards which require or promote the informed, voluntary, and confidential use of tests designed to reveal human immunodeficiency virus infection, many members of the public are deterred from seeking such testing because they misunderstand the nature of the test or fear that test results will be disclosed without their consent. The Legislature finds that the public health will be served by facilitating informed, voluntary, and confidential use of tests designed to detect human immunodeficiency virus infection.

- (3) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.—
- (a) No person in this state shall order a test designed to identify the human immunodeficiency virus, or its antigen or antibody, without first obtaining the informed consent of the person upon whom the test is being performed, except as specified in paragraph (h). Informed consent shall be preceded by an explanation of the right to confidential treatment of information identifying the subject of the test and the results of the test to the extent provided by law. Information shall also be provided on the fact that a positive HIV test result will be reported to the county health department with sufficient information to identify the test subject and on the availability and location of sites at which anonymous testing is performed. As required in paragraph (3)(c) (4)(e), each county health department shall maintain a list of sites at which anonymous

Page 39 of 167

testing is performed, including the locations, phone numbers, and hours of operation of the sites. Consent need not be in writing provided there is documentation in the medical record that the test has been explained and the consent has been obtained.

- (4)(5) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS; REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM REGISTRATION.—No county health department and no other person in this state shall conduct or hold themselves out to the public as conducting a testing program for acquired immune deficiency syndrome or human immunodeficiency virus status without first registering with the Department of Health, reregistering each year, complying with all other applicable provisions of state law, and meeting the following requirements:
- (d) The program must meet all the informed consent criteria contained in subsection (2)
- (7) EXEMPTIONS.—Except as provided in paragraph $\underline{(3)(d)}$ $\underline{(4)(d)}$ and ss. 627.429 and 641.3007, insurers and others participating in activities related to the insurance application and underwriting process shall be exempt from this section.
- $\underline{(10)}$ (11) TESTING AS A CONDITION OF TREATMENT OR ADMISSION.—
- (c) Any violation of this subsection or the rules implementing it shall be punishable as provided in subsection (5) $\frac{(6)}{(6)}$.
- Section 20. Subsection (2) of section 381.0046, Florida Statutes, is amended to read:
 - 381.0046 Statewide HIV and AIDS prevention campaign.-

Page 40 of 167

(2) The Department of Health shall establish <u>dedicated</u>

four positions within the department for HIV and AIDS regional minority coordinators and one position for a statewide HIV and AIDS minority coordinator. The coordinators shall facilitate statewide efforts to implement and coordinate HIV and AIDS prevention and treatment programs. The statewide coordinator shall report directly to the chief of the Bureau of HIV and AIDS within the Department of Health.

Section 21 Subsection (3) of section 381 005 Florida

Section 21. Subsection (3) of section 381.005, Florida Statutes, is renumbered as subsection (2), and present subsection (2) of that section is amended to read:

381.005 Primary and preventive health services.-

(2) Between October 1, or earlier if the vaccination is available, and February 1 of each year, subject to the availability of an adequate supply of the necessary vaccine, each hospital licensed pursuant to chapter 395 shall implement a program to offer immunizations against the influenza virus and pneumococcal bacteria to all patients age 65 or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention and subject to the clinical judgment of the responsible practitioner.

Section 22. Subsections (3) through (7) of section 381.0051, Florida Statutes, are renumbered as subsections (2) through (6), respectively, and present subsection (2) of that section is amended to read:

381.0051 Family planning.—

(2) LEGISLATIVE INTENT.-It is the intent of the

Page 41 of 167

1149	Legislature to make available to citizens of the state of
1150	childbearing age comprehensive medical knowledge, assistance,
1151	and services relating to the planning of families and maternal
1152	health care.
1153	Section 23. Subsection (5) of section 381.0052, Florida
1154	Statutes, is amended to read:
1155	381.0052 Dental health.—
1156	(5) The department may adopt rules to implement this
1157	section.
1158	Section 24. Subsection (4) of section 381.0053, Florida
1159	Statutes, is amended to read:
1160	381.0053 Comprehensive nutrition program.—
1161	(4) The department may promulgate rules to implement the
1162	provisions of this section.
1163	Section 25. Section 381.0054, Florida Statutes, is
1164	repealed.
1165	Section 26. Subsections (3) through (11) of section
1166	381.0056, Florida Statutes are renumbered as subsections (2)
1167	through (9), respectively, and present subsections (2), (3), and
1168	(11) of that section are amended to read:
1169	381.0056 School health services program.—
1170	(2) The Legislature finds that health services conducted
1171	as a part of the total school health program should be carried
1172	out to appraise, protect, and promote the health of students.
1173	School health services supplement, rather than replace, parental
1174	responsibility and are designed to encourage parents to devote
1175	attention to child health, to discover health problems, and to
1176	encourage use of the services of their physicians, dentists, and

Page 42 of 167

community health agencies.

- (2) (3) As When used in or for purposes of this section:
- (a) "Emergency health needs" means onsite management and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, or designated health care provider.
- (b) "Entity" or "health care entity" means a unit of local government or a political subdivision of the state; a hospital licensed under chapter 395; a health maintenance organization certified under chapter 641; a health insurer authorized under the Florida Insurance Code; a community health center; a migrant health center; a federally qualified health center; an organization that meets the requirements for nonprofit status under s. 501(c)(3) of the Internal Revenue Code; a private industry or business; or a philanthropic foundation that agrees to participate in a public-private partnership with a county health department, local school district, or school in the delivery of school health services, and agrees to the terms and conditions for the delivery of such services as required by this section and as documented in the local school health services plan.
- (c) "Invasive screening" means any screening procedure in which the skin or any body orifice is penetrated.
- (d) "Physical examination" means a thorough evaluation of the health status of an individual.
- (e) "School health services plan" means the document that describes the services to be provided, the responsibility for provision of the services, the anticipated expenditures to

Page 43 of 167

provide the services, and evidence of cooperative planning by local school districts and county health departments.

- (f) "Screening" means presumptive identification of unknown or unrecognized diseases or defects by the application of tests that can be given with ease and rapidity to apparently healthy persons.
- (11) School health programs funded by health care districts or entities defined in subsection (3) must be supplementary to and consistent with the requirements of this section and ss. 381.0057 and 381.0059.

Section 27. Subsections (2) through (7) of section 381.0057, Florida Statutes, are renumbered as subsections (1) through (6), respectively, and present subsections (1), (4), and (6) of that section are amended to read:

381.0057 Funding for school health services.-

- (1) It is the intent of the Legislature that funds in addition to those provided under the School Health Services Act be provided to those school districts and schools where there is a high incidence of medically underserved high-risk children, low birthweight babies, infant mortality, or teenage pregnancy. The purpose of this funding is to phase in those programs which offer the greatest potential for promoting the health of students and reducing teenage pregnancy.
- (3) (4) Any school district, school, or laboratory school which desires to receive state funding under the provisions of this section shall submit a proposal to the joint committee established in subsection (2) (3). The proposal shall state the goals of the program, provide specific plans for reducing

Page 44 of 167

teenage pregnancy, and describe all of the health services to be available to students with funds provided pursuant to this section, including a combination of initiatives such as health education, counseling, extracurricular, and self-esteem components. School health services shall not promote elective termination of pregnancy as a part of counseling services. Only those program proposals which have been developed jointly by county health departments and local school districts or schools, and which have community and parental support, shall be eligible for funding. Funding shall be available specifically for implementation of one of the following programs:

- (a) School health improvement pilot project.—The program shall include basic health care to an elementary school, middle school, and high school feeder system. Program services shall include, but not be limited to:
- 1. Planning, implementing, and evaluating school health services. Staffing shall include a full-time, trained school health aide in each elementary, middle, and high school; one full-time nurse to supervise the aides in the elementary and middle schools; and one full-time nurse in each high school.
- 2. Providing student health appraisals and identification of actual or potential health problems by screenings, nursing assessments, and record reviews.
 - 3. Expanding screening activities.
- 4. Improving the student utilization of school health services.
- 5. Coordinating health services for students with parents or guardians and other agencies in the community.

Page 45 of 167

1261	(b) Student support services team program.—The program
1262	shall include a multidisciplinary team composed of a
1263	psychologist, social worker, and nurse whose responsibilities
1264	are to provide basic support services and to assist, in the
1265	school setting, children who exhibit mild to severely complex
1266	health, behavioral, or learning problems affecting their school
1267	performance. Support services shall include, but not be limited
1268	to: evaluation and treatment for minor illnesses and injuries,
1269	referral and followup for serious illnesses and emergencies,
1270	onsite care and consultation, referral to a physician, and
1271	followup care for pregnancy or chronic diseases and disorders as
1272	well as emotional or mental problems. Services also shall
1273	include referral care for drug and alcohol abuse and sexually
1274	transmitted diseases, sports and employment physicals,
1275	immunizations, and in addition, effective preventive services
1276	aimed at delaying early sexual involvement and aimed at
1277	pregnancy, acquired immune deficiency syndrome, sexually
1278	transmitted diseases, and destructive lifestyle conditions, such
1279	as alcohol and drug abuse. Moneys for this program shall be used
1280	to fund three teams, each consisting of one half-time
1281	psychologist, one full-time nurse, and one full-time social
1282	worker. Each team shall provide student support services to an
1283	elementary school, middle school, and high school that are a
1284	part of one feeder school system and shall coordinate all
1285	activities with the school administrator and guidance counselor
1286	at each school. A program which places all three teams in middle
1287	schools or high schools may also be proposed.
1288	(c) Full service schools.—The full-service schools shall

Page 46 of 167

integrate the services of the Department of Health that are critical to the continuity-of-care process. The department shall provide services to students on the school grounds. Department personnel shall provide their specialized services as an extension of the educational environment. Such services may include nutritional services, medical services, aid to dependent children, parenting skills, counseling for abused children, and education for the students' parents or guardians.

Funding may also be available for any other program that is comparable to a program described in this subsection but is designed to meet the particular needs of the community.

(5) (6) Each school district or school program that is funded through the provisions of this section shall provide a mechanism through which a parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (3) (4).

Section 28. Section 381.00591, Florida Statutes, is amended to read:

As1.00591 Department of Health; National Environmental Laboratory accreditation; application; rules.—The Department of Health may apply for and become a National Environmental Laboratory Accreditation Program accreditation body accrediting authority. The department, as an accrediting entity, may adopt rules pursuant to ss. 120.536(1) and 120.54, to implement standards of the National Environmental Laboratory Accreditation Program, including requirements for proficiency testing providers and other rules that are not inconsistent with this

Page 47 of 167

1317 section, including rules pertaining to fees, application 1318 procedures, standards applicable to environmental or public 1319 water supply laboratories, and compliance. 1320 Section 29. Subsection (9) of section 381.00593, Florida 1321 Statutes, is renumbered as subsection (8), and present 1322 subsection (8) of that section is amended to read: 381.00593 Public school volunteer health care practitioner 1323 1324 program.-1325 (8) The Department of Health, in cooperation with the Department of Education, may adopt rules necessary to implement 1326 this section. The rules shall include the forms to be completed 1327 1328 and procedures to be followed by applicants and school personnel 1329 under the program. 1330 Section 30. Subsections (2) through (6) of section 1331 381.0062, Florida Statutes, are renumbered as subsections (1) 1332 through (6), respectively, and present subsection (1) of that 1333 section is amended to read: 1334 381.0062 Supervision; private and certain public water 1335 systems.-1336 (1) LEGISLATIVE INTENT.—It is the intent of the 1337 Legislature to protect the public's health by establishing 1338 standards for the construction, modification, and operation of 1339 public and private water systems to assure consumers that the water provided by those systems is potable. 1340 1341 Section 31. Section 381.0065, Florida Statues, is amended to read: 1342 1343 381.0065 Onsite sewage treatment and disposal systems;

Page 48 of 167

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regulation.-

(1) LEGISLATIVE INTENT.-

(a) It is the intent of the Legislature that proper management of onsite sewage treatment and disposal systems is paramount to the health, safety, and welfare of the public. It is further the intent of the Legislature that the department shall administer an evaluation program to ensure the operational condition of the system and identify any failure with the system.

(b) It is the intent of the Legislature that where a publicly owned or investor-owned sewerage system is not available, the department shall issue permits for the construction, installation, modification, abandonment, or repair of onsite sewage treatment and disposal systems under conditions as described in this section and rules adopted under this section. It is further the intent of the Legislature that the installation and use of onsite sewage treatment and disposal systems not adversely affect the public health or significantly degrade the groundwater or surface water.

- (2) DEFINITIONS.—As used in ss. 381.0065-381.0067, the term:
- (a) "Available," as applied to a publicly owned or investor-owned sewerage system, means that the publicly owned or investor-owned sewerage system is capable of being connected to the plumbing of an establishment or residence, is not under a Department of Environmental Protection moratorium, and has adequate permitted capacity to accept the sewage to be generated by the establishment or residence; and:
 - 1. For a residential subdivision lot, a single-family

Page 49 of 167

residence, or an establishment, any of which has an estimated sewage flow of 1,000 gallons per day or less, a gravity sewer line to maintain gravity flow from the property's drain to the sewer line, or a low pressure or vacuum sewage collection line in those areas approved for low pressure or vacuum sewage collection, exists in a public easement or right-of-way that abuts the property line of the lot, residence, or establishment.

- 2. For an establishment with an estimated sewage flow exceeding 1,000 gallons per day, a sewer line, force main, or lift station exists in a public easement or right-of-way that abuts the property of the establishment or is within 50 feet of the property line of the establishment as accessed via existing rights-of-way or easements.
- 3. For proposed residential subdivisions with more than 50 lots, for proposed commercial subdivisions with more than 5 lots, and for areas zoned or used for an industrial or manufacturing purpose or its equivalent, a sewerage system exists within one-fourth mile of the development as measured and accessed via existing easements or rights-of-way.
- 4. For repairs or modifications within areas zoned or used for an industrial or manufacturing purpose or its equivalent, a sewerage system exists within 500 feet of an establishment's or residence's sewer stub-out as measured and accessed via existing rights-of-way or easements.
- (b)1. "Bedroom" means a room that may be used for sleeping and that:
- a. For site-built dwellings, has a minimum of 70 square feet of air-conditioned space;

Page 50 of 167

b. For manufactured homes, is constructed according to standards of the United States Department of Housing and Urban Development and has a minimum of 50 square feet of floor area;

c. Is located along an exterior wall;

- d. Has a closet and a door or an entrance where a door could be reasonably installed; and
- e. Has an emergency means of escape and rescue opening to the outside.
- 2. A room may not be considered a bedroom if it is used to access another room except a bathroom or closet.
- 3. The term "bedroom" does not include a hallway, bathroom, kitchen, living room, family room, dining room, den, breakfast nook, pantry, laundry room, sunroom, recreation room, media/video room, or exercise room.
- (b) "Blackwater" means that part of domestic sewage carried off by toilets, urinals, and kitchen drains.
- (c) "Domestic sewage" means human body waste and wastewater, including bath and toilet waste, residential laundry waste, residential kitchen waste, and other similar waste from appurtenances at a residence or establishment.
- (d) "Graywater" means that part of domestic sewage that is not blackwater, including waste from the bath, lavatory, laundry, and sink, except kitchen sink waste.
- (e) "Florida Keys" means those islands of the state located within the boundaries of Monroe County.
- (f) "Injection well" means an open vertical hole at least 90 feet in depth, cased and grouted to at least 60 feet in depth which is used to dispose of effluent from an onsite sewage

Page 51 of 167

treatment and disposal system.

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- (g) "Innovative system" means an onsite sewage treatment and disposal system that, in whole or in part, employs materials, devices, or techniques that are novel or unique and that have not been successfully field-tested under sound scientific and engineering principles under climatic and soil conditions found in this state.
- (h) "Lot" means a parcel or tract of land described by reference to recorded plats or by metes and bounds, or the least fractional part of subdivided lands having limited fixed boundaries or an assigned number, letter, or any other legal description by which it can be identified.
- "Mean annual flood line" means the elevation (i) determined by calculating the arithmetic mean of the elevations of the highest yearly flood stage or discharge for the period of record, to include at least the most recent 10-year period. If at least 10 years of data is not available, the mean annual flood line shall be as determined based upon the data available and field verification conducted by a certified professional surveyor and mapper with experience in the determination of flood water elevation lines or, at the option of the applicant, by department personnel. Field verification of the mean annual flood line shall be performed using a combination of those indicators listed in subparagraphs 1.-7. that are present on the site, and that reflect flooding that recurs on an annual basis. In those situations where any one or more of these indicators reflect a rare or aberrant event, such indicator or indicators shall not be utilized in determining the mean annual flood line.

Page 52 of 167

1457 The indicators that may be considered are:

- 1. Water stains on the ground surface, trees, and other fixed objects;
 - 2. Hydric adventitious roots;
- 1461 3. Drift lines;

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- 4. Rafted debris;
- 1463 5. Aquatic mosses and liverworts;
- 1464 6. Moss collars; and
- 1465 7. Lichen lines.
 - (j) "Onsite sewage treatment and disposal system" means a system that contains a standard subsurface, filled, or mound drainfield system; an aerobic treatment unit; a graywater system tank; a laundry wastewater system tank; a septic tank; a grease interceptor; a pump tank; a solids or effluent pump; a waterless, incinerating, or organic waste-composting toilet; or a sanitary pit privy that is installed or proposed to be installed beyond the building sewer on land of the owner or on other land to which the owner has the legal right to install a system. The term includes any item placed within, or intended to be used as a part of or in conjunction with, the system. This term does not include package sewage treatment facilities and other treatment works regulated under chapter 403.
 - (k) "Permanent nontidal surface water body" means a perennial stream, a perennial river, an intermittent stream, a perennial lake, a submerged marsh or swamp, a submerged wooded marsh or swamp, a spring, or a seep, as identified on the most recent quadrangle map, 7.5 minute series (topographic), produced by the United States Geological Survey, or products derived from

Page 53 of 167

that series. "Permanent nontidal surface water body" shall also mean an artificial surface water body that does not have an impermeable bottom and side and that is designed to hold, or does hold, visible standing water for at least 180 days of the year. However, a nontidal surface water body that is drained, either naturally or artificially, where the intent or the result is that such drainage be temporary, shall be considered a permanent nontidal surface water body. A nontidal surface water body that is drained of all visible surface water, where the lawful intent or the result of such drainage is that such drainage will be permanent, shall not be considered a permanent nontidal surface water body. The boundary of a permanent nontidal surface water body shall be the mean annual flood line.

- (1) "Potable water line" means any water line that is connected to a potable water supply source, but the term does not include an irrigation line with any of the following types of backflow devices:
- 1. For irrigation systems into which chemicals are not injected, any atmospheric or pressure vacuum breaker or double check valve or any detector check assembly.
- 2. For irrigation systems into which chemicals such as fertilizers, pesticides, or herbicides are injected, any reduced pressure backflow preventer.
- (m) "Septage" means a mixture of sludge, fatty materials, human feces, and wastewater removed during the pumping of an onsite sewage treatment and disposal system.
- (n) "Subdivision" means, for residential use, any tract or plot of land divided into two or more lots or parcels of which

Page 54 of 167

at least one is 1 acre or less in size for sale, lease, or rent. A subdivision for commercial or industrial use is any tract or plot of land divided into two or more lots or parcels of which at least one is 5 acres or less in size and which is for sale, lease, or rent. A subdivision shall be deemed to be proposed until such time as an application is submitted to the local government for subdivision approval or, in those areas where no local government subdivision approval is required, until such time as a plat of the subdivision is recorded.

- (o) "Tidally influenced surface water body" means a body of water that is subject to the ebb and flow of the tides and has as its boundary a mean high-water line as defined by s. 177.27(15).
- (p) "Toxic or hazardous chemical" means a substance that poses a serious danger to human health or the environment.
- (3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH.—The department shall:
- (a) Adopt rules to administer ss. 381.0065-381.0067, including definitions that are consistent with the definitions in this section, decreases to setback requirements where no health hazard exists, increases for the lot-flow allowance for performance-based systems, requirements for separation from water table elevation during the wettest season, requirements for the design and construction of any component part of an onsite sewage treatment and disposal system, application and permit requirements for persons who maintain an onsite sewage treatment and disposal system, requirements for maintenance and service agreements for aerobic treatment units and performance-

Page 55 of 167

based treatment systems, and recommended standards, including disclosure requirements, for voluntary system inspections to be performed by individuals who are authorized by law to perform such inspections and who shall inform a person having ownership, control, or use of an onsite sewage treatment and disposal system of the inspection standards and of that person's authority to request an inspection based on all or part of the standards.

- (b) Perform application reviews and site evaluations, issue permits, and conduct inspections and complaint investigations associated with the construction, installation, maintenance, modification, abandonment, operation, use, or repair of an onsite sewage treatment and disposal system for a residence or establishment with an estimated domestic sewage flow of 10,000 gallons or less per day, or an estimated commercial sewage flow of 5,000 gallons or less per day, which is not currently regulated under chapter 403.
- sewage treatment and disposal systems regulated by the department are sized, designed, constructed, installed, repaired, modified, abandoned, used, operated, and maintained in compliance with this section and rules adopted under this section to prevent groundwater contamination and surface water contamination and to preserve the public health. The department is the final administrative interpretive authority regarding rule interpretation. In the event of a conflict regarding rule interpretation, the Division Director for Emergency Preparedness and Community Support Environmental Health of the department, or

Page 56 of 167

his or her designee, shall timely assign a staff person to resolve the dispute.

- (d) Grant variances in hardship cases under the conditions prescribed in this section and rules adopted under this section.
- (e) Permit the use of a limited number of innovative systems for a specific period of time, when there is compelling evidence that the system will function properly and reliably to meet the requirements of this section and rules adopted under this section.
 - (f) Issue annual operating permits under this section.
- (g) Establish and collect fees as established under s. 381.0066 for services provided with respect to onsite sewage treatment and disposal systems.
- (h) Conduct enforcement activities, including imposing fines, issuing citations, suspensions, revocations, injunctions, and emergency orders for violations of this section, part I of chapter 386, or part III of chapter 489 or for a violation of any rule adopted under this section, part I of chapter 386, or part III of chapter 489.
- (i) Provide or conduct education and training of department personnel, service providers, and the public regarding onsite sewage treatment and disposal systems.
- (j) Supervise research on, demonstration of, and training on the performance, environmental impact, and public health impact of onsite sewage treatment and disposal systems within this state. Research fees collected under s. $\underline{381.0066(2)(k)}$ $\underline{381.0066(2)(l)}$ must be used to develop and fund hands-on training centers designed to provide practical information about

Page 57 of 167

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onsite sewage treatment and disposal systems to septic tank contractors, master septic tank contractors, contractors, inspectors, engineers, and the public and must also be used to fund research projects which focus on improvements of onsite sewage treatment and disposal systems, including use of performance-based standards and reduction of environmental impact. Research projects shall be initially approved by the technical review and advisory panel and shall be applicable to and reflect the soil conditions specific to Florida. Such projects shall be awarded through competitive negotiation, using the procedures provided in s. 287.055, to public or private entities that have experience in onsite sewage treatment and disposal systems in Florida and that are principally located in Florida. Research projects may shall not be awarded to firms or entities that employ or are associated with persons who serve on either the technical review and advisory panel or the research review and advisory committee.

- (k) Approve the installation of individual graywater disposal systems in which blackwater is treated by a central sewerage system.
- (1) Regulate and permit the sanitation, handling, treatment, storage, reuse, and disposal of byproducts from any system regulated under this chapter and not regulated by the Department of Environmental Protection.
- (m) Permit and inspect portable or temporary toilet services and holding tanks. The department shall review applications, perform site evaluations, and issue permits for the temporary use of holding tanks, privies, portable toilet

Page 58 of 167

services, or any other toilet facility that is intended for use on a permanent or nonpermanent basis, including facilities placed on construction sites when workers are present. The department may specify standards for the construction, maintenance, use, and operation of any such facility for temporary use.

- (n) Regulate and permit maintenance entities for performance-based treatment systems and aerobic treatment unit systems. To ensure systems are maintained and operated according to manufacturer's specifications and designs, the department shall establish by rule minimum qualifying criteria for maintenance entities. The criteria shall include: training, access to approved spare parts and components, access to manufacturer's maintenance and operation manuals, and service response time. The maintenance entity shall employ a contractor licensed under s. 489.105(3)(m), or part III of chapter 489, or a state-licensed wastewater plant operator, who is responsible for maintenance and repair of all systems under contract.
- (4) PERMITS; INSTALLATION; AND CONDITIONS.—A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the department. The department may issue permits to carry out this section, but may shall not make the issuance of such permits contingent upon prior approval by the Department of Environmental Protection, except that the issuance of a permit for work seaward of the coastal construction control line established under s. 161.053 shall be contingent upon receipt of any required coastal construction control line permit

Page 59 of 167

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from the Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected by the department at least annually to assure compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year from the date of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the date of issuance and must be renewed every 2 years. If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. A person may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an onsite sewage treatment and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a

Page 60 of 167

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system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all permitting requirements. A municipality or political subdivision of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and disposal system unless the owner or builder has received a construction permit for such system from the department. A building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.

(a) Subdivisions and lots in which each lot has a minimum area of at least one-half acre and either a minimum dimension of 100 feet or a mean of at least 100 feet of the side bordering the street and the distance formed by a line parallel to the side bordering the street drawn between the two most distant points of the remainder of the lot may be developed with a water system regulated under s. 381.0062 and onsite sewage treatment and disposal systems, provided the projected daily sewage flow does not exceed an average of 1,500 gallons per acre per day, and provided satisfactory drinking water can be obtained and all

distance and setback, soil condition, water table elevation, and other related requirements of this section and rules adopted under this section can be met.

- (b) Subdivisions and lots using a public water system as defined in s. 403.852 may use onsite sewage treatment and disposal systems, provided there are no more than four lots per acre, provided the projected daily sewage flow does not exceed an average of 2,500 gallons per acre per day, and provided that all distance and setback, soil condition, water table elevation, and other related requirements that are generally applicable to the use of onsite sewage treatment and disposal systems are met.
- (c) Notwithstanding paragraphs (a) and (b), for subdivisions platted of record on or before October 1, 1991, when a developer or other appropriate entity has previously made or makes provisions, including financial assurances or other commitments, acceptable to the Department of Health, that a central water system will be installed by a regulated public utility based on a density formula, private potable wells may be used with onsite sewage treatment and disposal systems until the agreed-upon densities are reached. In a subdivision regulated by this paragraph, the average daily sewage flow may not exceed 2,500 gallons per acre per day. This section does not affect the validity of existing prior agreements. After October 1, 1991, the exception provided under this paragraph is not available to a developer or other appropriate entity.
- (d) Paragraphs (a) and (b) do not apply to any proposed residential subdivision with more than 50 lots or to any proposed commercial subdivision with more than 5 lots where a

Page 62 of 167

publicly owned or investor-owned sewerage system is available.

It is the intent of this paragraph not to allow development of
additional proposed subdivisions in order to evade the
requirements of this paragraph.

- (e) Onsite sewage treatment and disposal systems must not be placed closer than:
 - 1. Seventy-five feet from a private potable well.
- 2. Two hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of greater than 2,000 gallons per day.
- 3. One hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of less than or equal to 2,000 gallons per day.
 - 4. Fifty feet from any nonpotable well.

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- 5. Ten feet from any storm sewer pipe, to the maximum extent possible, but in no instance shall the setback be less than 5 feet.
- 6. Seventy-five feet from the mean high-water line of a tidally influenced surface water body.
- 7. Seventy-five feet from the mean annual flood line of a permanent nontidal surface water body.
- 8. Fifteen feet from the design high-water line of retention areas, detention areas, or swales designed to contain standing or flowing water for less than 72 hours after a rainfall or the design high-water level of normally dry drainage ditches or normally dry individual lot stormwater retention areas.
 - (f) Except as provided under paragraphs (e) and (t), no

Page 63 of 167

limitations shall be imposed by rule, relating to the distance between an onsite disposal system and any area that either permanently or temporarily has visible surface water.

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- (g) All provisions of this section and rules adopted under this section relating to soil condition, water table elevation, distance, and other setback requirements must be equally applied to all lots, with the following exceptions:
- Any residential lot that was platted and recorded on or after January 1, 1972, or that is part of a residential subdivision that was approved by the appropriate permitting agency on or after January 1, 1972, and that was eligible for an onsite sewage treatment and disposal system construction permit on the date of such platting and recording or approval shall be eligible for an onsite sewage treatment and disposal system construction permit, regardless of when the application for a permit is made. If rules in effect at the time the permit application is filed cannot be met, residential lots platted and recorded or approved on or after January 1, 1972, shall, to the maximum extent possible, comply with the rules in effect at the time the permit application is filed. At a minimum, however, those residential lots platted and recorded or approved on or after January 1, 1972, but before January 1, 1983, shall comply with those rules in effect on January 1, 1983, and those residential lots platted and recorded or approved on or after January 1, 1983, shall comply with those rules in effect at the time of such platting and recording or approval. In determining the maximum extent of compliance with current rules that is possible, the department shall allow structures and

Page 64 of 167

appurtenances thereto which were authorized at the time such lots were platted and recorded or approved.

- 2. Lots platted before 1972 are subject to a 50-foot minimum surface water setback and are not subject to lot size requirements. The projected daily flow for onsite sewage treatment and disposal systems for lots platted before 1972 may not exceed:
- a. Two thousand five hundred gallons per acre per day for lots served by public water systems as defined in s. 403.852.
- b. One thousand five hundred gallons per acre per day for lots served by water systems regulated under s. 381.0062.
- (h) 1. The department may grant variances in hardship cases which may be less restrictive than the provisions specified in this section. If a variance is granted and the onsite sewage treatment and disposal system construction permit has been issued, the variance may be transferred with the system construction permit, if the transferee files, within 60 days after the transfer of ownership, an amended construction permit application providing all corrected information and proof of ownership of the property and if the same variance would have been required for the new owner of the property as was originally granted to the original applicant for the variance. There is no fee associated with the processing of this supplemental information. A variance may not be granted under this section until the department is satisfied that:
- a. The hardship was not caused intentionally by the action of the applicant;
 - b. No reasonable alternative, taking into consideration

Page 65 of 167

factors such as cost, exists for the treatment of the sewage; and

- c. The discharge from the onsite sewage treatment and disposal system will not adversely affect the health of the applicant or the public or significantly degrade the groundwater or surface waters.
- Where soil conditions, water table elevation, and setback provisions are determined by the department to be satisfactory, special consideration must be given to those lots platted before 1831 1972.
 - 2. The department shall appoint and staff a variance review and advisory committee, which shall meet monthly to recommend agency action on variance requests. The committee shall make its recommendations on variance requests at the meeting in which the application is scheduled for consideration, except for an extraordinary change in circumstances, the receipt of new information that raises new issues, or when the applicant requests an extension. The committee shall consider the criteria in subparagraph 1. in its recommended agency action on variance requests and shall also strive to allow property owners the full use of their land where possible. The committee consists of the following:
 - a. The Division Director for <u>Emergency Preparedness and Community Support Environmental Health</u> of the department or his or her designee.
 - b. A representative from the county health departments.
 - c. A representative from the home building industry

Page 66 of 167

recommended by the Florida Home Builders Association.

- d. A representative from the septic tank industry recommended by the Florida Onsite Wastewater Association.
- e. A representative from the Department of Environmental Protection.
- f. A representative from the real estate industry who is also a developer in this state who develops lots using onsite sewage treatment and disposal systems, recommended by the Florida Association of Realtors.
- g. A representative from the engineering profession recommended by the Florida Engineering Society.

Members shall be appointed for a term of 3 years, with such appointments being staggered so that the terms of no more than two members expire in any one year. Members shall serve without remuneration, but if requested, shall be reimbursed for per diem and travel expenses as provided in s. 112.061.

(i) A construction permit may not be issued for an onsite sewage treatment and disposal system in any area zoned or used for industrial or manufacturing purposes, or its equivalent, where a publicly owned or investor-owned sewage treatment system is available, or where a likelihood exists that the system will receive toxic, hazardous, or industrial waste. An existing onsite sewage treatment and disposal system may be repaired if a publicly owned or investor-owned sewerage system is not available within 500 feet of the building sewer stub-out and if system construction and operation standards can be met. This paragraph does not require publicly owned or investor-owned

Page 67 of 167

sewerage treatment systems to accept anything other than domestic wastewater.

- 1. A building located in an area zoned or used for industrial or manufacturing purposes, or its equivalent, when such building is served by an onsite sewage treatment and disposal system, must not be occupied until the owner or tenant has obtained written approval from the department. The department shall not grant approval when the proposed use of the system is to dispose of toxic, hazardous, or industrial wastewater or toxic or hazardous chemicals.
- 2. Each person who owns or operates a business or facility in an area zoned or used for industrial or manufacturing purposes, or its equivalent, or who owns or operates a business that has the potential to generate toxic, hazardous, or industrial wastewater or toxic or hazardous chemicals, and uses an onsite sewage treatment and disposal system that is installed on or after July 5, 1989, must obtain an annual system operating permit from the department. A person who owns or operates a business that uses an onsite sewage treatment and disposal system that was installed and approved before July 5, 1989, need not obtain a system operating permit. However, upon change of ownership or tenancy, the new owner or operator must notify the department of the change, and the new owner or operator must obtain an annual system operating permit, regardless of the date that the system was installed or approved.
- 3. The department shall periodically review and evaluate the continued use of onsite sewage treatment and disposal systems in areas zoned or used for industrial or manufacturing

Page 68 of 167

purposes, or its equivalent, and may require the collection and analyses of samples from within and around such systems. If the department finds that toxic or hazardous chemicals or toxic, hazardous, or industrial wastewater have been or are being disposed of through an onsite sewage treatment and disposal system, the department shall initiate enforcement actions against the owner or tenant to ensure adequate cleanup, treatment, and disposal.

- (j) An onsite sewage treatment and disposal system for a single-family residence that is designed by a professional engineer registered in the state and certified by such engineer as complying with performance criteria adopted by the department must be approved by the department subject to the following:
- 1. The performance criteria applicable to engineer-designed systems must be limited to those necessary to ensure that such systems do not adversely affect the public health or significantly degrade the groundwater or surface water. Such performance criteria shall include consideration of the quality of system effluent, the proposed total sewage flow per acre, wastewater treatment capabilities of the natural or replaced soil, water quality classification of the potential surface-water-receiving body, and the structural and maintenance viability of the system for the treatment of domestic wastewater. However, performance criteria shall address only the performance of a system and not a system's design.
- 2. The technical review and advisory panel shall assist the department in the development of performance criteria applicable to engineer-designed systems.

Page 69 of 167

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3. A person electing to utilize an engineer-designed system shall, upon completion of the system design, submit such design, certified by a registered professional engineer, to the county health department. The county health department may utilize an outside consultant to review the engineer-designed system, with the actual cost of such review to be borne by the applicant. Within 5 working days after receiving an engineerdesigned system permit application, the county health department shall request additional information if the application is not complete. Within 15 working days after receiving a complete application for an engineer-designed system, the county health department either shall issue the permit or, if it determines that the system does not comply with the performance criteria, shall notify the applicant of that determination and refer the application to the department for a determination as to whether the system should be approved, disapproved, or approved with modification. The department engineer's determination shall prevail over the action of the county health department. The applicant shall be notified in writing of the department's determination and of the applicant's rights to pursue a variance or seek review under the provisions of chapter 120.

4. The owner of an engineer-designed performance-based system must maintain a current maintenance service agreement with a maintenance entity permitted by the department. The maintenance entity shall obtain a biennial system operating permit from the department for each system under service contract. The department shall inspect the system at least annually, or on such periodic basis as the fee collected

Page 70 of 167

permits, and may collect system-effluent samples if appropriate to determine compliance with the performance criteria. The fee for the biennial operating permit shall be collected beginning with the second year of system operation. The maintenance entity shall inspect each system at least twice each year and shall report quarterly to the department on the number of systems inspected and serviced.

- 5. If an engineer-designed system fails to properly function or fails to meet performance standards, the system shall be re-engineered, if necessary, to bring the system into compliance with the provisions of this section.
- (k) An innovative system may be approved in conjunction with an engineer-designed site-specific system which is certified by the engineer to meet the performance-based criteria adopted by the department.
- (1) For the Florida Keys, the department shall adopt a special rule for the construction, installation, modification, operation, repair, maintenance, and performance of onsite sewage treatment and disposal systems which considers the unique soil conditions and water table elevations, densities, and setback requirements. On lots where a setback distance of 75 feet from surface waters, saltmarsh, and buttonwood association habitat areas cannot be met, an injection well, approved and permitted by the department, may be used for disposal of effluent from onsite sewage treatment and disposal systems. The following additional requirements apply to onsite sewage treatment and disposal systems in Monroe County:
 - 1. The county, each municipality, and those special

Page 71 of 167

districts established for the purpose of the collection, transmission, treatment, or disposal of sewage shall ensure, in accordance with the specific schedules adopted by the Administration Commission under s. 380.0552, the completion of onsite sewage treatment and disposal system upgrades to meet the requirements of this paragraph.

- 2. Onsite sewage treatment and disposal systems must cease discharge by December 31, 2015, or must comply with department rules and provide the level of treatment which, on a permitted annual average basis, produces an effluent that contains no more than the following concentrations:
 - a. Biochemical Oxygen Demand (CBOD5) of 10 mg/l.
 - b. Suspended Solids of 10 mg/l.

- c. Total Nitrogen, expressed as N, of 10 mg/l.
- d. Total Phosphorus, expressed as P, of 1 mg/l.

In addition, onsite sewage treatment and disposal systems discharging to an injection well must provide basic disinfection as defined by department rule.

- 3. On or after July 1, 2010, all new, modified, and repaired onsite sewage treatment and disposal systems must provide the level of treatment described in subparagraph 2. However, in areas scheduled to be served by central sewer by December 31, 2015, if the property owner has paid a connection fee or assessment for connection to the central sewer system, an onsite sewage treatment and disposal system may be repaired to the following minimum standards:
 - a. The existing tanks must be pumped and inspected and

Page 72 of 167

certified as being watertight and free of defects in accordance with department rule; and

- b. A sand-lined drainfield or injection well in accordance with department rule must be installed.
- 4. Onsite sewage treatment and disposal systems must be monitored for total nitrogen and total phosphorus concentrations as required by department rule.
- 5. The department shall enforce proper installation, operation, and maintenance of onsite sewage treatment and disposal systems pursuant to this chapter, including ensuring that the appropriate level of treatment described in subparagraph 2. is met.
- 6. The authority of a local government, including a special district, to mandate connection of an onsite sewage treatment and disposal system is governed by s. 4, chapter 99-395, Laws of Florida.
- (m) No product sold in the state for use in onsite sewage treatment and disposal systems may contain any substance in concentrations or amounts that would interfere with or prevent the successful operation of such system, or that would cause discharges from such systems to violate applicable water quality standards. The department shall publish criteria for products known or expected to meet the conditions of this paragraph. In the event a product does not meet such criteria, such product may be sold if the manufacturer satisfactorily demonstrates to the department that the conditions of this paragraph are met.
- (n) Evaluations for determining the seasonal high-water table elevations or the suitability of soils for the use of a

Page 73 of 167

new onsite sewage treatment and disposal system shall be performed by department personnel, professional engineers registered in the state, or such other persons with expertise, as defined by rule, in making such evaluations. Evaluations for determining mean annual flood lines shall be performed by those persons identified in paragraph (2)(j)(2)(i). The department shall accept evaluations submitted by professional engineers and such other persons as meet the expertise established by this section or by rule unless the department has a reasonable scientific basis for questioning the accuracy or completeness of the evaluation.

- (o) The department shall appoint a research review and advisory committee, which shall meet at least semiannually. The committee shall advise the department on directions for new research, review and rank proposals for research contracts, and review draft research reports and make comments. The committee is comprised of:
- 1. A representative of the Division of <u>Emergency</u>

 <u>Preparedness and Community Support</u> <u>Environmental Health</u> of the Department of Health.
 - 2. A representative from the septic tank industry.
 - 3. A representative from the home building industry.
 - 4. A representative from an environmental interest group.
- 5. A representative from the State University System, from a department knowledgeable about onsite sewage treatment and disposal systems.
- 6. A professional engineer registered in this state who has work experience in onsite sewage treatment and disposal

Page 74 of 167

2073 systems.

- 7. A representative from local government who is knowledgeable about domestic wastewater treatment.
 - 8. A representative from the real estate profession.
 - 9. A representative from the restaurant industry.
 - 10. A consumer.

Members shall be appointed for a term of 3 years, with the appointments being staggered so that the terms of no more than four members expire in any one year. Members shall serve without remuneration, but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.

- (p) An application for an onsite sewage treatment and disposal system permit shall be completed in full, signed by the owner or the owner's authorized representative, or by a contractor licensed under chapter 489, and shall be accompanied by all required exhibits and fees. No specific documentation of property ownership shall be required as a prerequisite to the review of an application or the issuance of a permit. The issuance of a permit does not constitute determination by the department of property ownership.
- (q) The department may not require any form of subdivision analysis of property by an owner, developer, or subdivider prior to submission of an application for an onsite sewage treatment and disposal system.
- (r) Nothing in this section limits the power of a municipality or county to enforce other laws for the protection of the public health and safety.

Page 75 of 167

(s) In the siting of onsite sewage treatment and disposal systems, including drainfields, shoulders, and slopes, guttering shall not be required on single-family residential dwelling units for systems located greater than 5 feet from the roof drip line of the house. If guttering is used on residential dwelling units, the downspouts shall be directed away from the drainfield.

- (t) Notwithstanding the provisions of subparagraph (g)1., onsite sewage treatment and disposal systems located in floodways of the Suwannee and Aucilla Rivers must adhere to the following requirements:
- 1. The absorption surface of the drainfield shall not be subject to flooding based on 10-year flood elevations. Provided, however, for lots or parcels created by the subdivision of land in accordance with applicable local government regulations prior to January 17, 1990, if an applicant cannot construct a drainfield system with the absorption surface of the drainfield at an elevation equal to or above 10-year flood elevation, the department shall issue a permit for an onsite sewage treatment and disposal system within the 10-year floodplain of rivers, streams, and other bodies of flowing water if all of the following criteria are met:
 - a. The lot is at least one-half acre in size;
- b. The bottom of the drainfield is at least 36 inches above the 2-year flood elevation; and
- c. The applicant installs either: a waterless, incinerating, or organic waste composting toilet and a graywater system and drainfield in accordance with department rules; an

Page 76 of 167

aerobic treatment unit and drainfield in accordance with department rules; a system approved by the State Health Office that is capable of reducing effluent nitrate by at least 50 percent; or a system approved by the county health department pursuant to department rule other than a system using alternative drainfield materials. The United States Department of Agriculture Soil Conservation Service soil maps, State of Florida Water Management District data, and Federal Emergency Management Agency Flood Insurance maps are resources that shall be used to identify flood-prone areas.

- 2. The use of fill or mounding to elevate a drainfield system out of the 10-year floodplain of rivers, streams, or other bodies of flowing water shall not be permitted if such a system lies within a regulatory floodway of the Suwannee and Aucilla Rivers. In cases where the 10-year flood elevation does not coincide with the boundaries of the regulatory floodway, the regulatory floodway will be considered for the purposes of this subsection to extend at a minimum to the 10-year flood elevation.
- (u) The owner of an aerobic treatment unit system shall maintain a current maintenance service agreement with an aerobic treatment unit maintenance entity permitted by the department. The maintenance entity shall obtain a system operating permit from the department for each aerobic treatment unit under service contract. The maintenance entity shall inspect each aerobic treatment unit system at least twice each year and shall report quarterly to the department on the number of aerobic treatment unit systems inspected and serviced. The owner shall

Page 77 of 167

allow the department to inspect during reasonable hours each aerobic treatment unit system at least annually, and such inspection may include collection and analysis of systemeffluent samples for performance criteria established by rule of the department.

- (v) The department may require the submission of detailed system construction plans that are prepared by a professional engineer registered in this state. The department shall establish by rule criteria for determining when such a submission is required.
- (w) Any permit issued and approved by the department for the installation, modification, or repair of an onsite sewage treatment and disposal system shall transfer with the title to the property in a real estate transaction. A title may not be encumbered at the time of transfer by new permit requirements by a governmental entity for an onsite sewage treatment and disposal system that differ from the permitting requirements in effect at the time the system was permitted, modified, or repaired. An inspection of a system may not be mandated by any governmental entity at the point of sale in a real estate transaction.
- (x)1. An onsite sewage treatment and disposal system is not considered abandoned if the system is disconnected from a structure that was made unusable or destroyed following a disaster and was properly functioning at the time of disconnection and not adversely affected by the disaster. The onsite sewage treatment and disposal system may be reconnected to a rebuilt structure if:

Page 78 of 167

a. The reconnection of the system is to the same type and approximate size of structure that existed prior to the disaster;

- b. The system is not a sanitary nuisance; and
- $\underline{\text{c.}}$ The system has not been altered without prior authorization.

- 2. An onsite sewage treatment and disposal system that serves a property that is foreclosed upon is not considered abandoned.
- (y) If an onsite sewage treatment and disposal system permittee receives, relies upon, and undertakes construction of a system based upon a validly issued construction permit under rules applicable at the time of construction but a change to a rule occurs after the approval of the system for construction but before the final approval of the system, the rules applicable and in effect at the time of construction approval apply at the time of final approval if fundamental site conditions have not changed between the time of construction approval and final approval.
- (z) A modification, replacement, or upgrade of an onsite sewage treatment and disposal system is not required for a remodeling addition to a single-family home if a bedroom is not added.
 - (5) EVALUATION AND ASSESSMENT.
- (a) Beginning July 1, 2011, the department shall administer an onsite sewage treatment and disposal system evaluation program for the purpose of assessing the fundamental operational condition of systems and identifying any failures

Page 79 of 167

within the systems. The department shall adopt rules implementing the program standards, procedures, and requirements, including, but not limited to, a schedule for a 5-year evaluation cycle, requirements for the pump-out of a system or repair of a failing system, enforcement procedures for failure of a system owner to obtain an evaluation of the system, and failure of a contractor to timely submit evaluation results to the department and the system owner. The department shall ensure statewide implementation of the evaluation and assessment program by January 1, 2016.

(b) Owners of an onsite sewage treatment and disposal system, excluding a system that is required to obtain an operating permit, shall have the system evaluated at least once every 5 years to assess the fundamental operational condition of the system, and identify any failure within the system.

(c) All evaluation procedures must be documented and nothing in this subsection limits the amount of detail an evaluator may provide at his or her professional discretion. The evaluation must include a tank and drainfield evaluation, a written assessment of the condition of the system, and, if necessary, a disclosure statement pursuant to the department's procedure.

(d)1. Systems being evaluated that were installed prior to January 1, 1983, shall meet a minimum 6-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule. All drainfield repairs, replacements or modifications to systems installed prior to January 1, 1983, shall meet a minimum 12-inch separation from

Page 80 of 167

the bottom of the drainfield to the wettest season water table elevation as defined by department rule.

- 2. Systems being evaluated that were installed on or after January 1, 1983, shall meet a minimum 12-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule. All drainfield repairs, replacements or modification to systems developed on or after January 1, 1983, shall meet a minimum 24-inch separation from the bottom of the drainfield to the wettest season water table elevation.
- (e) If documentation of a tank pump-out or a permitted new installation, repair, or modification of the system within the previous 5 years is provided, and states the capacity of the tank and indicates that the condition of the tank is not a sanitary or public health nuisance pursuant to department rule, a pump-out of the system is not required.
- (f) Owners are responsible for paying the cost of any required pump-out, repair, or replacement pursuant to department rule, and may not request partial evaluation or the omission of portions of the evaluation.
- (g) Each evaluation or pump-out required under this subsection must be performed by a septic tank contractor or master septic tank contractor registered under part III of chapter 489, a professional engineer with wastewater treatment system experience licensed pursuant to chapter 471, or an environmental health professional certified under chapter 381 in the area of onsite sewage treatment and disposal system evaluation.

(h) The evaluation report fee collected pursuant to s. 381.0066(2)(b) shall be remitted to the department by the evaluator at the time the report is submitted.

- (i) Prior to any evaluation deadline, the department must provide a minimum of 60 days' notice to owners that their systems must be evaluated by that deadline. The department may include a copy of any homeowner educational materials developed pursuant to this section which provides information on the proper maintenance of onsite sewage treatment and disposal systems.
 - (5) (6) ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.-
- (a) Department personnel who have reason to believe noncompliance exists, may at any reasonable time, enter the premises permitted under ss. 381.0065-381.0066, or the business premises of any septic tank contractor or master septic tank contractor registered under part III of chapter 489, or any premises that the department has reason to believe is being operated or maintained not in compliance, to determine compliance with the provisions of this section, part I of chapter 386, or part III of chapter 489 or rules or standards adopted under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489. As used in this paragraph, the term "premises" does not include a residence or private building. To gain entry to a residence or private building, the department must obtain permission from the owner or occupant or secure an inspection warrant from a court of competent jurisdiction.
- (b)1. The department may issue citations that may contain an order of correction or an order to pay a fine, or both, for

Page 82 of 167

violations of ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 or the rules adopted by the department, when a violation of these sections or rules is enforceable by an administrative or civil remedy, or when a violation of these sections or rules is a misdemeanor of the second degree. A citation issued under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 constitutes a notice of proposed agency action.

- 2. A citation must be in writing and must describe the particular nature of the violation, including specific reference to the provisions of law or rule allegedly violated.
- 3. The fines imposed by a citation issued by the department may not exceed \$500 for each violation. Each day the violation exists constitutes a separate violation for which a citation may be issued.
- 4. The department shall inform the recipient, by written notice pursuant to ss. 120.569 and 120.57, of the right to an administrative hearing to contest the citation within 21 days after the date the citation is received. The citation must contain a conspicuous statement that if the recipient fails to pay the fine within the time allowed, or fails to appear to contest the citation after having requested a hearing, the recipient has waived the recipient's right to contest the citation and must pay an amount up to the maximum fine.
- 5. The department may reduce or waive the fine imposed by the citation. In determining whether to reduce or waive the fine, the department must consider the gravity of the violation, the person's attempts at correcting the violation, and the

Page 83 of 167

person's history of previous violations including violations for which enforcement actions were taken under ss. 381.0065-381.0067, part I of chapter 386, part III of chapter 489, or other provisions of law or rule.

6. Any person who willfully refuses to sign and accept a citation issued by the department commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

- 7. The department, pursuant to ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, shall deposit any fines it collects in the county health department trust fund for use in providing services specified in those sections.
- 8. This section provides an alternative means of enforcing ss. 381.0065-381.0067, part I of chapter 386, and part III of chapter 489. This section does not prohibit the department from enforcing ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, or its rules, by any other means. However, the department must elect to use only a single method of enforcement for each violation.
- <u>(6)</u> (7) LAND APPLICATION OF SEPTAGE PROHIBITED.—Effective January 1, 2016, the land application of septage from onsite sewage treatment and disposal systems is prohibited. By February 1, 2011, the department, in consultation with the Department of Environmental Protection, shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives, recommending alternative methods to establish enhanced treatment levels for the land application of septage from onsite sewage and disposal systems. The report

Page 84 of 167

shall include, but is not limited to, a schedule for the reduction in land application, appropriate treatment levels, alternative methods for treatment and disposal, enhanced application site permitting requirements including any requirements for nutrient management plans, and the range of costs to local governments, affected businesses, and individuals for alternative treatment and disposal methods. The report shall also include any recommendations for legislation or rule authority needed to reduce land application of septage.

Section 32. Section 381.00651, Florida Statutes, is created to read:

381.00651 Periodic evaluation and assessment of onsite sewage treatment and disposal systems.—

- (1) (a) For the purposes of this subsection, the term

 "first magnitude spring" means a spring that has a median water

 discharge of greater than or equal to 100 cubic feet per second

 for the period of record, as determined by the Department of

 Environmental Protection.
- (b) A county or municipality containing a first magnitude spring that has not adopted an onsite sewage treatment and disposal system evaluation and assessment program or that does not opt out of this section shall develop and adopt by ordinance a local onsite sewage treatment and disposal system evaluation and assessment program that meets the requirements of this section within all or part of its geographic area. A county or municipality that does not contain a first magnitude spring may develop and adopt by local ordinance an onsite sewage treatment and disposal system evaluation and assessment program that meets

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the requirements of this section within all or part of its geographic area. A county or municipality that has adopted an onsite sewage treatment and disposal system evaluation and assessment program before July 1, 2011, may continue to enforce its program without having to meet the requirements of this section if the program does not require an evaluation of the system at the point of sale in a real estate transaction.

- (c) By a majority vote of the local governing body, a county or municipality containing a first magnitude spring may opt out of the requirements of this section at any time before January 1, 2013, by adopting a separate resolution. The resolution shall be directed to and filed with the Secretary of State and shall state the intent of the county or municipality not to adopt an onsite sewage treatment and disposal system evaluation and assessment program. Absent an interlocal agreement or county charter provision to the contrary, a municipality may elect to opt out of the requirements of this section notwithstanding the decision of the governing body of the county in which the municipality is located. A county or municipality may subsequently adopt an ordinance imposing an onsite sewage treatment and disposal system evaluation and assessment program if the program meets the requirements of this section.
- (d) A county or municipality may repeal an ordinance adopted pursuant to this section only if the county or municipality notifies the Secretary of State by letter of the repeal. A county or municipality may not adopt an onsite sewer treatment and disposal system evaluation and assessment program

Page 86 of 167

except pursuant to this section.

(2) An onsite sewage treatment and disposal system evaluation and assessment program adopted pursuant to this section shall provide for the following:

- (a) Evaluations.—An evaluation of each onsite sewage treatment and disposal system within all or part of the county's or municipality's jurisdiction must take place once every 5 years to assess the fundamental operational condition of the system and to identify system failures. The ordinance may not mandate an evaluation at the point of sale in a real estate transaction and may not require a soil examination. The location of the system shall be identified. A tank and drainfield evaluation and a written assessment of the overall condition of the system pursuant to the assessment procedure prescribed in paragraph (3) (d) are required.
- (b) Qualified contractors.—Each evaluation required under this subsection must be performed by a qualified contractor who may be a septic tank contractor or master septic tank contractor registered under part III of chapter 489, a professional engineer having wastewater treatment system experience and licensed under chapter 471, or an environmental health professional certified under this chapter in the area of onsite sewage treatment and disposal system evaluation. Evaluations and pump-outs may also be performed by an authorized employee working under the supervision of an individual specified in this paragraph; however, all evaluation forms must be signed by a qualified contractor in writing or by electronic signature.

Page 87 of 167

(c) Repair of systems.—The local ordinance may not require

CS/CS/HB 1263 2012

a repair, modification, or replacement of a system as a result of an evaluation unless the evaluation identifies a system failure. For purposes of this subsection, the term "system failure" means a condition existing within an onsite sewage treatment and disposal system that results in the discharge of untreated or partially treated wastewater onto the ground surface or into surface water or that results in the failure of building plumbing to discharge properly and presents a sanitary nuisance. A system is not in failure if the system does not have a minimum separation distance between the drainfield and the wettest season water table or if an obstruction in a sanitary line or an effluent screen or filter prevents effluent from flowing into a drainfield. If a system failure is identified and several allowable remedial measures are available to resolve the failure, the system owner may choose the least costly allowable remedial measure to fix the system. There may be instances in which a pump-out is sufficient to resolve a system failure. Allowable remedial measures to resolve a system failure are limited to what is necessary to resolve the failure and must meet, to the maximum extent practicable, the requirements of the repair code in effect when the repair is made, subject to the exceptions specified in s. 381.0065(4)(g). An engineer-designed performance-based treatment system to reduce nutrients may not be required as an alternative remediation measure to resolve the failure of a conventional system. (d) Exemptions.-

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The local ordinance shall exempt from the evaluation requirements any system that is required to obtain an operating

Page 88 of 167

permit pursuant to state law or that is inspected by the department pursuant to the annual permit inspection requirements of chapter 513.

- 2. The local ordinance may provide for an exemption or an extension of time to obtain an evaluation and assessment if connection to a sewer system is available, connection to the sewer system is imminent, and written arrangements for payment of any utility assessments or connection fees have been made by the system owner.
- 3. A septic tank system serving residential dwelling units on lots with a ratio of one bedroom per acre or greater is exempt from the requirements of this section and may not be included in any septic tank inspection program.
- (3) The following procedures shall be used for conducting evaluations:
- (a) Tank evaluation.—The tank evaluation shall assess the apparent structural condition and watertightness of the tank and shall estimate the size of the tank. The evaluation must include a pump-out. However, an ordinance may not require a pump-out if there is documentation indicating that a tank pump-out or a permitted new installation, repair, or modification of the system has occurred within the previous 5 years, identifying the capacity of the tank, and indicating that the condition of the tank is structurally sound and watertight. Visual inspection of the tank must be made when the tank is empty to detect cracks, leaks, or other defects. Baffles or tees must be checked to ensure that they are intact and secure. The evaluation shall note the presence and condition of outlet devices, effluent

Page 89 of 167

filters, and compartment walls; any structural defect in the tank; the condition and fit of the tank lid, including manholes; whether surface water can infiltrate the tank; and whether the tank was pumped out. If the tank, in the opinion of the qualified contractor, is in danger of being damaged by leaving the tank empty after inspection, the tank shall be refilled before concluding the inspection. Broken or damaged lids or manholes shall be replaced without obtaining a repair permit.

- (b) Drainfield evaluation.—The drainfield evaluation must include a determination of the approximate size and location of the drainfield. The evaluation shall state whether there is any sewage or effluent visible on the ground or discharging to a ditch or other water body and the location of any downspout or other source of water near or in the vicinity of the drainfield.
- (c) Special circumstances.—If the system contains pumps, siphons, or alarms, the following information may be provided at the request of the homeowner:
- 1. An assessment of dosing tank integrity, including the approximate volume and the type of material used in the tank's construction;
- 2. Whether the pump is elevated off the bottom of the chamber and its operational status;
- 3. Whether the system has a check valve and purge hole; and
- 4. Whether the system has a high-water alarm, and if so whether the alarm is audio or visual or both, the location and operational condition of the alarm, and whether the electrical connections to the alarm appear satisfactory.

Page 90 of 167

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5. If the homeowner does not request this information, the qualified contractor and its employee shall not be liable for any damages directly relating from a failure of the system's pumps, siphons, or alarms. This exclusion of liability shall be stated on the front cover of the report required under paragraph (d).

Assessment procedure.—All evaluation procedures used by a qualified contractor shall be documented in the Environmental Health Database. The qualified contractor shall provide a copy of a written, signed evaluation report to the property owner upon completion of the evaluation and to the county health department within 30 days after the evaluation. The report shall contain the name and license number of the company providing the report. A copy of the evaluation report shall be retained by the local county health department for a minimum of 5 years and until a subsequent inspection report is filed. The front cover of the report must identify any system failure and include a clear and conspicuous notice to the owner that the owner has a right to have any remediation of the failure performed by a qualified contractor other than the contractor performing the evaluation. The report must further identify any crack, leak, improper fit, or other defect in the tank, manhole, or lid, and any other damaged or missing component; any sewage or effluent visible on the ground or discharging to a ditch or other surface water body; any downspout, stormwater, or other source of water directed onto or toward the system; and any other maintenance need or condition of the system at the time of the evaluation that, in the opinion

of the qualified contractor, would possibly interfere with or restrict any future repair or modification to the existing system. The report shall conclude with an overall assessment of the fundamental operational condition of the system.

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- The county health department shall administer any evaluation program on behalf of a county, or a municipality within the county, that has adopted an evaluation program pursuant to this section. In order to administer the evaluation program, the county or municipality, in consultation with the county health department, may develop a reasonable fee schedule to be used solely to pay for the costs of administering the evaluation program. Such a fee schedule shall be identified in the ordinance that adopts the evaluation program. When arriving at a reasonable fee schedule, the estimated annual revenues to be derived from fees may not exceed reasonable estimated annual costs of the program. Fees shall be assessed to the system owner during an inspection and separately identified on the invoice of the qualified contractor. Fees shall be remitted by the qualified contractor to the county health department. The county health department's administrative responsibilities include the following:
- (a) Providing a notice to the system owner at least 60 days before the system is due for an evaluation. The notice may include information on the proper maintenance of onsite sewage treatment and disposal systems.
- (b) In consultation with the Department of Health,

 providing uniform disciplinary procedures and penalties for

 qualified contractors who do not comply with the requirements of

Page 92 of 167

the adopted ordinance, including, but not limited to, failure to provide the evaluation report as required in this subsection to the system owner and the county health department. Only the county health department may assess penalties against system owners for failure to comply with the adopted ordinance, consistent with existing requirements of law.

- (5) (a) A county or municipality that adopts an onsite sewage treatment and disposal system evaluation and assessment program pursuant to this section shall notify the Secretary of Environmental Protection, the Department of Health, and the applicable county health department upon the adoption of its ordinance establishing the program.
- (b) Upon receipt of the notice under paragraph (a), the Department of Environmental Protection shall, within existing resources, notify the county or municipality of the potential use of, and access to, program funds under the Clean Water State Revolving Fund or s. 319 of the Clean Water Act, provide guidance in the application process to receive such moneys, and provide advice and technical assistance to the county or municipality on how to establish a low-interest revolving loan program or how to model a revolving loan program after the low-interest loan program of the Clean Water State Revolving Fund. This paragraph does not obligate the Department of Environmental Protection to provide any county or municipality with money to fund such programs.
- (c) The Department of Health may not adopt any rule that alters the provisions of this section.
 - (d) The Department of Health must provide access to the

Page 93 of 167

Environmental Health Database to county health departments and qualified contractors for use in the requirement of this section for the assimilation of data to track relevant information resulting from an assessment and evaluation of the overall condition of onsite sewage treatment and disposal systems. The Environmental Health Database shall be used by contractors to report all service and evaluation events and by the county health department to notify owners of onsite sewage treatment and disposal systems when evaluations are due. Data and information shall be recorded and updated as service and evaluations are conducted and reported.

(6) This section does not:

- (a) Derogate or limit county and municipal home rule authority to act outside the scope of the evaluation and assessment program set forth in this section.
- (b) Repeal or affect any other law relating to the subject matter of this section.
- (c) Prohibit a county or municipality that has adopted an evaluation and assessment program pursuant to this section from:
- 1. Enforcing existing ordinances or adopting new ordinances relating to onsite sewage treatment facilities to address public health and safety if such ordinances do not repeal, suspend, or alter the requirements or limitations of this section.
- 2. Adopting local environmental and pollution abatement measures for water quality improvement as provided for by law if such measures do not repeal, suspend, or alter the requirements or limitations of this section.

Page 94 of 167

2633	3. Exercising its independent and existing authority to
2634	use and meet the requirements of s. 381.00655.
2635	Section 33. Section 381.00656, Florida Statutes, is
2636	repealed.
2637	Section 34. Subsection (2) of section 381.0066, Florida
2638	Statutes, is amended to read:
2639	381.0066 Onsite sewage treatment and disposal systems;
2640	fees
2641	(2) The minimum fees in the following fee schedule apply
2642	until changed by rule by the department within the following
2643	limits:
2644	(a) Application review, permit issuance, or system
2645	inspection, including repair of a subsurface, mound, filled, or
2646	other alternative system or permitting of an abandoned system: a
2647	fee of not less than \$25, or more than \$125.
2648	(b) A 5-year evaluation report submitted pursuant to s.
2649	381.0065(5): a fee not less than \$15, or more than \$30. At least
2650	\$1 and no more than \$5 collected pursuant to this paragraph
2651	shall be used to fund a grant program established under s.
2652	381.00656.
2653	(b) (c) Site evaluation, site reevaluation, evaluation of a
2654	system previously in use, or a per annum septage disposal site
2655	evaluation: a fee of not less than \$40, or more than \$115.
2656	(c) (d) Biennial Operating permit for aerobic treatment
2657	units or performance-based treatment systems: a fee of not more
2658	than \$100.
2659	(d) (e) Annual operating permit for systems located in

Page 95 of 167

areas zoned for industrial manufacturing or equivalent uses or

where the system is expected to receive wastewater which is not domestic in nature: a fee of not less than \$150, or more than \$300.

- (e) (f) Innovative technology: a fee not to exceed \$25,000.
- 2665 (f) (g) Septage disposal service, septage stabilization
 2666 facility, portable or temporary toilet service, tank
 2667 manufacturer inspection: a fee of not less than \$25, or more
 2668 than \$200, per year.
 - (g) (h) Application for variance: a fee of not less than \$150, or more than \$300.
 - $\underline{\text{(h)}}$ Annual operating permit for waterless, incinerating, or organic waste composting toilets: a fee of not less than \$15 \\$50, or more than \$30 \\$150.
 - $\underline{\text{(i)}}$ Aerobic treatment unit or performance-based treatment system maintenance entity permit: a fee of not less than \$25, or more than \$150, per year.
 - (j)(k) Reinspection fee per visit for site inspection after system construction approval or for noncompliant system installation per site visit: a fee of not less than \$25, or more than \$100.
 - (k) (1) Research: An additional \$5 fee shall be added to each new system construction permit issued to be used to fund onsite sewage treatment and disposal system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this section shall be used for funding the hands-on training centers described in s.
- 2687 381.0065(3)(j).

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2688 <u>(1) (m)</u> Annual operating permit, including annual

Page 96 of 167

inspection and any required sampling and laboratory analysis of effluent, for an engineer-designed performance-based system: a fee of not less than \$150, or more than \$300.

- On or before January 1, 2011, the Surgeon General, after consultation with the Revenue Estimating Conference, shall determine a revenue neutral fee schedule for services provided pursuant to s. 381.0065(5) within the parameters set in paragraph (b). Such determination is not subject to the provisions of chapter 120. The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to be used for the purposes stated in this section and ss. 381.0065 and 381.00655.
- Section 35. Section 381.0068, Florida Statutes, is amended to read:
 - 381.0068 Technical review and advisory panel.-
- (1) The Department of Health shall, by July 1, 1996, establish and staff a technical review and advisory panel to assist the department with rule adoption.
- (2) The primary purpose of the panel is to assist the department in rulemaking and decisionmaking by drawing on the expertise of representatives from several groups that are affected by onsite sewage treatment and disposal systems. The panel may also review and comment on any legislation or any existing or proposed state policy or issue related to onsite sewage treatment and disposal systems. If requested by the panel, the chair will advise any affected person or member of the Legislature of the panel's position on the legislation or

Page 97 of 167

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any existing or proposed state policy or issue. The chair may also take such other action as is appropriate to allow the panel to function. At a minimum, the panel shall consist of a soil scientist; a professional engineer registered in this state who is recommended by the Florida Engineering Society and who has work experience in onsite sewage treatment and disposal systems; two representatives from the home-building industry recommended by the Florida Home Builders Association, including one who is a developer in this state who develops lots using onsite sewage treatment and disposal systems; a representative from the county health departments who has experience permitting and inspecting the installation of onsite sewage treatment and disposal systems in this state; a representative from the real estate industry who is recommended by the Florida Association of Realtors; a consumer representative with a science background; two representatives of the septic tank industry recommended by the Florida Onsite Wastewater Association, including one who is a manufacturer of onsite sewage treatment and disposal systems; a representative from local government who is knowledgeable about domestic wastewater treatment and who is recommended by the Florida Association of Counties and the Florida League of Cities; and a representative from the environmental health profession who is recommended by the Florida Environmental Health Association and who is not employed by a county health department. Members are to be appointed for a term of 2 years. The panel may also, as needed, be expanded to include ad hoc, nonvoting representatives who have topic-specific expertise. All rules proposed by the department which relate to onsite sewage

Page 98 of 167

treatment and disposal systems must be presented to the panel for review and comment prior to adoption. The panel's position on proposed rules shall be made a part of the rulemaking record that is maintained by the agency. The panel shall select a chair, who shall serve for a period of 1 year and who shall direct, coordinate, and execute the duties of the panel. The panel shall also solicit input from the department's variance review and advisory committee before submitting any comments to the department concerning proposed rules. The panel's comments must include any dissenting points of view concerning proposed rules. The panel shall hold meetings as it determines necessary to conduct its business, except that the chair, a quorum of the voting members of the panel, or the department may call meetings. The department shall keep minutes of all meetings of the panel. Panel members shall serve without remuneration, but, if requested, shall be reimbursed for per diem and travel expenses as provided in s. 112.061.

Section 36. Section 381.00781, Florida Statutes, is amended to read:

381.00781 Fees; disposition.-

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- (1) The department shall establish by rule the following fees:
- (1) (a) Fee For the initial licensure of a tattoo establishment and the renewal of such license, <u>a fee</u> which, except as provided in subsection (2), may not to exceed \$250 per year.
- 2771 <u>(2) (b)</u> Fee For licensure of a temporary establishment, <u>a</u>
 2772 <u>fee</u> which, except as provided in subsection (2), may not to

Page 99 of 167

2773 exceed \$250.

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(3) (c) Fee For the initial licensure of a tattoo artist and the renewal of such license, <u>a fee</u> which, except as provided in subsection (2), may not to exceed \$150 per year.

- (3) (d) Fee For registration or reregistration of a guest tattoo artist, a fee which, except as provided in subsection (2), may not to exceed \$45.
- (4) (e) Fee For reactivation of an inactive tattoo establishment license or tattoo artist license. A license becomes inactive if it is not renewed before the expiration of the current license.
- (2) The department may annually adjust the maximum fees authorized under subsection (1) according to the rate of inflation or deflation indicated by the Consumer Price Index for All Urban Consumers, U.S. City Average, All Items, as reported by the United States Department of Labor.
- Section 37. Subsection (1) of section 381.0086, Florida Statutes, is amended to read:
 - 381.0086 Rules; variances; penalties.-
- (1) The department shall adopt rules necessary to protect the health and safety of migrant farmworkers and other migrant labor camp or residential migrant housing occupants, including rules governing field sanitation facilities. These rules must include definitions of terms, a process for provisions relating to plan review of the construction of new, expanded, or remodeled camps or residential migrant housing, sites, buildings and structures; and standards for, personal hygiene facilities, lighting, sewage disposal, safety, minimum living space per

Page 100 of 167

occupant, bedding, food equipment, food storage and preparation, insect and rodent control, garbage, heating equipment, water supply, maintenance and operation of the camp or, housing, or roads, and such other matters as the department finds to be appropriate or necessary to protect the life and health of the occupants. Housing operated by a public housing authority is exempt from the provisions of any administrative rule that conflicts with or is more stringent than the federal standards applicable to the housing.

Section 38. Subsection (1) of section 381.0098, Florida Statutes, is amended to read:

381.0098 Biomedical waste.-

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LEGISLATIVE INTENT.-It is the intent of the Legislature to protect the public health by establishing standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste. Except as otherwise provided herein, the Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate onsite and offsite incineration and disposal of biomedical waste. Consistent with the foregoing, the Department of Health shall have the exclusive authority to establish treatment efficacy standards for biomedical waste and the Department of Environmental Protection shall have the exclusive authority to establish statewide standards relating to environmental impacts, if any, of treatment and disposal including, but not limited to, water discharges and air emissions. An interagency agreement between the Department of Environmental Protection and the

Page 101 of 167

Department of Health shall be developed to ensure maximum efficiency in coordinating, administering, and regulating biomedical wastes.

Section 39. Subsections (2) through (8) of section 381.0101, Florida Statutes, are renumbered as subsection (1) through (7), respectively, and present subsections (1), (2), (3), and (4) and paragraph (a) of present subsection (5) of that section are amended to read:

381.0101 Environmental health professionals.-

- (1) LEGISLATIVE INTENT. Persons responsible for providing technical and scientific evaluations of environmental health and sanitary conditions in business establishments and communities throughout the state may create a danger to the public health if they are not skilled or competent to perform such evaluations. The public relies on the judgment of environmental health professionals employed by both government agencies and industries to assure them that environmental hazards are identified and removed before they endanger the health or safety of the public. The purpose of this section is to assure the public that persons specifically responsible for performing environmental health and sanitary evaluations have been certified by examination as competent to perform such work.
 - (1) $\frac{(2)}{(2)}$ DEFINITIONS.—As used in this section:
- (a) "Board" means the Environmental Health Professionals Advisory Board.
 - (b) "Department" means the Department of Health.
- 2855 (c) "Environmental health" means that segment of public
 2856 health work which deals with the examination of those factors in

Page 102 of 167

the human environment which may impact adversely on the health status of an individual or the public.

- (d) "Environmental health professional" means a person who is employed or assigned the responsibility for assessing the environmental health or sanitary conditions, as defined by the department, within a building, on an individual's property, or within the community at large, and who has the knowledge, skills, and abilities to carry out these tasks. Environmental health professionals may be either field, supervisory, or administrative staff members.
- (e) "Certified" means a person who has displayed competency to perform evaluations of environmental or sanitary conditions through examination.
- (e) (f) "Registered sanitarian," "R.S.," "Registered Environmental Health Specialist," or "R.E.H.S." means a person who has been certified by either the National Environmental Health Association or the Florida Environmental Health Association as knowledgeable in the environmental health profession.
- (f)(g) "Primary environmental health program" means those programs determined by the department to be essential for providing basic environmental and sanitary protection to the public. At a minimum, these programs shall include food protection program work and onsite sewage treatment and disposal system evaluations.
- (2) (3) CERTIFICATION REQUIRED.—A No person may not shall perform environmental health or sanitary evaluations in any primary program area of environmental health without being

Page 103 of 167

certified by the department as competent to perform such evaluations. This section does not apply to:

- (a) Persons performing inspections of public food service establishments licensed under chapter 509; or
- (b) Persons performing site evaluations in order to determine proper placement and installation of onsite wastewater treatment and disposal systems who have successfully completed a department-approved soils morphology course and who are working under the direct responsible charge of an engineer licensed under chapter 471.
- (3) (4) ENVIRONMENTAL HEALTH PROFESSIONALS ADVISORY BOARD.—
 The State Health Officer shall appoint an advisory board to assist the department in the promulgation of rules for certification, testing, establishing standards, and seeking enforcement actions against certified professionals.
- (a) The board shall be comprised of the Division Director for Emergency Preparedness and Community Support Environmental Health or his or her designee, one individual who will be certified under this section, one individual not employed in a governmental capacity who will or does employ a certified environmental health professional, one individual whose business is or will be evaluated by a certified environmental health professional, a citizen of the state who neither employs nor is routinely evaluated by a person certified under this section.
- (b) The board shall advise the department as to the minimum disciplinary guidelines and standards of competency and proficiency necessary to obtain certification in a primary area of environmental health practice.

Page 104 of 167

1. The board shall recommend primary areas of environmental health practice in which environmental health professionals should be required to obtain certification.

- 2. The board shall recommend minimum standards of practice which the department shall incorporate into rule.
- 3. The board shall evaluate and recommend to the department existing registrations and certifications which meet or exceed minimum department standards and should, therefore, exempt holders of such certificates or registrations from compliance with this section.
- 4. The board shall hear appeals of certificate denials, revocation, or suspension and shall advise the department as to the disposition of such an appeal.
- 5. The board shall meet as often as necessary, but no less than semiannually, handle appeals to the department, and conduct other duties of the board.
- 6. Members of the board shall receive no compensation but are entitled to reimbursement for per diem and travel expenses in accordance with s. 112.061.
- (4)(5) STANDARDS FOR CERTIFICATION.—The department shall adopt rules that establish definitions of terms and minimum standards of education, training, or experience for those persons subject to this section. The rules must also address the process for application, examination, issuance, expiration, and renewal of certification and ethical standards of practice for the profession.
- (a) Persons employed as environmental health professionals shall exhibit a knowledge of rules and principles of

Page 105 of 167

environmental and public health law in Florida through examination. A person may not conduct environmental health evaluations in a primary program area unless he or she is currently certified in that program area or works under the direct supervision of a certified environmental health professional.

- 1. All persons who begin employment in a primary environmental health program on or after September 21, 1994, must be certified in that program within 6 months after employment.
- 2. Persons employed in the primary environmental health program of a food protection program or an onsite sewage treatment and disposal system prior to September 21, 1994, shall be considered certified while employed in that position and shall be required to adhere to any professional standards established by the department pursuant to paragraph (b), complete any continuing education requirements imposed under paragraph (d), and pay the certificate renewal fee imposed under subsection (6) (7).
- 3. Persons employed in the primary environmental health program of a food protection program or an onsite sewage treatment and disposal system prior to September 21, 1994, who change positions or program areas and transfer into another primary environmental health program area on or after September 21, 1994, must be certified in that program within 6 months after such transfer, except that they will not be required to possess the college degree required under paragraph (e).
 - 4. Registered sanitarians shall be considered certified

Page 106 of 167

and shall be required to adhere to any professional standards established by the department pursuant to paragraph (b).

Section 40. Section 381.0203, Florida Statutes, is amended to read:

381.0203 Pharmacy services.-

- (1) The department may contract on a statewide basis for the purchase of drugs, as defined in s. 499.003, to be used by state agencies and political subdivisions, and may adopt rules to administer this section.
- (2) The department shall establish and maintain a pharmacy services program, including, but not limited to:
- (a) A central pharmacy to support pharmaceutical services provided by the county health departments, including pharmaceutical repackaging, dispensing, and the purchase and distribution of immunizations and other pharmaceuticals.
- (b) Regulation of drugs, cosmetics, and household products pursuant to chapter 499.
- $\underline{\text{(b)}}$ (c) Consultation to county health departments as required by s. 154.04(1)(c).
- (d) A contraception distribution program which shall be implemented, to the extent resources permit, through the licensed pharmacies of county health departments. A woman who is eligible for participation in the contraceptive distribution program is deemed a patient of the county health department.
- 1. To be eligible for participation in the program a woman must:
- 2995 a. Be a client of the department or the Department of Children and Family Services.

Page 107 of 167

2997	b. Be of childbearing age with undesired fertility.
2998	c. Have an income between 150 and 200 percent of the
2999	federal poverty level.
3000	d. Have no Medicaid benefits or applicable health
3001	insurance benefits.
3002	e. Have had a medical examination by a licensed health
3003	care provider within the past 6 months.
3004	f. Have a valid prescription for contraceptives that are
3005	available through the contraceptive distribution program.
3006	g. Consent to the release of necessary medical information
3007	to the county health department.
3008	2. Fees charged for the contraceptives under the program
3009	must cover the cost of purchasing and providing contraceptives
3010	to women participating in the program.
3011	3. The department may adopt rules to administer this
3012	program.
3013	Section 41. Subsection (1) of section 381.0261, Florida
3014	Statutes, is amended to read:
3015	381.0261 Summary of patient's bill of rights;
3016	distribution; penalty
3017	(1) The Department of Health shall publish on its Internet
3018	website Agency for Health Care Administration shall have printed
3019	and made continuously available to health care facilities
3020	licensed under chapter 395, physicians licensed under chapter
3021	458, osteopathic physicians licensed under chapter 459, and
3022	podiatric physicians licensed under chapter 461 a summary of the
3023	Florida Patient's Bill of Rights and Responsibilities. In
3024	adopting and making available to patients the summary of the

Page 108 of 167

Florida Patient's Bill of Rights and Responsibilities, health care providers and health care facilities are not limited to the format in which the <u>department publishes</u> Agency for Health Care Administration prints and distributes the summary.

- Section 42. <u>Section 381.0301</u>, Florida Statutes, is repealed.
- 3031 Section 43. Section 381.0302, Florida Statutes, is repealed.
 - Section 44. Subsection (5) of section 381.0303, Florida Statutes, is amended to read:
 - 381.0303 Special needs shelters.-

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- (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State Surgeon General may establish a special needs shelter interagency committee and serve as, or appoint a designee to serve as, the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties. The committee shall address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters.
 - (a) The committee shall ÷
- 1. develop, negotiate, and regularly review any necessary interagency agreements, and.
- 2. undertake other such activities as the department deems necessary to facilitate the implementation of this section.
 - 3. Submit recommendations to the Legislature as necessary.
- (b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health,

Page 109 of 167

3053 medical, and social services organizations. Membership shall 3054 include, but shall not be limited to, representatives of the 3055 Departments of Health, Children and Family Services, Elderly 3056 Affairs, and Education; the Agency for Health Care 3057 Administration; the Division of Emergency Management; the 3058 Florida Medical Association; the Florida Osteopathic Medical 3059 Association; Associated Home Health Industries of Florida, Inc.; 3060 the Florida Nurses Association; the Florida Health Care 3061 Association; the Florida Assisted Living Affiliation; the 3062 Florida Hospital Association; the Florida Statutory Teaching 3063 Hospital Council; the Florida Association of Homes for the 3064 Aging; the Florida Emergency Preparedness Association; the 3065 American Red Cross; Florida Hospices and Palliative Care, Inc.; 3066 the Association of Community Hospitals and Health Systems; the 3067 Florida Association of Health Maintenance Organizations; the 3068 Florida League of Health Systems; the Private Care Association; 3069 the Salvation Army; the Florida Association of Aging Services 3070 Providers; the AARP; and the Florida Renal Coalition.

(c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the expense of the agencies or organizations they represent. The committee shall make every effort to use teleconference or videoconference capabilities in order to ensure statewide input and participation.

Section 45. <u>Section 381.04015</u>, Florida Statutes, is repealed.

Section 46. Subsections (2), (3), and (4) of section 381.0403, Florida Statutes, are amended to read:

Page 110 of 167

CODING: Words stricken are deletions; words underlined are additions.

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381.0403 The Community Hospital Education Act.-

- (2) ESTABLISHMENT OF PROGRAM LEGISLATIVE INTENT.-
- (a) It is the intent of the Legislature that health care services for the citizens of this state be upgraded and that a program for continuing these services be maintained through a plan for community medical education. The A program is intended established to plan for community medical education, provide additional outpatient and inpatient services, increase the a continuing supply of highly trained physicians, and expand graduate medical education.
- (b) The Legislature further acknowledges the critical need for increased numbers of primary care physicians to provide the necessary current and projected health and medical services. In order to meet both present and anticipated needs, the Legislature supports an expansion in the number of family practice residency positions. The Legislature intends that the funding for graduate education in family practice be maintained and that funding for all primary care specialties be provided at a minimum of \$10,000 per resident per year. Should funding for this act remain constant or be reduced, it is intended that all programs funded by this act be maintained or reduced proportionately.
- (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND LOCAL PLANNING.—
- (a) There is established under the Department of Health a program for statewide graduate medical education. It is intended that continuing graduate medical education programs for interns and residents be established on a statewide basis. The program

Page 111 of 167

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shall provide financial support for primary care specialty interns and residents based on recommendations of policies recommended and approved by the Community Hospital Education Council, herein established, and the Department of Health, as authorized by the General Appropriations Act. Only those programs with at least three residents or interns in each year of the training program are qualified to apply for financial support. Programs with fewer than three residents or interns per training year are qualified to apply for financial support, but only if the appropriate accrediting entity for the particular specialty has approved the program for fewer positions. New programs added after fiscal year 1997-1998 shall have 5 years to attain the requisite number of residents or interns. When feasible and to the extent allowed through the General Appropriations Act, state funds shall be used to generate federal matching funds under Medicaid, or other federal programs, and the resulting combined state and federal funds shall be allocated to participating hospitals for the support of graduate medical education.

- (b) For the purposes of this section, primary care specialties include emergency medicine, family practice, internal medicine, pediatrics, psychiatry, obstetrics/gynecology, and combined pediatrics and internal medicine, and other primary care specialties as may be included by the council and Department of Health.
- (c) Medical institutions throughout the state may apply to the Community Hospital Education Council for grants-in-aid for financial support of their approved programs. Recommendations

Page 112 of 167

for funding of approved programs shall be forwarded to the Department of Health.

- (d) The program shall provide a plan for community clinical teaching and training with the cooperation of the medical profession, hospitals, and clinics. The plan shall also include formal teaching opportunities for intern and resident training. In addition, the plan shall establish an off-campus medical faculty with university faculty review to be located throughout the state in local communities.
 - (4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.-
- (a) There is established under the Department of Health a program for fostering graduate medical education innovations. Funds appropriated annually by the Legislature for this purpose shall be distributed to participating hospitals or consortia of participating hospitals and Florida medical schools or to a Florida medical school for the direct costs of providing graduate medical education in community-based clinical settings on a competitive grant or formula basis to achieve state health care workforce policy objectives, including, but not limited to:
- 1. Increasing the number of residents in primary care and other high demand specialties or fellowships;
- 2. Enhancing retention of primary care physicians in Florida practice;
- 3. Promoting practice in medically underserved areas of the state;
- 4. Encouraging racial and ethnic diversity within the state's physician workforce; and
 - 5. Encouraging increased production of geriatricians.

Page 113 of 167

hospitals and Florida medical schools or a Florida medical school providing graduate medical education in community-based clinical settings may apply to the Community Hospital Education Council for funding under this innovations program, except when such innovations directly compete with services or programs provided by participating hospitals or consortia of participating hospitals, or by both hospitals and consortia. Innovations program funding shall be allocated provide funding based on recommendations of policies recommended and approved by the Community Hospital Education Council and the Department of Health, as authorized by the General Appropriations Act.

- (c) Participating hospitals or consortia of participating hospitals and Florida medical schools or Florida medical schools awarded an innovations grant shall provide the Community Hospital Education Council and Department of Health with an annual report on their project.
- Section 47. Subsection (7) of section 381.0405, Florida Statutes, is amended to read:
 - 381.0405 Office of Rural Health.-

- (7) APPROPRIATION.—The Legislature shall appropriate such sums as are necessary to support the Office of Rural Health.
- Section 48. Subsection (3) of section 381.0406, Florida Statutes, is amended to read:
 - 381.0406 Rural health networks.-
 - (3) Because each rural area is unique, with a different health care provider mix, Health care provider membership may vary, but all networks shall include members that provide public

Page 114 of 167

3193	health, comprehensive primary care, emergency medical care, and
3194	acute inpatient care.
3195	Section 49. Effective October 1, 2014, section 381.0407,
3196	Florida Statutes, is repealed.
3197	Section 50. Section 381.045, Florida Statutes, is
3198	repealed.
3199	Section 51. Subsection (7) of section 381.06015, Florida
3200	Statutes, is amended to read:
3201	381.06015 Public Cord Blood Tissue Bank.—
3202	(7) In order to fund the provisions of this section the
3203	consortium participants, the Agency for Health Care
3204	Administration, and the Department of Health shall seek private
3205	or federal funds to initiate program actions for fiscal year
3206	2000-2001.
3207	Section 52. Section 381.0605, Florida Statutes, is
3208	repealed.
3209	Section 53. Section 381.102, Florida Statutes, is
3210	repealed.
3211	Section 54. Section 381.103, Florida Statutes, is
3212	repealed.
3213	Section 55. Subsections (3) through (5) of section
3214	381.4018, Florida Statutes, are renumbered as subsections (2)
3215	through (4), respectively, and present subsection (2) and
3216	paragraph (f) of present subsection (4) of that section are
3217	amended to read:
3218	381.4018 Physician workforce assessment and development.—
3219	(2) LEGISLATIVE INTENT.—The Legislature recognizes that
3220	physician workforce planning is an essential component of

Page 115 of 167

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ensuring that there is an adequate and appropriate supply of well-trained physicians to meet this state's future health care service needs as the general population and elderly population of the state increase. The Legislature finds that items to consider relative to assessing the physician workforce may include physician practice status; specialty mix; geographic distribution; demographic information, including, but not limited to, age, gender, race, and cultural considerations; and needs of current or projected medically underserved areas in the state. Long-term strategic planning is essential as the period from the time a medical student enters medical school to completion of graduate medical education may range from 7 to 10 years or longer. The Legislature recognizes that strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality medical schools and graduate medical education programs in this state, as well as using new or existing state and federal programs providing incentives for physicians to practice in needed specialties and in underserved areas in a manner that addresses projected needs for physician manpower.

- (3)(4) GENERAL FUNCTIONS.—The department shall maximize the use of existing programs under the jurisdiction of the department and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of such strategic plan. In developing the state strategic plan, the department shall:
 - (f) Develop strategies to maximize federal and state

Page 116 of 167

3249 programs that provide for the use of incentives to attract 3250 physicians to this state or retain physicians within the state. 3251 Such strategies should explore and maximize federal-state 3252 partnerships that provide incentives for physicians to practice 3253 in federally designated shortage areas. Strategies shall also 3254 consider the use of state programs, such as the Florida Health 3255 Service Corps established pursuant to s. 381.0302 and the 3256 Medical Education Reimbursement and Loan Repayment Program 3257 pursuant to s. 1009.65, which provide for education loan 3258 repayment or loan forgiveness and provide monetary incentives for physicians to relocate to underserved areas of the state. 3259 3260 Section 56. Section 381.60225, Florida Statutes, is 3261 repealed. 3262 Section 57. Section 381.732, Florida Statutes, is 3263 repealed. 3264 Section 58. Section 381.733, Florida Statutes, is 3265 repealed. 3266 Section 59. Section 381.734, Florida Statutes, is 3267 repealed. 3268 Section 60. Section 381.7352, Florida Statutes, is amended 3269 to read: 3270 381.7352 Legislative findings and intent.-3271 (1) The Legislature finds that despite state investments 3272 in health care programs, certain racial and ethnic populations 3273 in Florida continue to have significantly poorer health outcomes when compared to non-Hispanic whites. The Legislature finds that 3274 3275 local solutions to health care problems can have a dramatic and 3276 positive effect on the health status of these populations. Local

Page 117 of 167

governments and communities are best equipped to identify the health education, health promotion, and disease prevention needs of the racial and ethnic populations in their communities, mobilize the community to address health outcome disparities, enlist and organize local public and private resources, and faith-based organizations to address these disparities, and evaluate the effectiveness of interventions.

(2) It is therefore the intent of the Legislature to provide funds within Florida counties and Front Porch Florida Communities, in the form of Reducing Racial and Ethnic Health Disparities: Closing the Gap grants, to stimulate the development of community-based and neighborhood-based projects which will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the Legislature that these programs foster the development of coordinated, collaborative, and broad-based participation by public and private entities, and faith-based organizations. Finally, it is the intent of the Legislature that the grant program function as a partnership between state and local governments, faith-based organizations, and private sector health care providers, including managed care, voluntary health care resources, social service providers, and nontraditional partners.

Section 61. Subsection (3) of section 381.7353, Florida Statutes, is amended to read:

381.7353 Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program; administration; department duties.—

(3) Pursuant to s. 20.43(6), the State Surgeon General may

Page 118 of 167

3305	appoint an ad hoc advisory committee to: examine areas where
3306	public awareness, public education, research, and coordination
3307	regarding racial and ethnic health outcome disparities are
3308	lacking; consider access and transportation issues which
3309	contribute to health status disparities; and make
3310	recommendations for closing gaps in health outcomes and
3311	increasing the public's awareness and understanding of health
3312	disparities that exist between racial and ethnic populations.
3313	Section 62. Subsections (5) and (6) of section 381.7356,
3314	Florida Statutes, are renumbered as subsections (4) and (5),
3315	respectively, and present subsection (4) of that section is
3316	amended to read:
3317	381.7356 Local matching funds; grant awards.—
3318	(4) Dissemination of grant awards shall begin no later
3319	than January 1, 2001.
3320	Section 63. Subsection (3) of section 381.765, Florida
3321	Statutes, is amended to read:
3322	381.765 Retention of title to and disposal of equipment.—
3323	(3) The department may adopt rules relating to records and
3324	recordkeeping for department-owned property referenced in
3325	subsections (1) and (2).
3326	Section 64. <u>Section 381.77</u> , Florida Statutes, is repealed.
3327	Section 65. <u>Section 381.795</u> , Florida Statutes, is
3328	repealed.
3329	Section 66. Subsections (2) through (5) of section
3330	381.853, Florida Statutes, are renumbered as subsections (1)
3331	through (4), respectively, and present subsection (1) of that
3332	section is amended to read:

Page 119 of 167

CS/CS/HB 1263

3333	381.853 Florida Center for Brain Tumor Research.—
3334	(1) The Legislature finds that each year an estimated
3335	190,000 citizens of the United States are diagnosed with
3336	cancerous and noncancerous brain tumors and that biomedical
3337	research is the key to finding cures for these tumors. The
3338	Legislature further finds that, although brain tumor research is
3339	being conducted throughout the state, there is a lack of
3340	coordinated efforts among researchers and health care providers.
3341	Therefore, the Legislature finds that there is a significant
3342	need for a coordinated effort to achieve the goal of curing
3343	brain tumors. The Legislature further finds that the biomedical
3344	technology sector meets the criteria of a high-impact sector,
3345	pursuant to s. 288.108(6), having a high importance to the
3346	state's economy with a significant potential for growth and
3347	contribution to our universities and quality of life.
3348	Section 67. <u>Section 381.855</u> , Florida Statutes, is
3349	repealed.
3350	Section 68. <u>Section 381.87</u> , Florida Statutes, is repealed.
3351	Section 69. Section 381.895, Florida Statutes, is
3352	repealed.
3353	Section 70. <u>Section 381.90, Florida Statutes, is repealed.</u>
3354	Section 71. Subsection (1) of section 381.91, Florida
3355	Statutes, is amended to read:
3356	381.91 Jessie Trice Cancer Prevention Program
3357	(1) It is the intent of the Legislature to:
3358	(a) Reduce the rates of illness and death from lung cancer
3359	and other cancers and improve the quality of life among low-
3360	income African-American and Hispanic populations through

Page 120 of 167

CS/CS/HB 1263 2012

increased access to early, effective screening and diagnosis, education, and treatment programs.

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- (b) create a community faith-based disease-prevention program in conjunction with the Health Choice Network and other community health centers to build upon the natural referral and education networks in place within minority communities and to increase access to health service delivery in Florida and-
- (c) establish a funding source to build upon local private 3369 participation to sustain the operation of the program.
 - Section 72. Subsection (5) of section 381.922, Florida Statutes, is amended to read:
 - William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program. -
 - (5) The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program is funded pursuant to s. 215.5602(12). Funds appropriated for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer and cancer-related illnesses, with emphasis given to the goals enumerated in this section. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses. From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.
 - Section 73. Section 385.210, Florida Statutes, is repealed.

Page 121 of 167

3388 Section 74. Section 391.016, Florida Statutes, is amended 3389 to read:

- 391.016 <u>Purposes and functions</u> <u>Legislative intent</u>.—The <u>Legislature intends that the Children's Medical Services program is established for the following purposes and authorized to perform the following functions:</u>
- (1) Provide to children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric specialty care. The program shall coordinate and maintain a consistent may provide for the coordination and maintenance of consistency of the medical home for participating children in families with a Children's Medical Services program participant, in order to achieve family-centered care.
- (2) Provide essential preventive, evaluative, and early intervention services for children at risk for or having special health care needs, in order to prevent or reduce long-term disabilities.
- (3) Establish and maintain a provider service network

 Serve as a principal provider for children with special health

 care needs under Titles XIX and XXI of the Social Security Act

 and other eligible children.
- (4) Be complementary to children's health training programs essential for the maintenance of a skilled pediatric health care workforce for all Floridians.
- 3414 Section 75. Section 391.021, Florida Statutes, is amended 3415 to read:

Page 122 of 167

391.021 Definitions.—When used in this act, the term unless the context clearly indicates otherwise:

- (1) "Children's Medical Services network" or "network" means a statewide provider service network managed care service system that includes health care providers, as defined in this section.
- (2) "Children with special health care needs" means those children younger than 21 years of age who have chronic and serious physical, developmental, behavioral, or emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children.
 - (3) "Department" means the Department of Health.
- (4) "Eligible individual" means a child with a special health care need or a female with a high-risk pregnancy, who meets the financial and medical eligibility standards established in s. 391.029.
- (5) "Health care provider" means a health care professional, health care facility, or entity licensed or certified to provide health services in this state that meets the criteria as established by the department.
- (6) "Health services" includes the prevention, diagnosis, and treatment of human disease, pain, injury, deformity, or disabling conditions.
- (7) "Participant" means an eligible individual who is enrolled in the Children's Medical Services program.
- (8) "Program" means the Children's Medical Services program established in the department.

Page 123 of 167

3444	Section 76. Section 391.025, Florida Statutes, is amended
3445	to read:
3446	391.025 Applicability and scope.—
3447	(1) The Children's Medical Services program consists of
3448	the following components:
3449	(a) The newborn screening program established in s.
3450	383.14.
3451	(b) The regional perinatal intensive care centers program
3452	established in ss. 383.15-383.21.
3453	(c) A federal or state program authorized by the
3454	Legislature.
3455	(c)(d) The developmental evaluation and intervention
3456	program, including the Florida Infants and Toddlers Early
3457	Intervention Program.
3458	(d) (e) The Children's Medical Services network.
3459	(2) The Children's Medical Services program shall not be
3460	deemed an insurer and is not subject to the licensing
3461	requirements of the Florida Insurance Code or the rules adopted
3462	thereunder, when providing services to children who receive
3463	Medicaid benefits, other Medicaid-eligible children with special
3464	health care needs, and children participating in the Florida
3465	Kidcare program.
3466	Section 77. Section 391.026, Florida Statutes, is amended
3467	to read:
3468	391.026 Powers and duties of the department.—The
3469	department shall have the following powers, duties, and
3470	responsibilities:

Page 124 of 167

To provide or contract for the provision of health

CODING: Words stricken are deletions; words underlined are additions.

3471

(1)

services to eligible individuals.

- (2) To determine the medical and financial eligibility standards for the program and to determine the medical and financial eligibility of individuals seeking health services from the program.
- (3) To recommend priorities for the implementation of comprehensive plans and budgets.
- $\underline{(3)}$ (4) To coordinate a comprehensive delivery system for eligible individuals to take maximum advantage of all available funds.
- (4)(5) To promote, establish, and coordinate with programs relating to children's medical services in cooperation with other public and private agencies and to coordinate funding of health care programs with federal, state, or local indigent health care funding mechanisms.
- (5)(6) To initiate and, coordinate, and request review of applications to federal agencies and private organizations and state agencies for funds, services, or commodities relating to children's medical programs.
- (6) (7) To sponsor or promote grants for projects, programs, education, or research in the field of medical needs of children with special health needs, with an emphasis on early diagnosis and treatment.
- (7) (8) To oversee and operate, or oversee operation by a contracted network manager, the Children's Medical Services network.
- (8) (9) To establish <u>financial management procedures</u>, or oversee the financial management procedures of a contracted

Page 125 of 167

network manager, reimbursement mechanisms for the Children's
Medical Services network.

- (9) (10) To establish Children's Medical Services network standards and credentialing requirements for health care providers and health care services.
- $\underline{(10)}$ (11) To serve as a provider and principal case manager for children with special health care needs under Titles XIX and XXI of the Social Security Act.
- $\underline{(11)}$ (12) To monitor the provision of health services in the program, including the utilization and quality of health services.
- $\underline{(12)}$ (13) To administer the Children with Special Health Care Needs program in accordance with Title V of the Social Security Act.
- $\underline{(13)}$ (14) To establish and operate a grievance resolution process for participants and health care providers.
- $\underline{\text{(14)}}$ (15) To maintain program integrity in the Children's Medical Services program.
- (15)(16) To receive and manage health care premiums, capitation payments, and funds from federal, state, local, and private entities for the program. The department may contract with a third-party administrator for processing claims, monitoring medical expenses, and other related services necessary to the efficient and cost-effective operation of the Children's Medical Services network. The department is authorized to maintain a minimum reserve for the Children's Medical Services network in an amount that is the greater of:
 - (a) Ten percent of total projected expenditures for Title

Page 126 of 167

XIX-funded and Title XXI-funded children; or

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- (b) Two percent of total annualized payments from the Agency for Health Care Administration for Title XIX and Title XXI of the Social Security Act.
- (16) (17) To provide or contract for appoint health care consultants for the purpose of providing peer review and other quality-improvement activities making recommendations to enhance the delivery and quality of services in the Children's Medical Services program.
- (17) (18) To adopt rules pursuant to ss. 120.536(1) and 120.54 to administer the Children's Medical Services Act. The rules may include requirements for definitions of terms, program organization, and program description; a process for selecting an area medical director; responsibilities of applicants and clients; requirements for service applications, including required medical and financial information; eligibility requirements for initial treatment and for continued eligibility, including financial and custody issues; methodologies for resource development and allocation, including medical and financial considerations; requirements for reimbursement services rendered to a client; billing and payment requirements for providers; requirements for qualification, appointments, verification, and emergency exceptions for healthprofessional consultants; general and diagnostic-specific standards for diagnostic and treatment facilities; and standards for the method of service delivery, including consultant services, respect-for-privacy considerations, examination requirements, family support plans, and clinic design.

Section 78. Section 391.028, Florida Statutes, is amended to read:

- 391.028 Administration.—The Children's Medical Services program shall have a central office and area offices.
- (1) The Director of Children's Medical Services must be a physician licensed under chapter 458 or chapter 459 who has specialized training and experience in the provision of health care to children and who has recognized skills in leadership and the promotion of children's health programs. The director shall be the deputy secretary and the Deputy State Health Officer for Children's Medical Services and is appointed by and reports to the State Surgeon General. The director may appoint such other staff as necessary for the operation of the program division directors subject to the approval of the State Surgeon General.
- operational system using such department staff and contract providers as necessary. The program shall implement the following program activities under physician supervision on a statewide basis designate Children's Medical Services area offices to perform operational activities, including, but not limited to:
- (a) $\frac{\text{Providing}}{\text{Providing}}$ Case management services for $\frac{\text{the}}{\text{network}}$ participants;
- (b) Management and Providing local oversight of local the program activities; \cdot
- (c) Determining an individual's Medical and financial eligibility determination for the program in accordance with s. 391.029;

Page 128 of 167

(d) Participating in the Determination of a level of care and medical complexity for long-term care services: \cdot

(e) Authorizing services in the program and developing spending plans:

- (f) Participating in the Development of treatment plans: and.
- (g) Taking part in the Resolution of complaints and grievances from participants and health care providers.
- (3) <u>Before contracting for statewide operation of program activities</u>, the director must document, with the concurrence of the State Surgeon General and the Governor, that the following criteria have been met:
- (a) Qualified contractors are available and interested in operating the program;
- (b) Contracting for operation of the program will result in a measureable increase in the following areas:
- 1. The number of children with special health needs served by the program;
- 2. The number and type of services provided to children with special health needs; and
- 3. The number of participating providers, especially pediatricians with expertise in serving children with special health needs.
- (c) Quality of care for children with special health needs will be maintained or enhanced.
- (4) Any contract for statewide operation of the Children's Medical Services program shall be competitively procured.
 - (5) Qualified contractors are provider service networks

Page 129 of 167

pursuant to s. 409.962(12) that meet the following criteria: 3612 3613 (a) Signed, written agreements with all Florida medical 3614 schools, statutory teaching hospitals pursuant to s. 408.07(45), 3615 specialty children's hospitals pursuant to s. 395.002(28), and 3616 regional perinatal intensive care centers pursuant to s. 3617 383.16(2); (b) An adequate number of primary and specialty 3618 3619 pediatricians participate in the network; 3620 (c) An adequate number of other health professionals to meet the medical and psychosocial needs of the participating 3621 3622 children and families; 3623 (d) Experience in serving similar populations; 3624 Experience in operating a capitated provider service 3625 network; and 3626 Experience in quality improvement, especially in areas 3627 related to serving children with special health needs. Each 3628 Children's Medical Services area office shall be directed by a 3629 physician licensed under chapter 458 or chapter 459 who has 3630 specialized training and experience in the provision of health 3631 care to children. The director of a Children's Medical Services 3632 area office shall be appointed by the director from the active 3633 panel of Children's Medical Services physician consultants. 3634 Section 79. Section 391.029, Florida Statutes, is amended 3635 to read: 3636 391.029 Program eligibility.-3637 Eligibility The department shall establish the medical criteria to determine if an applicant for the Children's Medical 3638 3639 Services program is based on the diagnosis of one or more

Page 130 of 167

chronic and serious medical conditions and the family's need for specialized services that are not available or accessible by the family from any other source an eligible individual.

- (2) The following individuals are financially eligible to receive services through the program:
- (a) A high-risk pregnant female who is <u>enrolled in</u> eligible for Medicaid.

(b)

- (b) Children with $\underline{\text{serious}}$ special health care needs from birth to 21 years of age who are $\underline{\text{enrolled in}}$ eligible for Medicaid.
- (c) Children with <u>serious</u> special health care needs from birth to 19 years of age who are <u>enrolled in eligible for</u> a program under Title XXI of the Social Security Act.
- (3) Subject to the availability of funds, the following individuals may receive services through the program:
- (a) Children with <u>serious</u> special health care needs from birth to 21 years of age <u>who do not qualify for Medicaid or whose family income is above the requirements for financial eligibility under Title XXI of the Social Security Act <u>but who are unable to access</u>, due to lack of providers or lack of <u>financial resources</u>, specialized services that are medically <u>necessary or essential family support services</u> and whose <u>projected annual cost of care adjusts the family income to Medicaid financial criteria</u>. <u>Families In cases where the family income is adjusted based on a projected annual cost of care, the family shall participate financially in the cost of care based on <u>a sliding fee scale criteria</u> established by the department.</u></u>
 - Page 131 of 167

Children with special health care needs from birth to

CS/CS/HB 1263 2012

21 years of age, as provided in Title V of the Social Security 3669

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- An infant who receives an award of compensation under s. 766.31(1). The Florida Birth-Related Neurological Injury Compensation Association shall reimburse the Children's Medical Services Network the state's share of funding, which must thereafter be used to obtain matching federal funds under Title XXI of the Social Security Act.
- (4) The department shall determine the financial and medical eligibility of children for the program. The department shall also determine the financial ability of the parents, or persons or other agencies having legal custody over such individuals, to pay the costs of health services under the program. The department may pay reasonable travel expenses related to the determination of eligibility for or the provision of health services.
- $(4) \frac{(5)}{(5)}$ Any child who has been provided with surgical or medical care or treatment under this act prior to being adopted and has serious and chronic special health needs shall continue to be eligible to be provided with such care or treatment after his or her adoption, regardless of the financial ability of the persons adopting the child.
- Section 80. Section 391.0315, Florida Statutes, is amended to read:
- 391.0315 Benefits.-Benefits provided under the program for children with special health care needs shall be equivalent to the same benefits provided to children as specified in ss. 409.905 and 409.906. The department may offer additional

Page 132 of 167

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benefits for early intervention services, respite services, genetic testing, genetic and nutritional counseling, and parent support services, if such services are determined to be medically necessary. No child or person determined eligible for the program who is eligible under Title XIX or Title XXI of the Social Security Act shall receive any service other than an initial health care screening or treatment of an emergency medical condition as defined in s. 395.002, until such child or person is enrolled in Medicaid or a Title XXI program.

Section 81. Effective January 1, 2013, section 392.51, Florida Statutes, is amended to read:

Tuberculosis control Findings and intent.-A statewide system is established to control tuberculosis infection and mitigate its effects. The system consists The Legislature finds and declares that active tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to the public health. The Legislature finds that there is a significant reservoir of tuberculosis infection in this state and that there is a need to develop community programs to identify tuberculosis and to respond quickly with appropriate measures. The Legislature finds that some patients who have active tuberculosis have complex medical, social, and economic problems that make outpatient control of the disease difficult, if not impossible, without posing a threat to the public health. The Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a system of mandatory contact identification, treatment to cure,

hospitalization, and isolation for contagious cases, and to provide a system of voluntary, community-oriented care and surveillance in all other cases. The Legislature finds that the delivery of Tuberculosis control services shall be provided is best accomplished by the coordinated efforts of the respective county health departments and contracted or other private health care providers, the A.G. Holley State Hospital, and the private health care delivery system.

Section 82. Effective January 1, 2013, subsection (4) of section 392.61, Florida Statutes, is amended to read:

392.61 Community tuberculosis control programs.-

(4) The department shall develop, by rule, a methodology for distributing funds appropriated for tuberculosis control programs. Criteria to be considered in this methodology include, but are not limited to, the basic infrastructure available for tuberculosis control, caseload requirements, laboratory support services needed, and epidemiologic factors.

Section 83. Effective January 1, 2013, section 392.62, Florida Statutes, is amended to read:

392.62 Hospitalization and placement programs.-

(1) The department shall contract for operation of operate a program for the treatment hospitalization of persons who have active tuberculosis in hospitals licensed under chapter 395 and may provide for appropriate placement of persons who have active tuberculosis in other health care facilities or residential facilities. The department shall require the contractor to use existing licensed community hospitals and other facilities for the care and treatment to cure of persons who have active

Page 134 of 167

tuberculosis or a history of noncompliance with prescribed drug regimens and require inpatient or other residential services.

- (2) The department may operate a licensed hospital for the care and treatment to cure of persons who have active tuberculosis. The hospital may have a forensic unit where, under medical protocol, a patient can be held in a secure or protective setting. The department shall also seek to maximize use of existing licensed community hospitals for the care and treatment to cure of persons who have active tuberculosis.
- <u>(2) (3)</u> The program for control of tuberculosis shall provide funding for participating facilities and require any such facilities to meet the following conditions Any licensed hospital operated by the department, any licensed hospital under contract with the department, and any other health care facility or residential facility operated by or under contract with the department for the care and treatment of patients who have active tuberculosis shall:
- (a) Admit patients voluntarily and under court order as appropriate for each particular facility;
- (b) Require that each patient pay the actual cost of care provided whether the patient is admitted voluntarily or by court order;
- (c) Provide for a method of paying for the care of patients in the program regardless of ability to pay who cannot afford to do so;
- (d) Require a primary clinical diagnosis of active tuberculosis by a physician licensed under chapter 458 or chapter 459 before admitting the patient; provided that there

Page 135 of 167

may be more than one primary diagnosis;

(e) Provide a method of notification to the county health department and to the patient's family, if any, before discharging the patient from the hospital or other facility;

- (f) Provide for the necessary exchange of medical information to assure adequate community treatment to cure and followup of discharged patients, as appropriate; and
- (g) Provide for a method of medical care and counseling and for housing, social service, and employment referrals, if appropriate, for all patients discharged from the hospital.
- (3)(4) A hospital may, pursuant to court order, place a patient in temporary isolation for a period of no more than 72 continuous hours. The department shall obtain a court order in the same manner as prescribed in s. 392.57. Nothing in this subsection precludes a hospital from isolating an infectious patient for medical reasons.
- (4)(5) Any person committed under s. 392.57 who leaves the tuberculosis hospital or residential facility without having been discharged by the designated medical authority, except as provided in s. 392.63, shall be apprehended by the sheriff of the county in which the person is found and immediately delivered to the facility from which he or she left.
- Section 84. The Department of Health shall develop and implement a transition plan for the closure of A.G. Holley State Hospital. The plan shall include specific steps to end voluntary admissions; transfer patients to alternate facilities; communicate with families, providers, other affected parties, and the general public; enter into any necessary contracts with

Page 136 of 167

providers; and coordinate with the Department of Management Services regarding the disposition of equipment and supplies and the closure of the facility. The plan shall be submitted to the Governor, the Speaker of the House of Representatives, and the President of the Senate by May 31, 2012. The department shall fully implement the plan by January 1, 2013.

Section 85. Subsection (4) of section 401.243, Florida Statutes, is amended to read:

401.243 Injury prevention.—The department shall establish an injury-prevention program with responsibility for the statewide coordination and expansion of injury-prevention activities. The duties of the department under the program may include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. In addition, the department may:

(4) Adopt rules governing the implementation of grant programs. The rules may include, but need not be limited to, criteria regarding the application process, the selection of grantees, the implementation of injury-prevention activities, data collection, surveillance, education, and the promotion of interventions.

Section 86. Subsection (6) of section 401.245, Florida Statutes, is renumbered as subsection (5), and present subsection (5) of that section is amended to read:

401.245 Emergency Medical Services Advisory Council.-

(5) The department shall adopt rules to implement this section, which rules shall serve as formal operating procedures for the Emergency Medical Services Advisory Council.

Page 137 of 167

Section 87. Section 401.271, Florida Statutes, is amended to read:

- 401.271 Certification of emergency medical technicians and paramedics who are on active duty with the Armed Forces of the United States; spouses of members of the Armed Forces.—
- (1) Any member of the Armed Forces of the United States on active duty who, at the time he or she became a member, was in good standing with the department and was entitled to practice as an emergency medical technician or paramedic in the state remains in good standing without registering, paying dues or fees, or performing any other act, as long as he or she is a member of the Armed Forces of the United States on active duty and for a period of 6 months after his or her discharge from active duty as a member of the Armed Forces of the United States.
- (2) The department may adopt rules exempting the spouse of a member of the Armed Forces of the United States on active duty from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces.
- Section 88. Subsection (9) of section 402.45, Florida Statutes, is amended to read:
 - 402.45 Community resource mother or father program.—
- 3859 (9) The department may adopt rules necessary to implement 3860 this section.
- Section 89. Subsections (3) and (4) of section 403.863, 3862 Florida Statutes, are amended to read:
 - 403.863 State public water supply laboratory certification

Page 138 of 167

3864 program.-

- (3) The Department of Health shall have the responsibility for the operation and implementation of the state laboratory certification program. The Department of Health shall contract with the American Environmental Laboratory Association to perform the evaluation and review of laboratory certification applications, and laboratory inspections., except that, Upon completion of the evaluation and review of the laboratory certification application, the evaluation shall be forwarded, along with recommendations, to the department for review and comment, prior to final approval or disapproval by the Department of Health.
- (4) The following acts constitute grounds for which the disciplinary actions specified in subsection (5) may be taken:
- (a) Making false statements on an application or on any document associated with certification.
- (b) Making consistent errors in analyses or erroneous reporting.
- (c) Permitting personnel who are not qualified, as required by rules of the Department of Health, to perform analyses.
 - (d) Falsifying the results of analyses.
- (e) Failing to employ approved laboratory methods in performing analyses as outlined in rules of the Department of Health.
- (f) Failing to properly maintain facilities and equipment according to the laboratory's quality assurance plan.
 - (g) Failing to report analytical test results or maintain

Page 139 of 167

required records of test results as outlined in rules of the Department of Health.

- (h) Failing to participate successfully in a performance evaluation program approved by the Department of Health.
- (i) Violating any provision of this section or of the rules adopted under this section.
 - (j) Falsely advertising services or credentials.
- (k) Failing to pay fees for initial certification or renewal certification or to pay inspection expenses incurred by the American Environmental Laboratory Association Department of Health.
- (1) Failing to report any change of an item included in the initial or renewal certification application.
- (m) Refusing to allow representatives of the department or the Department of Health, or the American Environmental Laboratory Association to inspect a laboratory and its records during normal business hours.
- Section 90. Subsection (1) of section 400.914, Florida Statutes, is amended to read:
 - 400.914 Rules establishing standards.-
- (1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, the agency in conjunction with the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall adopt and publish rules to implement the provisions of this part and part II of chapter 408, which shall include reasonable and fair standards. Any conflict between these standards and those that may be set forth in local, county, or

Page 140 of 167

city ordinances shall be resolved in favor of those having statewide effect. Such standards shall relate to:

- (a) The assurance that PPEC services are family centered and provide individualized medical, developmental, and family training services.
- (b) The maintenance of PPEC centers, not in conflict with the provisions of chapter 553 and based upon the size of the structure and number of children, relating to plumbing, heating, lighting, ventilation, and other building conditions, including adequate space, which will ensure the health, safety, comfort, and protection from fire of the children served.
- (c) The appropriate provisions of the most recent edition of the "Life Safety Code" (NFPA-101) shall be applied.
- (d) The number and qualifications of all personnel who have responsibility for the care of the children served.
- (e) All sanitary conditions within the PPEC center and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of children served.
- (f) Programs and basic services promoting and maintaining the health and development of the children served and meeting the training needs of the children's legal guardians.
- (g) Supportive, contracted, other operational, and transportation services.
- (h) Maintenance of appropriate medical records, data, and information relative to the children and programs. Such records shall be maintained in the facility for inspection by the agency.

Page 141 of 167

3948	Section 91. Paragraph (d) of subsection (11) of section
3949	409.256, Florida Statutes, is amended to read:
3950	409.256 Administrative proceeding to establish paternity
3951	or paternity and child support; order to appear for genetic
3952	testing
3953	(11) FINAL ORDER ESTABLISHING PATERNITY OR PATERNITY AND
3954	CHILD SUPPORT; CONSENT ORDER; NOTICE TO OFFICE OF VITAL
3955	STATISTICS.—
3956	(d) Upon rendering a final order of paternity or a final
3957	order of paternity and child support, the department shall
3958	notify the $\underline{ ext{Office}}$ $\underline{ ext{Division}}$ of Vital Statistics of the Department
3959	of Health that the paternity of the child has been established.
3960	Section 92. <u>Section 458.346, Florida Statutes, is</u>
3961	repealed.
3962	Section 93. Subsection (3) of section 462.19, Florida
3963	Statutes, is renumbered as subsection (2), and present
3964	subsection (2) of that section is amended to read:
3965	462.19 Renewal of license; inactive status
3966	(2) The department shall adopt rules establishing a
3967	procedure for the biennial renewal of licenses.
3968	Section 94. Section 464.0197, Florida Statutes, is
3969	repealed.
3970	Section 95. Subsection (4) of section 464.208, Florida
3971	Statutes, is amended to read:
3972	464.208 Background screening information; rulemaking
3973	authority.—
3974	(4) The board shall adopt rules to administer this part.

Page 142 of 167

Section 96. <u>Section 466.00775</u>, Florida Statutes, is repealed.

Section 97. Subsection (4) of section 514.011, Florida Statutes, is amended to read:

514.011 Definitions.—As used in this chapter:

or modified by humans, for swimming, diving, and recreational bathing, together with adjacent shoreline or land area, buildings, equipment, and appurtenances pertaining thereto, used by consent of the owner or owners and held out to the public by any person or public body, irrespective of whether a fee is charged for the use thereof. The bathing water areas of public bathing places include, but are not limited to, lakes, ponds, rivers, streams, artificial impoundments, and waters along the coastal and intracoastal beaches and shores of the state.

Section 98. Section 514.021, Florida Statutes, is amended to read:

514.021 Department authorization.

(1) The department may adopt and enforce rules, which may include definitions of terms, to protect the health, safety, or welfare of persons by setting water quality and safety standards for using public swimming pools and public bathing places. The department shall review and revise such rules as necessary, but not less than biennially. Sanitation and safety standards shall include, but not be limited to, matters relating to structure; appurtenances; operation; source of water supply; bacteriological, chemical, and physical quality of water in the pool or bathing area; method of water purification, treatment,

Page 143 of 167

and disinfection; lifesaving apparatus; <u>and</u> measures to ensure safety of bathers; and measures to ensure the personal cleanliness of bathers.

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The department may not establish by rule any regulation governing the design, alteration, modification, or repair of public swimming pools and bathing places which has no impact on water quality and safety the health, safety, and welfare of persons using public swimming pools and bathing places. Further, the department may not adopt by rule any regulation governing the construction, erection, or demolition of public swimming pools and bathing places. It is the intent of the Legislature to preempt those functions to the Florida Building Commission through adoption and maintenance of the Florida Building Code. The department shall provide technical assistance to the commission in updating the construction standards of the Florida Building Code which govern public swimming pools and bathing places. Further, the department is authorized to conduct plan reviews, to issue approvals, and to enforce the special occupancy provisions of the Florida Building Code which apply to public swimming pools and bathing places in conducting any inspections authorized by this chapter. This subsection does not abrogate the authority of the department to adopt and enforce appropriate sanitary regulations and requirements as authorized in subsection (1).

Section 99. Section 514.023, Florida Statutes, is amended to read:

514.023 Sampling of beach waters <u>and public bathing</u> places; health advisories.—

Page 144 of 167

(1) As used in this section, the term "beach waters" means the waters along the coastal and intracoastal beaches and shores of the state, and includes salt water and brackish water.

- (2) The department may adopt and enforce rules to protect the health, safety, and welfare of persons using the beach waters <u>and public bathing places</u> of the state. The rules must establish health standards and prescribe procedures and timeframes for bacteriological sampling of beach waters <u>and</u> public bathing places.
- (3) The department may issue health advisories if the quality of beach waters or a public bathing place fails to meet standards established by the department. The issuance of health advisories related to the results of bacteriological sampling of beach waters is preempted to the state.
- (4) When the department issues a health advisory against swimming in beach waters or a public bathing place on the basis of finding elevated levels of fecal coliform or enterococci bacteria in a water sample, the department shall concurrently notify the municipality or county in which the affected beach waters are located, whichever has jurisdiction, and the local office of the Department of Environmental Protection, of the advisory. The local office of the Department of Environmental Protection shall promptly investigate wastewater treatment facilities within 1 mile of the affected beach waters or public bathing place to determine if a facility experienced an incident that may have contributed to the contamination and provide the results of the investigation in writing or by electronic means to the municipality or county, as applicable.

Page 145 of 167

(5) Contingent upon legislative appropriation to the department in the amount of \$600,000 nonrecurring, the department will perform a 3-year study to determine the water quality at beaches throughout the state. The study will be performed in all counties that have public-access saltwater and brackish water beaches.

Section 100. Section 514.025, Florida Statutes, is amended to read:

514.025 Assignment of authority to county health departments.—

- departments that are staffed with qualified engineering personnel shall perform the functions of reviewing applications and plans for the construction, development, or modification of public swimming pools or bathing places; of conducting inspections for and issuance of initial operating permits; and of issuing all permits. If the county health department determines that qualified staff are not available is not assigned the functions of application and plan review and the issuance of initial operating permits, the department shall be responsible for such functions. The department shall make the determination concerning the qualifications of county health department personnel to perform these functions and may make and enforce such rules pertaining thereto as it shall deem proper.
- (2) After the initial operating permit is issued, the County health departments are responsible shall assume full responsibility for routine surveillance of water quality in all public swimming pools and bathing places, including

Page 146 of 167

responsibility for a minimum of two routine inspections annually, complaint investigations, enforcement procedures, and reissuance of operating permits, and renewal of operating permits.

(3) The department may assign the responsibilities and functions specified in this section to any multicounty independent special district created by the Legislature to perform multiple functions, to include municipal services and improvements, to the same extent and under the same conditions as provided in subsections (1) and (2), upon request of the special district.

Section 101. Section 514.03, Florida Statutes, is amended to read:

514.03 Construction plans Approval necessary to construct, develop, or modify public swimming pools or <u>public</u> bathing places.—It is unlawful for any person or public body to construct, develop, or modify any public swimming pool or bathing place, other than coastal or intracoastal beaches, without a valid construction plans approval from the department. This section does not preempt the authority of Local governments or local enforcement districts <u>may determine</u> to conduct plan reviews and inspections of public swimming pools and bathing places for compliance with the general construction standards of the Florida Building Code, pursuant to s. 553.80. <u>Local</u> governments or local enforcement districts may conduct plan reviews and inspections of public swimming pools and public bathing places for this purpose.

Page 147 of 167

(1) Any person or public body desiring to construct,

develop, or modify any public swimming pool or bathing place shall file an application for a construction plans approval with the department on application forms provided by the department and shall accompany such application with:

- (a) Engineering drawings, specifications, descriptions, and detailed maps of the structure, its appurtenances, and its intended operation.
- (b) A description of the source or sources of water supply and amount and quality of water available and intended to be used.
- (c) A description of the method and manner of water purification, treatment, disinfection, and heating.
- (d) Other applicable information deemed necessary by the department to fulfill the requirements of this chapter.
- (2) If the proposed construction of, development of, or modification of a public swimming pool or bathing place meets standards of public health and safety as defined in this chapter and rules adopted hereunder, the department shall grant the application for the construction plans approval within 30 days after receipt of a complete submittal. If engineering plans submitted are in substantial compliance with the standards aforementioned, the department may approve the plans with provisions for corrective action to be completed prior to issuance of the operating permit.
- (3) If the proposed construction, development, or modification of a public swimming pool or bathing place fails to meet standards of public health and safety as defined in this chapter and rules adopted hereunder, the department shall deny

Page 148 of 167

the application for construction plans approval pursuant to the provisions of chapter 120. Such denial shall be issued in writing within 30 days and shall list the circumstances for denial. Upon correction of such circumstances, an applicant previously denied permission to construct, develop, or modify a public swimming pool or bathing place may reapply for construction plans approval.

(4) An approval of construction plans issued by the department under this section becomes void 1 year after the date the approval was issued if the construction is not commenced within 1 year after the date of issuance.

Section 102. Section 514.031, Florida Statutes, is amended to read:

514.031 Permit necessary to operate public swimming pool or bathing place.

- (1) It is unlawful for any person or public body to operate or continue to operate any public swimming pool or bathing place without a valid permit from the county health department, such permit to be obtained in the following manner:
- (a) Any person or public body desiring to operate any public swimming pool or bathing place shall file an application for a permit with the county health department, on application forms provided by the county health department, and shall accompany such application with:
- 1. Descriptions of the structure, its appurtenances, and its operation.
- 1.2. Description of the source or sources of water supply, and the amount and quality of water available and intended to be

Page 149 of 167

4171 used.

- 2.3. Method and manner of water purification, treatment, disinfection, and heating.
 - 3.4. Safety equipment and standards to be used.
 - 5. Measures to ensure personal cleanliness of bathers.
- $\underline{4.6.}$ Any other pertinent information deemed necessary by the $\underline{\text{county health}}$ department to fulfill the requirements of this chapter.
- (b) If the <u>county health</u> department determines that the public swimming pool or bathing place is or may reasonably be expected to be operated in compliance with this chapter and the rules adopted hereunder, the department shall grant the application for permit.
- (c) If the <u>county health</u> department determines that the public swimming pool or bathing place does not meet the provisions outlined in this chapter or the rules adopted hereunder, the <u>county health</u> department shall deny the application for a permit pursuant to the provisions of chapter 120. Such denial shall be in writing and shall list the circumstances for the denial. Upon correction of such circumstances, an applicant previously denied permission to operate a public swimming pool or bathing place may reapply for a permit.
- (2) Operating permits shall not be required for coastal or intracoastal beaches.
- (3) Operating permits <u>may be transferred</u> shall not be transferred from one name or owner to another. When the ownership or name of an existing public swimming pool or bathing

Page 150 of 167

place is changed and such establishment is operating at the time of the change with a valid permit from the department, the new owner <u>must notify the county health</u> of the establishment shall apply to the department, upon forms provided by the <u>county health</u> department, within 30 days after such a change, for a reissuance of the existing permit.

- (4) Each such operating permit shall be renewed annually and the permit must be posted in a conspicuous place.
- (5) An owner or operator of a public swimming pool, including, but not limited to, a spa, wading, or special purpose pool, to which admittance is obtained by membership for a fee shall post in a prominent location within the facility the most recent pool inspection report issued by the department pertaining to the health and safety conditions of such facility. The report shall be legible and readily accessible to members or potential members. The department shall adopt rules to enforce this subsection. A portable pool may not be used as a public pool.

Section 103. Section 514.033, Florida Statutes, is amended to read:

514.033 Creation of fee schedules authorized.-

(1) The department is authorized to establish a schedule of fees to be charged by the department or by any authorized county health department as detailed in s. 514.025 for the review of applications and plans to construct, develop, or modify a public swimming pool or bathing place, for the issuance of permits to operate such establishments, and for the review of variance applications for public swimming pools and bathing

Page 151 of 167

places. Fees assessed under this chapter shall be in an amount sufficient to meet the cost of carrying out the provisions of this chapter.

- (2) The fee schedule shall be: for original construction or development plan approval, not less than \$275 and not more than \$500; for modification of original construction, not less than \$100 and not more than \$150; for an initial operating permit, not less than \$125 and not more than \$250; and for review of variance applications, not less than \$240 and not more than \$400. The department shall assess the minimum fees provided in this subsection until a fee schedule is promulgated by rule of the department.
- (3) Fees shall be Any person or public body operating a public swimming pool or bathing place shall pay to the department an annual operating permit fee based on pool or bathing place aggregate gallonage, which shall be: up to and including 25,000 gallons, not less than \$75 and not more than \$125; and in excess of 25,000 gallons, not less than \$160 and not more than \$265, except for a pool inspected pursuant to s. 514.0115(2)(b) for which the annual fee shall be \$50.
- (4) Fees collected by the department or a county health department in accordance with this chapter shall be deposited into the Public Swimming Pool and Bathing Place Trust Fund for the payment of costs incurred in the administration of this chapter. Fees collected by county health departments performing functions pursuant to s. 514.025 shall be deposited into the County Health Department Trust Fund. Any fee collected under this chapter is nonrefundable.

Page 152 of 167

(5) The department may not charge any fees for services provided under this chapter other than those fees authorized in this section. However, the department shall prorate the initial annual fee for an operating permit on a half-year basis.

Section 104. Subsections (4) and (5) of section 514.05, Florida Statutes, are amended to read:

514.05 Denial, suspension, or revocation of permit; administrative fines.—

- (4) All amounts collected pursuant to this section shall be deposited into the Public Swimming Pool and Bathing Place Trust Fund or into the County Health Department Trust Fund, whichever is applicable.
- (5) Under conditions specified by rule, the <u>county health</u> department may close a public pool that is not in compliance with this chapter or the rules adopted under this chapter.

Section 105. Section 514.06, Florida Statutes, is amended to read:

514.06 Injunction to restrain violations.—Any public swimming pool or <u>public</u> bathing place <u>presenting a significant</u> risk to public health by failing to meet the water quality and safety standards established pursuant to constructed, developed, operated, or maintained contrary to the provisions of this chapter is declared to be a public nuisance, dangerous to health or safety. Such nuisances may be abated or enjoined in an action brought by the county health department or the department.

Section 106. Subsections (1) and (2) of section 633.115, Florida Statutes, are amended to read:

633.115 Fire and Emergency Incident Information Reporting

Page 153 of 167

4283 Program; duties; fire reports.—

- (1)(a) The Fire and Emergency Incident Information Reporting Program is created within the Division of State Fire Marshal. The program shall:
- 1. Establish and maintain an electronic communication system capable of transmitting fire and emergency incident information to and between fire protection agencies.
- 2. Initiate a Fire and Emergency Incident Information Reporting System that shall be responsible for:
- a. Receiving fire and emergency incident information from fire protection agencies.
- b. Preparing and disseminating annual reports to the Governor, the President of the Senate, the Speaker of the House of Representatives, fire protection agencies, and, upon request, the public. Each report shall include, but not be limited to, the information listed in the National Fire Incident Reporting System.
- c. Upon request, providing other states and federal agencies with fire and emergency incident data of this state.
- 3. Adopt rules to effectively and efficiently implement, administer, manage, maintain, and use the Fire and Emergency Incident Information Reporting Program. The rules shall be considered minimum requirements and shall not preclude a fire protection agency from implementing its own requirements which shall not conflict with the rules of the Division of State Fire Marshal.
- 4. By rule, establish procedures and a format for each fire protection agency to voluntarily monitor its records and

Page 154 of 167

4311 submit reports to the program.

5. Establish an electronic information database which is accessible and searchable by fire protection agencies.

- (b) The Division of State Fire Marshal shall consult with the Division of Forestry of the Department of Agriculture and Consumer Services and the Bureau of Emergency <u>Preparedness and Community Support Medical Services</u> of the Department of Health to coordinate data, ensure accuracy of the data, and limit duplication of efforts in data collection, analysis, and reporting.
- (2) The Fire and Emergency Incident Information System
 Technical Advisory Panel is created within the Division of State
 Fire Marshal. The panel shall advise, review, and recommend to
 the State Fire Marshal with respect to the requirements of this
 section. The membership of the panel shall consist of the
 following 15 members:
- (a) The current 13 members of the Firefighters Employment, Standards, and Training Council as established in s. 633.31.
- (b) One member from the Division of Forestry of the Department of Agriculture and Consumer Services, appointed by the division director.
- (c) One member from the Bureau of Emergency <u>Preparedness</u> and <u>Community Support</u> <u>Medical Services</u> of the Department of Health, appointed by the bureau chief.
- Section 107. Subsections (4), (5), (6), (8), (9), (10), (11), and (12) of section 1009.66, Florida Statutes, are amended to read:
 - 1009.66 Nursing Student Loan Forgiveness Program. -

Page 155 of 167

Health may make loan principal repayments of up to \$4,000 a year for up to 4 years on behalf of selected graduates of an accredited or approved nursing program. All repayments shall be contingent upon continued proof of employment in the designated facilities in this state and shall be made directly to the holder of the loan. The state shall bear no responsibility for the collection of any interest charges or other remaining balance. In the event that the designated facilities are changed, a nurse shall continue to be eligible for loan forgiveness as long as he or she continues to work in the facility for which the original loan repayment was made and otherwise meets all conditions of eligibility.

- Trust Fund to be administered by the Department of Education

 Health pursuant to this section and s. 1009.67 and department rules. The Chief Financial Officer shall authorize expenditures from the trust fund upon receipt of vouchers approved by the Department of Education Health. All moneys collected from the private health care industry and other private sources for the purposes of this section shall be deposited into the Nursing Student Loan Forgiveness Trust Fund. Any balance in the trust fund at the end of any fiscal year shall remain therein and shall be available for carrying out the purposes of this section and s. 1009.67.
- (6) In addition to licensing fees imposed under part I of chapter 464, there is hereby levied and imposed an additional fee of \$5, which fee shall be paid upon licensure or renewal of

Page 156 of 167

nursing licensure. Revenues collected from the fee imposed in this subsection shall be deposited in the Nursing Student Loan Forgiveness Trust Fund of the Department of Education Health and will be used solely for the purpose of carrying out the provisions of this section and s. 1009.67. Up to 50 percent of the revenues appropriated to implement this subsection may be used for the nursing scholarship program established pursuant to s. 1009.67.

- (8) The Department of Health may solicit technical assistance relating to the conduct of this program from the Department of Education.
- (8) (9) The Department of Education Health is authorized to recover from the Nursing Student Loan Forgiveness Trust Fund its costs for administering the Nursing Student Loan Forgiveness Program.
- $\underline{(9)}$ (10) The Department of $\underline{\text{Education}}$ Health may adopt rules necessary to administer this program.
- $\underline{\text{(10)}}$ (11) This section shall be implemented only as specifically funded.
- (11) (12) Students receiving a nursing scholarship pursuant to s. 1009.67 are not eligible to participate in the Nursing Student Loan Forgiveness Program.
- Section 108. Section 1009.67, Florida Statutes, is amended to read:
 - 1009.67 Nursing scholarship program.—
- 4392 (1) There is established within the Department of
 4393 Education Health a scholarship program for the purpose of
 4394 attracting capable and promising students to the nursing

Page 157 of 167

4395 profession.

(2) A scholarship applicant shall be enrolled in an approved nursing program leading to the award of an associate degree, a baccalaureate degree, or a graduate degree in nursing.

- (3) A scholarship may be awarded for no more than 2 years, in an amount not to exceed \$8,000 per year. However, registered nurses pursuing a graduate degree for a faculty position or to practice as an advanced registered nurse practitioner may receive up to \$12,000 per year. These amounts shall be adjusted by the amount of increase or decrease in the consumer price index for urban consumers published by the United States Department of Commerce.
- (4) Credit for repayment of a scholarship shall be as follows:
- (a) For each full year of scholarship assistance, the recipient agrees to work for 12 months in a faculty position in a college of nursing or Florida College System institution nursing program in this state or at a health care facility in a medically underserved area as <u>designated approved</u> by the Department of Health. Scholarship recipients who attend school on a part-time basis shall have their employment service obligation prorated in proportion to the amount of scholarship payments received.
- (b) Eligible health care facilities include nursing homes and hospitals in this state, state-operated medical or health care facilities, public schools, county health departments, federally sponsored community health centers, colleges of nursing in universities in this state, and Florida College

Page 158 of 167

System institution nursing programs in this state, family practice teaching hospitals as defined in s. 395.805, or specialty children's hospitals as described in s. 409.9119. The recipient shall be encouraged to complete the service obligation at a single employment site. If continuous employment at the same site is not feasible, the recipient may apply to the department for a transfer to another approved health care facility.

- (c) Any recipient who does not complete an appropriate program of studies, who does not become licensed, who does not accept employment as a nurse at an approved health care facility, or who does not complete 12 months of approved employment for each year of scholarship assistance received shall repay to the Department of Education Health, on a schedule to be determined by the department, the entire amount of the scholarship plus 18 percent interest accruing from the date of the scholarship payment. Moneys repaid shall be deposited into the Nursing Student Loan Forgiveness Trust Fund established in s. 1009.66. However, the department may provide additional time for repayment if the department finds that circumstances beyond the control of the recipient caused or contributed to the default.
- (5) Scholarship payments shall be transmitted to the recipient upon receipt of documentation that the recipient is enrolled in an approved nursing program. The Department of Education Health shall develop a formula to prorate payments to scholarship recipients so as not to exceed the maximum amount per academic year.

Page 159 of 167

(6) The Department of <u>Education</u> <u>Health</u> shall adopt rules, including rules to address extraordinary circumstances that may cause a recipient to default on either the school enrollment or employment contractual agreement, to implement this section.

- (7) The Department of <u>Education</u> <u>Health</u> may recover from the Nursing Student Loan Forgiveness Trust Fund its costs for administering the nursing scholarship program.
 - Section 109. Department of Health; type two transfer.-
- (1) All powers, duties, functions, records, offices, personnel, associated administrative support positions, property, pending issues, existing contracts, administrative authority, administrative rules, and unexpended balances of appropriations, allocations, and other funds relating to the Nursing Student Loan Forgiveness Program and the nursing scholarship program in the Department of Health are transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, to the Department of Education.
- (2) The Nursing Student Loan Forgiveness Trust Fund is transferred from the Department of Health to the Department of Education.
- (3) Any binding contract or interagency agreement related to the Nursing Student Loan Forgiveness Program existing before July 1, 2012, between the Department of Health, or an entity or agent of the agency, and any other agency, entity, or person shall continue as a binding contract or agreement for the remainder of the term of such contract or agreement on the successor department, agency, or entity responsible for the

Page 160 of 167

program, activity, or functions relative to the contract or agreement.

- (4) Notwithstanding s. 216.292 and pursuant to s. 216.351,

 Florida Statutes, upon approval by the Legislative Budget

 Commission, the Executive Office of the Governor may transfer

 funds and positions between agencies to implement this act.
- (5) The transfer of any program, activity, duty, or function under this act includes the transfer of any records and unexpended balances of appropriations, allocations, or other funds related to such program, activity, duty, or function.

 Unless otherwise provided, the successor organization to any program, activity, duty, or function transferred under this act shall become the custodian of any property of the organization that was responsible for the program, activity, duty, or function immediately before the transfer.

Section 110. The Division of Medical Quality Assurance shall develop a plan to improve the efficiency of its functions. Specifically, the plan shall delineate methods to: reduce the average length of time for a qualified applicant to receive initial and renewal licensure, certification, or registration, by one-third; improve the agenda process for board meetings to increase transparency, timeliness, and usefulness for board decisionmaking; and improve the cost-effectiveness and efficiency of the joint functions of the division and the regulatory boards. In developing the plan, the division shall identify and analyze best practices found within the division and other state agencies with similar functions, options for information technology improvements, options for contracting

with outside entities, and any other option the division deems useful. The division shall consult with and solicit recommendations from the regulatory boards in developing the plan. The division shall submit the plan to the Governor, the Speaker of the House of Representatives, and the President of the Senate by November 1, 2012. All executive branch agencies are instructed, and all other state agencies are requested, to assist the division in accomplishing its purposes under this section.

Section 111. Paragraph (e) of subsection (2) of section 4516 154.503, Florida Statutes, is amended to read:

154.503 Primary Care for Children and Families Challenge Grant Program; creation; administration.—

(2) The department shall:

(e) Coordinate with the primary care program developed pursuant to s. 154.011, the Florida Healthy Kids Corporation program created in s. 624.91, the school health services program created in ss. 381.0056 and 381.0057, the Healthy Communities, Healthy People Program created in s. 381.734, and the volunteer health care provider program developed pursuant to s. 766.1115.

Section 112. Subsection (1), paragraph (c) of subsection (3), and subsection (9) of section 381.0041, Florida Statutes, are amended to read:

- 381.0041 Donation and transfer of human tissue; testing requirements.—
- (1) Every donation of blood, plasma, organs, skin, or other human tissue for transfusion or transplantation to another shall be tested prior to transfusion or other use for human

Page 162 of 167

immunodeficiency virus infection and other communicable diseases specified by rule of the Department of Health. Tests for the human immunodeficiency virus infection shall be performed only after obtaining written, informed consent from the potential donor or the donor's legal representative. Such consent may be given by a minor pursuant to s. 743.06. Obtaining consent shall include a fair explanation of the procedures to be followed and the meaning and use of the test results. Such explanation shall include a description of the confidential nature of the test as described in s. 381.004(2) 381.004(3). If consent for testing is not given, then the person shall not be accepted as a donor except as otherwise provided in subsection (3).

- (3) No person shall collect any blood, organ, skin, or other human tissue from one human being and hold it for, or actually perform, any implantation, transplantation, transfusion, grafting, or any other method of transfer to another human being without first testing such tissue for the human immunodeficiency virus and other communicable diseases specified by rule of the Department of Health, or without performing another process approved by rule of the Department of Health capable of killing the causative agent of those diseases specified by rule. Such testing shall not be required:
- (c) When there is insufficient time to obtain the results of a confirmatory test for any tissue or organ which is to be transplanted, notwithstanding the provisions of s. 381.004(2)(d) 381.004(3)(d). In such circumstances, the results of preliminary screening tests may be released to the potential recipient's treating physician for use in determining organ or tissue

Page 163 of 167

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- (9) All blood banks shall be governed by the confidentiality provisions of s. 381.004(2) $\frac{381.004(3)}{3}$.
- Section 113. Paragraph (b) of subsection (3) of section 4566 384.25, Florida Statutes, is amended to read:
- 4567 384.25 Reporting required.—
 - (3) To ensure the confidentiality of persons infected with the human immunodeficiency virus (HIV), reporting of HIV infection and AIDS must be conducted using a system developed by the Centers for Disease Control and Prevention of the United States Public Health Service or an equivalent system.
- (b) The reporting may not affect or relate to anonymous
 HIV testing programs conducted pursuant to s. 381.004(3)
 381.004(4).
 - Section 114. Subsection (5) of section 392.56, Florida Statutes, is amended to read:
 - 392.56 Hospitalization, placement, and residential isolation.—
 - (5) If the department petitions the circuit court to order that a person who has active tuberculosis be hospitalized in a facility operated under s. $392.62\frac{(2)}{(2)}$, the department shall notify the facility of the potential court order.
 - Section 115. Subsection (2) of section 456.032, Florida Statutes, is amended to read:
 - 456.032 Hepatitis B or HIV carriers.-
- 4587 (2) Any person licensed by the department and any other
 4588 person employed by a health care facility who contracts a blood4589 borne infection shall have a rebuttable presumption that the

Page 164 of 167

illness was contracted in the course and scope of his or her employment, provided that the person, as soon as practicable, reports to the person's supervisor or the facility's risk manager any significant exposure, as that term is defined in s. $\frac{381.004(1)(c)}{381.004(2)(c)}$, to blood or body fluids. The employer may test the blood or body fluid to determine if it is infected with the same disease contracted by the employee. The employer may rebut the presumption by the preponderance of the evidence. Except as expressly provided in this subsection, there shall be no presumption that a blood-borne infection is a jobrelated injury or illness.

Section 116. Paragraph (b) of subsection (9) of section 768.28, Florida Statutes, is amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(9)

- (b) As used in this subsection, the term:
- 1. "Employee" includes any volunteer firefighter.
- 2. "Officer, employee, or agent" includes, but is not limited to, any health care provider when providing services pursuant to s. 766.1115; any member of the Florida Health Services Corps, as defined in s. 381.0302, who provides uncompensated care to medically indigent persons referred by the Department of Health; any nonprofit independent college or university located and chartered in this state which owns or operates an accredited medical school, and its employees or

Page 165 of 167

4618 agents, when providing patient services pursuant to paragraph 4619 (10)(f); and any public defender or her or his employee or 4620 agent, including, among others, an assistant public defender and 4621 an investigator. 4622 Section 117. Subsection (1) of section 775.0877, Florida 4623 Statutes, is amended to read: 4624 775.0877 Criminal transmission of HIV; procedures; 4625 penalties.-4626 (1)In any case in which a person has been convicted of or 4627 has pled nolo contendere or guilty to, regardless of whether 4628 adjudication is withheld, any of the following offenses, or the 4629 attempt thereof, which offense or attempted offense involves the 4630 transmission of body fluids from one person to another: 4631 (a) Section 794.011, relating to sexual battery; 4632 Section 826.04, relating to incest; (b) Section 800.04, relating to lewd or lascivious 4633 4634 offenses committed upon or in the presence of persons less than 4635 16 years of age; 4636 Sections 784.011, 784.07(2)(a), and 784.08(2)(d), 4637 relating to assault; 4638 Sections 784.021, 784.07(2)(c), and 784.08(2)(b), 4639 relating to aggravated assault; Sections 784.03, 784.07(2)(b), and 784.08(2)(c), 4640 4641 relating to battery; 4642 Sections 784.045, 784.07(2)(d), and 784.08(2)(a), (g) 4643 relating to aggravated battery; 4644 (h) Section 827.03(1), relating to child abuse;

Page 166 of 167

Section 827.03(2), relating to aggravated child abuse;

CODING: Words stricken are deletions; words underlined are additions.

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(i)

(j) Section 825.102(1), relating to abuse of an elderly person or disabled adult;

- (k) Section 825.102(2), relating to aggravated abuse of an elderly person or disabled adult;
- (1) Section 827.071, relating to sexual performance by person less than 18 years of age;
- (m) Sections 796.03, 796.07, and 796.08, relating to prostitution; or
- (n) Section 381.0041(11)(b), relating to donation of blood, plasma, organs, skin, or other human tissue,

the court shall order the offender to undergo HIV testing, to be performed under the direction of the Department of Health in accordance with s. 381.004, unless the offender has undergone HIV testing voluntarily or pursuant to procedures established in s. 381.004(2)(h)6. 381.004(3)(h)6. or s. 951.27, or any other applicable law or rule providing for HIV testing of criminal offenders or inmates, subsequent to her or his arrest for an offense enumerated in paragraphs (a)-(n) for which she or he was convicted or to which she or he pled nolo contendere or guilty. The results of an HIV test performed on an offender pursuant to this subsection are not admissible in any criminal proceeding arising out of the alleged offense.

Section 118. Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law.

Page 167 of 167