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. 154.05, F.S.; 11 providing that two or more counties may combine for the operation of a county health department when such 12 counties establish an interlocal agreement; providing 13 14 criteria for such an agreement; specifying that an 15 interlocal agreement may only be terminated at the end 16 of a contract year; requiring the parties to give 17 written notice to the department no less than 90 days before the termination; amending s. 215.5602, F.S.; 18 19 conforming references; amending s. 381.001, F.S.; 20 revising legislative intent; requiring the Department 21 of Health to be responsible for the state public 22 health system; requiring the department to provide 23 leadership for a partnership involving federal, state, 24 and local government and the private sector to 25 accomplish public health goals; amending s. 381.0011, 26 F.S.; revising duties and powers of the department; repealing s. 381.0013, F.S., relating to the 27 28 department's authority to exercise the power of

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eminent domain; repealing s. 381.0014, F.S., relating to department rules that superseded regulations and ordinances enacted by other state departments, boards or commissions, or municipalities; repealing s. 381.0015, F.S., relating to judicial presumptions regarding the department's authority to enforce public health rules; amending s. 381.0016, F.S.; allowing a county to enact health regulations and ordinances consistent with state law; repealing s. 381.0017, F.S., relating to the purchase, lease, and sale of real property by the department; repealing s. 381.0025, F.S., relating to 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 diseases of public health significance; specifying that the list of diseases of public health significance is based on the recommendations to be nationally notifiable by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention; authorizing the department to expand the list if a disease emerges for which regular, frequent and timely information regarding individual cases is considered necessary for the prevention and control of a disease specific to Florida; amending s. 381.00315, F.S.; requiring the department to establish rules for

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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; providing that a violation of the rules established under the section, a quarantine, or requirement adopted pursuant to a declared public health emergency is a second-degree 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 crossreferences; 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;

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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 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.; removing 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; conforming a cross-reference; amending s. 381.0065, F.S., relating to regulation of onsite sewage treatment and disposal systems; deleting legislative

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intent; conforming provisions to changes made by the act; 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. 381.0072, F.S.; revising the definition of the term "food establishment" to include facilities participating in the United States Department of Agriculture Afterschool Meal Program; 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 occupants; removing lighting and maintenance and operation of roads from the list of health and safety standards to be created by the department; conforming a crossreference; 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; conforming a crossreference; amending s. 381.0101, F.S.; deleting legislative intent regarding certification of environmental health professionals; providing for the

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Division Director for Emergency Preparedness and Community Support to serve on an environmental health professionals advisory board; conforming a crossreference; 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 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

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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 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 ss. 381.1001-381.103, F.S., the Florida Community Health Protection Act; amending s. 381.4018, F.S.; deleting legislative findings and

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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. 381.732-381.734, F.S., the "Healthy People, Healthy Communities Act"; 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 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

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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. 381.90, 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; amending s. 383.011, F.S.; requiring the Department of Health to establish an interagency agreement with the Department of Children and Family Services for management of the Special Supplemental Nutrition program for Women, Infants, and Children; specifying responsibilities of each department; creating s. 383.141, F.S.; providing legislative findings; providing definitions; requiring that health care providers provide pregnant women with current information about the nature of the developmental disabilities tested for in certain prenatal tests, the accuracy of such tests, and resources for obtaining support services for Down syndrome and other prenatally diagnosed developmental disabilities; providing duties for the Department of Health concerning establishment of an information clearinghouse; creating an advocacy council within the Department of Health to provide technical assistance in forming the clearinghouse; providing membership for the council; providing duties of the council; providing terms for members of the council; providing

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253 for election of a chairperson and vice chairperson; 254 providing meeting times for the council; requiring the 255 members to serve without compensation or reimbursement 256 for travel expenses; authorizing meetings by 257 teleconference or other electronic means; requiring 258 the Department of Health to provide administrative 259 support; repealing s. 385.210, F.S., the Arthritis 260 Prevention and Education Act by a specific date; 261 amending s. 391.016, F.S.; clarifying the purposes and 262 functions of the Children's Medical Services program; 263 requiring the coordination and maintenance of a 264 medical home for participating children; amending s. 265 391.021, F.S.; revising definitions; amending s. 266 391.025, F.S.; revising the components of the 267 Children's Medical Services program; amending s. 268 391.026, F.S.; revising the powers and duties of the 269 department in administering the Children's Medical 270 Services network; amending s. 391.028, F.S.; 271 eliminating the central office and area offices of the Children's Medical Services program; authorizing the 272 273 Director of Children's Medical Services to appoint 274 necessary staff and contract with providers to 275 establish a system to provide certain program 276 activities on a statewide basis; amending s. 391.029, 277 F.S.; specifying eligibility for services provided 278 under the Children's Medical Services program; 279 clarifying who may receive services under the program; 280 deleting the requirement that the department determine

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financial and medical eligibility for program; deleting the requirement that 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

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the Governor and Legislature; requiring full implementation of the transition plan by a certain 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; repealing 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 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

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337 rulemaking authority; amending s. 464.019, F.S., requiring the Board of Nursing to deny a program 338 339 application for new prelicensure nursing education 340 program while the existing program is on probationary 341 status; repealing s. 464.0197, F.S., relating to state 342 budget support for the Florida Center for Nursing; 343 amending s. 464.208, F.S.; repealing unused rulemaking 344 authority relating to background screening information of certified nursing assistants; repealing s. 345 346 466.00775, F.S., relating to unused rulemaking 347 authority relating to dental health access and dental laboratory registration provisions; amending ss. 348 212.08, 499.003, 499.601, and 499.61, F.S.; updating 349 350 departmental designation; amending s. 514.011, F.S.; revising the definition of "public bathing place"; 351 352 amending s. 514.021, F.S.; restricting rulemaking 353 authority of the department; limiting scope of 354 standards for public pools and public bathing places; 355 prohibiting the department from adopting by rule any 356 regulation regarding the design, alteration, or repair 357 of a public pool or public bathing; eliminating 358 authority of the department to review plans, issue 359 approvals, and enforce occupancy provisions of the 360 Florida Building Code; amending s. 514.023, F.S.; 361 adding public bathing places to the provisions allowing sampling of beach waters to determine 362 363 sanitation and allowing health advisories to be issued for elevated levels of bacteria in such waters; 364

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deleting an obsolete provision; amending s. 514.025, F.S.; requiring the department 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 the department is responsible to 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 department 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 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 Grants and Doations Trust Fund or

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the County Health Department Trust Fund; amending s. 514.05, F.S.; requiring all amounts collected to be deposited in the Grants and Donations Trust Fund or the County Health Department Trust Fund; granting the county health department the authority to close a public pool that is not in compliance with ch. 514, F.S., or applicable rules; amending s. 514.06, F.S.; deeming a public pool or bathing place to 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

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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, 395.1027, 411.203, 456.032, 513.10, 768.28, and 775.0877, F.S.; conforming cross-references; providing effective dates.

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

- 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.

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Collect, manage, and analyze vital statistics and 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.

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- Maintain and coordinate preparedness for and responses to public health emergencies in the state Promote the maintenance and improvement of the environment as it affects public health.
- 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.
- Regulate environmental activities that have a direct 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.
- Regulate health practitioners for the preservation of (q) 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 deliverv.
  - (i) Analyze trends in the evolution of health systems, and

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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 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.
- (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.
- 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 promote health literacy and optimum quality of life for all 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.

- (b) Division of <u>Emergency Preparedness and Community</u> Support <del>Environmental Health</del>.
  - (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>

  <u>Management Emergency Medical Operations.</u>
- (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.

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- 533 2. The Board of Medicine, created under chapter 458.
- 3. The Board of Osteopathic Medicine, created under chapter 459.
- 536 4. The Board of Chiropractic Medicine, created under 537 chapter 460.
- 5. The Board of Podiatric Medicine, created under chapter 539 461.
- 6. Naturopathy, as provided under chapter 462.
- 7. The Board of Optometry, created under chapter 463.
- 542 8. The Board of Nursing, created under part I of chapter 543 464.
- 9. Nursing assistants, as provided under part II of chapter 464.

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- 10. The Board of Pharmacy, created under chapter 465.
- 11. The Board of Dentistry, created under chapter 466.
- 12. Midwifery, as provided under chapter 467.
- 13. The Board of Speech-Language Pathology and Audiology, created under part I of chapter 468.
- 551 14. The Board of Nursing Home Administrators, created under part II of chapter 468.
- 553 15. The Board of Occupational Therapy, created under part 554 III of chapter 468.
- 16. Respiratory therapy, as provided under part V of chapter 468.
- 557 17. Dietetics and nutrition practice, as provided under part X of chapter 468.
- 18. The Board of Athletic Training, created under part XIII of chapter 468.

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561	19.	The Boa	rd of	Orthotists	and	Prosthetists,	created
562	under par	t XIV of	chapt	er 468.			

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- 20. Electrolysis, as provided under chapter 478.
- 564 21. The Board of Massage Therapy, created under chapter 565 480.
- 566 22. The Board of Clinical Laboratory Personnel, created under part III of chapter 483.
- 568 23. Medical physicists, as provided under part IV of chapter 483.
- 570 24. The Board of Opticianry, created under part I of chapter 484.
- 572 25. The Board of Hearing Aid Specialists, created under 573 part II of chapter 484.
- 574 26. The Board of Physical Therapy Practice, created under 575 chapter 486.
  - 27. The Board of Psychology, created under chapter 490.
    - 28. School psychologists, as provided under chapter 490.
- 578 29. The Board of Clinical Social Work, Marriage and Family
  579 Therapy, and Mental Health Counseling, created under chapter
  580 491.
  - 30. Emergency medical technicians and paramedics, as provided under part III of chapter 401.
- (h) Division of Children's Medical Services Prevention and Intervention.
  - (i) Division of Information Technology.
- 586 (j) Division of Health Access and Tobacco.
- (h)  $\frac{k}{k}$  Division of Disability Determinations.
- 588 Section 2. Subsections (14) through (22) of section

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589 20.435, Florida Statutes, are renumbered as subsection (13) 590 through (20), respectively, and present subsections (13) and 591 (17) of that section are amended to read: 592 20.435 Department of Health; trust funds.—The following 593 trust funds shall be administered by the Department of Health: 594 (13) Florida Drug, Device, and Cosmetic Trust Fund. 595 (a) Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of 596 597 chapter 499. 598 (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end 599 600 of any fiscal year shall remain in the trust fund at the end of 601 the year and shall be available for carrying out the purposes of 602 the trust fund. 603 (17) Nursing Student Loan Forgiveness Trust Fund. (a) Funds to be credited to and uses of the trust fund 604 605 shall be administered in accordance with the provisions of s. 1009.66. 606 607 (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end 608 of any fiscal year shall remain in the trust fund at the end of 609 610 the year and shall be available for carrying out the purposes of 611 the trust fund. 612 Section 3. Section 154.05, Florida Statutes, is amended to 613 read: 154.05 Cooperation and agreements between counties.-614 615 Counties may establish cooperative arrangements for shared 616 county health departments in the following ways:

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Two or more counties may combine in the establishment and maintenance of a single full-time county health department for the counties which combine for that purpose; and, pursuant to such combination or agreement, such counties may cooperate with one another and the Department of Health and contribute to a joint fund in carrying out the purpose and intent of this chapter. The duration and nature of such agreement shall be evidenced by resolutions of the boards of county commissioners of such counties and shall be submitted to and approved by the department. In the event of any such agreement, a full-time county health department shall be established and maintained by the department in and for the benefit of the counties which have entered into such an agreement; and, in such case, the funds raised by taxation pursuant to this chapter by each such county shall be paid to the Chief Financial Officer for the account of the department and shall be known as the full-time county health department trust fund of the counties so cooperating. Such trust funds shall be used and expended by the department for the purposes specified in this chapter in each county which has entered into such agreement. In case such an agreement is entered into between two or more counties, the work contemplated by this chapter shall be done by a single full-time county health department in the counties so cooperating; and the nature, extent, and location of such work shall be under the control and direction of the department.

(2) Two or more counties may combine for the operation of a county health department when such counties establish an interlocal agreement. Such agreement shall specify the roles and

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responsibilities of each county, including the method of governance and executive direction; the manner by which each county's public health needs will be addressed; the inventory of necessary facilities, equipment, and personnel; and any other infrastructure as may be needed. Two or more counties may enter into interlocal agreements to share or coadminister specific functions. County interlocal agreements may be terminated only at the end of a contract year. The parties shall give written notice to the department no less than 90 days before the termination.

Section 4. Subsection (2) of section 212.08, Florida Statutes, is amended to read:

212.08 Sales, rental, use, consumption, distribution, and storage tax; specified exemptions.—The sale at retail, the rental, the use, the consumption, the distribution, and the storage to be used or consumed in this state of the following are hereby specifically exempt from the tax imposed by this chapter.

(2) EXEMPTIONS; MEDICAL.

(a) There shall be exempt from the tax imposed by this chapter any medical products and supplies or medicine dispensed according to an individual prescription or prescriptions written by a prescriber authorized by law to prescribe medicinal drugs; hypodermic needles; hypodermic syringes; chemical compounds and test kits used for the diagnosis or treatment of human disease, illness, or injury; and common household remedies recommended and generally sold for internal or external use in the cure, mitigation, treatment, or prevention of illness or disease in

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human beings, but not including cosmetics or toilet articles, notwithstanding the presence of medicinal ingredients therein, according to a list prescribed and approved by the Department of Business and Professional Regulation Health, which list shall be certified to the Department of Revenue from time to time and included in the rules promulgated by the Department of Revenue. There shall also be exempt from the tax imposed by this chapter artificial eyes and limbs; orthopedic shoes; prescription eyeglasses and items incidental thereto or which become a part thereof; dentures; hearing aids; crutches; prosthetic and orthopedic appliances; and funerals. In addition, any items intended for one-time use which transfer essential optical characteristics to contact lenses shall be exempt from the tax imposed by this chapter; however, this exemption shall apply only after \$100,000 of the tax imposed by this chapter on such items has been paid in any calendar year by a taxpayer who claims the exemption in such year. Funeral directors shall pay tax on all tangible personal property used by them in their business.

- (b) For the purposes of this subsection:
- 1. "Prosthetic and orthopedic appliances" means any apparatus, instrument, device, or equipment used to replace or substitute for any missing part of the body, to alleviate the malfunction of any part of the body, or to assist any disabled person in leading a normal life by facilitating such person's mobility. Such apparatus, instrument, device, or equipment shall be exempted according to an individual prescription or prescriptions written by a physician licensed under chapter 458,

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chapter 459, chapter 460, chapter 461, or chapter 466, or according to a list prescribed and approved by the Department of Health, which list shall be certified to the Department of Revenue from time to time and included in the rules promulgated by the Department of Revenue.

- 2. "Cosmetics" means articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance and also means articles intended for use as a compound of any such articles, including, but not limited to, cold creams, suntan lotions, makeup, and body lotions.
- 3. "Toilet articles" means any article advertised or held out for sale for grooming purposes and those articles that are customarily used for grooming purposes, regardless of the name by which they may be known, including, but not limited to, soap, toothpaste, hair spray, shaving products, colognes, perfumes, shampoo, deodorant, and mouthwash.
- 4. "Prescription" includes any order for drugs or medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner. The term also includes an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist called upon to dispense such order determines, in the exercise

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of his or her professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness. The term also includes a pharmacist's order for a product selected from the formulary created pursuant to s. 465.186. A prescription may be retained in written form, or the pharmacist may cause it to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.

- (c) Chlorine shall not be exempt from the tax imposed by this chapter when used for the treatment of water in swimming pools.
  - (d) Lithotripters are exempt.

- (e) Human organs are exempt.
- (f) Sales of drugs to or by physicians, dentists, veterinarians, and hospitals in connection with medical treatment are exempt.
- (g) Medical products and supplies used in the cure, mitigation, alleviation, prevention, or treatment of injury, disease, or incapacity which are temporarily or permanently incorporated into a patient or client by a practitioner of the healing arts licensed in the state are exempt.
- (h) The purchase by a veterinarian of commonly recognized substances possessing curative or remedial properties which are ordered and dispensed as treatment for a diagnosed health disorder by or on the prescription of a duly licensed veterinarian, and which are applied to or consumed by animals for alleviation of pain or the cure or prevention of sickness, disease, or suffering are exempt. Also exempt are the purchase

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by a veterinarian of antiseptics, absorbent cotton, gauze for bandages, lotions, vitamins, and worm remedies.

- (i) X-ray opaques, also known as opaque drugs and radiopaque, such as the various opaque dyes and barium sulphate, when used in connection with medical X rays for treatment of bodies of humans and animals, are exempt.
- (j) Parts, special attachments, special lettering, and other like items that are added to or attached to tangible personal property so that a handicapped person can use them are exempt when such items are purchased by a person pursuant to an individual prescription.
- (k) This subsection shall be strictly construed and enforced.
- Section 5. 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.
- (c) A list of publications in peer reviewed journals involving research supported by grants or fellowships awarded

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- (d) The total amount of biomedical research funding currently flowing into the state.
- (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.
- (12) 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. 1004.43, \$5 million shall be appropriated to the Sylvester Comprehensive Cancer Center of the University of Miami, and \$5

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million shall be appropriated to the <del>University of Florida</del> Shands Cancer <u>Hospital</u> <del>Center</del>.

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Section 6. 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 department, in carrying out the mission of public health, focus attention on identifying, assessing, and controlling the

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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 7. 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.
- 2. The movement of persons or animals exposed to or infected with a communicable disease.

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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 which case the workshop must be held within 14 days after the issuance of the emergency alert or advisory.

925	(6) (8) Act as registrar of vital statistics.					
926	(9) Cooperate with and assist federal health officials in					
927	enforcing public health laws and regulations.					
928	(10) Cooperate with other departments, local officials,					
929	and private boards and organizations for the improvement and					
930	preservation of the public health.					
931	(11) Maintain a statewide injury-prevention program.					
932	(12) Adopt rules pursuant to ss. 120.536(1) and 120.54 to					
933	implement the provisions of law conferring duties upon it. This					
934	subsection does not authorize the department to require a permit					
935	or license unless such requirement is specifically provided by					
936	<del>law.</del>					
937	(7) (13) Manage and coordinate emergency preparedness and					
938	disaster response functions to: investigate and control the					
939	spread of disease; coordinate the availability and staffing of					
940	special needs shelters; support patient evacuation; ensure the					
941	safety of food and drugs; provide critical incident stress					
942	debriefing; and provide surveillance and control of					
943	radiological, chemical, biological, and other environmental					
944	hazards.					
945	(14) Perform any other duties prescribed by law.					
946	Section 8. Section 381.0013, Florida Statutes, is					
947	repealed.					
948	Section 9. Section 381.0014, Florida Statutes, is					
949	repealed.					
950	Section 10. Section 381.0015, Florida Statutes, is					
951	repealed.					
952	Section 11. Section 381.0016, Florida Statutes, is amended					

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953 to read:

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

960 Section 13. <u>Section 381.0025, Florida Statutes, is</u> 961 repealed.

Section 14. 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 <a href="mailto:communicable">communicable</a> diseases of public health significance as provided for in this chapter.

Section 15. Section 381.0031, Florida Statutes, is amended to read:

979 381.0031 <u>Epidemiological research;</u> report of diseases of public health significance to department.—

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(1) The department may conduct studies concerning the epidemiology of 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 disease of public health significance shall immediately report 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). The list shall be based on the diseases recommended to be nationally notifiable by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. The department may expand upon the list if a disease emerges for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of a disease specific to Florida.
- $\underline{(4)}$  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

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confidential relationship between practitioner and patient.

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(6) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medicalrelated information for reported cases of diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of 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 to the department by a health care 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 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

1037 department which are necessary to protect public health.

- (8) This section does not affect s. 384.25.
- Section 16. Subsections (4) is added to section 381.00315, 1040 Florida Statutes, to read:
  - 381.00315 Public health advisories; public health emergencies; quarantines.—The State Health Officer is responsible for declaring public health emergencies and quarantines and issuing public health advisories.
  - (4) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a quarantine. The rules must include provisions related to:
    - (a) The closure of premises.

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- (b) The movement of persons or animals exposed to or infected with a communicable disease.
- (c) The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.
- (d) Testing or destruction of animals with or suspected of having a disease transmissible to humans.
  - (e) Access by the department to quarantined premises.
- (f) The disinfection of quarantined animals, persons, or premises.
  - (g) Methods of quarantine.
- (5) The rules adopted under this section and actions taken by the department pursuant to a declared public health emergency or quarantine shall supersede all rules enacted by other state departments, boards or commissions, and ordinances and regulations enacted by political subdivisions of the state. Any

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person who violates any rule adopted under this section, any quarantine, or any requirement adopted by the department pursuant to a declared public health emergency, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 17. Section 381.0032, Florida Statutes, is repealed.

Section 18. Section 381.00325, Florida Statutes, is repealed.

Section 19. Subsection (1) of section 381.0034, Florida 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 20. <u>Section 381.0037</u>, Florida Statutes, is repealed.

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Section 21. 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.-

- of tests designed to reveal a condition indicative of human 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

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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 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)  $\frac{(3)}{(3)}$ .
- (7) EXEMPTIONS.—Except as provided in paragraph  $\underline{\text{(3) (d)}}$  and ss. 627.429 and 641.3007, insurers and others

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participating in activities related to the insurance application and underwriting process shall be exempt from this section.

 $\underline{\text{(10)}}$  (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) (6).
- Section 22. Subsection (2) of section 381.0046, Florida
  1157 Statutes, is amended to read:
  - 381.0046 Statewide HIV and AIDS prevention campaign.-
  - (2) The Department of Health shall establish <u>dedicated</u>

    four positions within the department for HIV and AIDS regional minority coordinators and <del>one position for</del> 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 23. 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

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L	accordance with the recommendations of the Advisory Committee or
L178	Immunization Practices of the United States Centers for Disease
L179	Control and Prevention and subject to the clinical judgment of
L180	the responsible practitioner.
L181	Section 24. Subsections (3) through (7) of section
L182	381.0051, Florida Statutes, are renumbered as subsections (2)
L183	through (6), respectively, and present subsection (2) of that
L184	section is amended to read:
L185	381.0051 Family planning.—
L186	(2) LEGISLATIVE INTENTIt is the intent of the
L187	Legislature to make available to citizens of the state of
L188	childbearing age comprehensive medical knowledge, assistance,
L189	and services relating to the planning of families and maternal
L190	health care.
L191	Section 25. Subsection (5) of section 381.0052, Florida
L192	Statutes, is amended to read:
L193	381.0052 Dental health.—
L194	(5) The department may adopt rules to implement this
L195	section.
L196	Section 26. Subsection (4) of section 381.0053, Florida
L197	Statutes, is amended to read:
L198	381.0053 Comprehensive nutrition program.—
L199	(4) The department may promulgate rules to implement the
L200	provisions of this section.
L201	Section 27. Section 381.0054, Florida Statutes, is
L202	repealed.
L203	Section 28. Subsections (3) through (11) of section
204	381.0056, Florida Statutes are renumbered as subsections (2)

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through (9), respectively, and present subsections (2), (3), and (11) of that section are amended to read:

381.0056 School health services program.-

- (2) The Legislature finds that health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of students. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health, to discover health problems, and to encourage use of the services of their physicians, dentists, and 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 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 29. 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

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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.

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- (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 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

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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.

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- 4. Improving the student utilization of school health services.
- 5. Coordinating health services for students with parents or quardians and other agencies in the community.
- Student support services team program.—The program shall include a multidisciplinary team composed of a psychologist, social worker, and nurse whose responsibilities are to provide basic support services and to assist, in the school setting, children who exhibit mild to severely complex health, behavioral, or learning problems affecting their school performance. Support services shall include, but not be limited to: evaluation and treatment for minor illnesses and injuries, referral and followup for serious illnesses and emergencies, onsite care and consultation, referral to a physician, and followup care for pregnancy or chronic diseases and disorders as well as emotional or mental problems. Services also shall include referral care for drug and alcohol abuse and sexually transmitted diseases, sports and employment physicals, immunizations, and in addition, effective preventive services aimed at delaying early sexual involvement and aimed at pregnancy, acquired immune deficiency syndrome, sexually transmitted diseases, and destructive lifestyle conditions, such

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as alcohol and drug abuse. Moneys for this program shall be used to fund three teams, each consisting of one half-time psychologist, one full-time nurse, and one full-time social worker. Each team shall provide student support services to an elementary school, middle school, and high school that are a part of one feeder school system and shall coordinate all activities with the school administrator and guidance counselor at each school. A program which places all three teams in middle schools or high schools may also be proposed.

(c) Full service schools.—The full-service schools shall 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 30. Section 381.00591, Florida Statutes, is

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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 section, including rules pertaining to fees, application procedures, standards applicable to environmental or public water supply laboratories, and compliance.

Section 31. Subsection (9) of section 381.00593, Florida Statutes, is renumbered as subsection (8), and present subsection (8) of that section is amended to read:

381.00593 Public school volunteer health care practitioner program.—

(8) The Department of Health, in cooperation with the Department of Education, may adopt rules necessary to implement this section. The rules shall include the forms to be completed and procedures to be followed by applicants and school personnel under the program.

Section 32. Subsections (2) through (6) of section 381.0062, Florida Statutes, are renumbered as subsections (1) through (5), respectively, and present subsections (1) and (4) of that section are amended to read:

381.0062 Supervision; private and certain public water

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1373 systems.-

(1) LEGISLATIVE INTENT.—It is the intent of the Legislature to protect the public's health by establishing standards for the construction, modification, and operation of public and private water systems to assure consumers that the water provided by those systems is potable.

(3) (4) RIGHT OF ENTRY.—For purposes of this section, department personnel may enter, at any reasonable time and if they have reasonable cause to believe a violation of this section is occurring or about to occur, upon any and all parts of the premises of such limited use public and multifamily drinking water systems, to make an examination and investigation to determine the sanitary and safety conditions of such systems. 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 this section is subject to the penalties provided in s. 381.0025.

Section 33. Subsection (1), (3), and (4) of section 381.0065, Florida Statues, are amended to read:

381.0065 Onsite sewage treatment and disposal systems; 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

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## 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.

- (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-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,

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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.
- (c) Develop a comprehensive program to ensure that onsite 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 <a href="State Surgeon General">State Surgeon General</a> Division Director for Environmental Health of the department, or 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

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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. 381.0066(2)(1) must be used to develop and fund hands-on training centers designed to provide practical information about 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

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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 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 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.

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(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.

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 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 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

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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 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

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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

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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 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:

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- 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.

- 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 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.
- (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

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to all lots, with the following exceptions:

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- 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 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

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1681 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 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.

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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

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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 <u>State Surgeon General</u>, <del>Division Director for</del> <del>Environmental Health of the department</del> or his or her designee.
  - b. A representative from the county health departments.
- c. A representative from the home building industry 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

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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 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

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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 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,

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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.
- 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 engineer-

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designed 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 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 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

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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 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.

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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 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

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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 State Surgeon General, or his or her designee Division of Environmental Health 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 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.

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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.
- (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 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

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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 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

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engineer registered in this state. The department shall establish by rule criteria for determining when such a submission is required.

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Section 34. 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.
- The primary purpose of the panel is to assist the (2) 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 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

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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 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

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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 35. Subsection (1) of section 381.0072, Florida Statutes, is amended to read:

381.0072 Food service protection.—It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Department" means the Department of Health or its representative county health department.
- (b) "Food service establishment" means detention facilities, public or private schools, migrant labor camps, assisted living facilities, <u>facilities participating in the United States Department of Agriculture Afterschool Meal Program</u>, adult family-care homes, adult day care centers, short-term residential treatment centers, residential treatment facilities, homes for special services, transitional living facilities, crisis stabilization units, hospices, prescribed

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pediatric extended care centers, intermediate care facilities for persons with developmental disabilities, boarding schools, civic or fraternal organizations, bars and lounges, vending machines that dispense potentially hazardous foods at facilities expressly named in this paragraph, and facilities used as temporary food events or mobile food units at any facility expressly named in this paragraph, where food is prepared and intended for individual portion service, including the site at which individual portions are provided, regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term does not include any entity not expressly named in this paragraph; nor does the term include a domestic violence center certified and monitored by the Department of Children and Family Services under part XII of chapter 39 if the center does not prepare and serve food to its residents and does not advertise food or drink for public consumption.

- (c) "Operator" means the owner, operator, keeper, proprietor, lessee, manager, assistant manager, agent, or employee of a food service establishment.
- Section 36. Section 381.00781, Florida Statutes, is amended to read:
  - 381.00781 Fees; disposition.

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- 2152 (1) The department shall establish by rule the following 2153 fees:
  - (1) (a) Fee For the initial licensure of a tattoo establishment and the renewal of such license, a fee which, except as provided in subsection (2), may not to exceed \$250 per

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2157 year.

- (2) (b) Fee For licensure of a temporary establishment, a fee which, except as provided in subsection (2), may not to exceed \$250.
- $\underline{(3)}$  (c) Fee For the initial licensure of a tattoo artist and the renewal of such license,  $\underline{a}$  fee  $\underline{which}$ , 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, <u>a fee</u> 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. Subsections (1) and (4) of section 381.0086, Florida Statutes, are 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

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remodeled camps or residential migrant housing, sites, buildings and structures; and standards for, personal hygiene facilities, lighting, sewage disposal, safety, minimum living space per 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.

(4) A person who violates any provision of ss. 381.008-381.00895 or rules adopted under such sections is subject either to the penalties provided in ss. 381.0012, 381.0025, and 381.0061 or to the penalties provided in s. 381.0087.

Section 38. Subsections (1) and (7) of section 381.0098, Florida Statutes, are amended to read:

381.0098 Biomedical waste.-

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

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

(7) ENFORCEMENT AND PENALTIES.—Any person or public body in violation of this section or rules adopted under this section is subject to penalties provided in ss. 381.0012, 381.0025, and 381.0061. However, an administrative fine not to exceed \$2,500 may be imposed for each day such person or public body is in violation of this section. The department may deny, suspend, or revoke any biomedical waste permit or registration if the permittee violates this section, any rule adopted under this section, or any lawful order of the department.

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

381.0101 Environmental health professionals.-

(1) LECISLATIVE INTENT.—Persons responsible for providing technical and scientific evaluations of environmental health and sanitary conditions in business establishments and communities

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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.

- (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 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.

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(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.
- 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

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2297 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 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

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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 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.

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2353	(b) Regulation of drugs, cosmetics, and household products
2354	pursuant to chapter 499.
2355	(b) (c) Consultation to county health departments as
2356	required by s. 154.04(1)(c).
2357	(d) A contraception distribution program which shall be
2358	implemented, to the extent resources permit, through the
2359	licensed pharmacies of county health departments. A woman who is
2360	eligible for participation in the contraceptive distribution
2361	program is deemed a patient of the county health department.
2362	1. To be eligible for participation in the program a woman
2363	must:
2364	a. Be a client of the department or the Department of
2365	Children and Family Services.
2366	b. Be of childbearing age with undesired fertility.
2367	c. Have an income between 150 and 200 percent of the
2368	federal poverty level.
2369	d. Have no Medicaid benefits or applicable health
2370	insurance benefits.
2371	e. Have had a medical examination by a licensed health
2372	care provider within the past 6 months.
2373	f. Have a valid prescription for contraceptives that are
2374	available through the contraceptive distribution program.
2375	g. Consent to the release of necessary medical information
2376	to the county health department.
2377	2. Fees charged for the contraceptives under the program
2378	must cover the cost of purchasing and providing contraceptives
2379	to women participating in the program.
2380	3 The department may adopt rules to administer this

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<del>program.</del>
Section 41. Subsection (1) of section 381.0261, Florida
Statutes, is amended to read:
381.0261 Summary of patient's bill of rights;
distribution; penalty.—
(1) The Department of Health shall publish on its Internet
website Agency for Health Care Administration shall have printed
and made continuously available to health care facilities
licensed under chapter 395, physicians licensed under chapter
458, osteopathic physicians licensed under chapter 459, and
podiatric physicians licensed under chapter 461 a summary of the
Florida Patient's Bill of Rights and Responsibilities. In
adopting and making available to patients the summary of the
Florida Patient's Bill of Rights and Responsibilities, health
care providers and health care facilities are not limited to the
format in which the $\underline{\text{department publishes}}$ Agency for Health Care
Administration prints and distributes the summary.
Section 42. Section 381.0301, Florida Statutes, is
repealed.
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.—
381.0303 Special needs shelters.— (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State
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(5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State

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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 :

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- $\frac{1.}{1.}$  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.
- The special needs shelter interagency committee shall be composed of representatives of emergency management, health, medical, and social services organizations. Membership shall include, but shall not be limited to, representatives of the Departments of Health, Children and Family Services, Elderly Affairs, and Education; the Agency for Health Care Administration; the Division of Emergency Management; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care Association; the Florida Assisted Living Affiliation; the Florida Hospital Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness Association; the American Red Cross; Florida Hospices and Palliative Care, Inc.; the Association of Community Hospitals and Health Systems; the Florida Association of Health Maintenance Organizations; the

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Florida League of Health Systems; the Private Care Association; the Salvation Army; the Florida Association of Aging Services 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:
    - 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

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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.—
- 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 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

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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 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

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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.
- (b) Participating hospitals or consortia of participating 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

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2549	Hospital Education Council and Department of Health with an
2550	annual report on their project.
2551	Section 47. Subsection (7) of section 381.0405, Florida
2552	Statutes, is amended to read:
2553	381.0405 Office of Rural Health.—
2554	(7) APPROPRIATION. The Legislature shall appropriate such
2555	sums as are necessary to support the Office of Rural Health.
2556	Section 48. Subsection (3) of section 381.0406, Florida
2557	Statutes, is amended to read:
2558	381.0406 Rural health networks.—
2559	(3) Because each rural area is unique, with a different
2560	health care provider mix, Health care provider membership may
2561	vary, but all networks shall include members that provide public
2562	health, comprehensive primary care, emergency medical care, and
2563	acute inpatient care.
2564	Section 49. Effective October 1, 2014, section 381.0407,
2565	Florida Statutes, is repealed.
2566	Section 50. Section 381.045, Florida Statutes, is
2567	repealed.
2568	Section 51. Subsection (7) of section 381.06015, Florida
2569	Statutes, is amended to read:
2570	381.06015 Public Cord Blood Tissue Bank
2571	(7) In order to fund the provisions of this section the
2572	consortium participants, the Agency for Health Care
2573	Administration, and the Department of Health shall seek private
2574	or federal funds to initiate program actions for fiscal year
2575	<del>2000-2001.</del>
2576	Section 52. Section 381.0605, Florida Statutes, is

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repealed.

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Section 53. <u>Sections 381.1001, 381.1015, 381.102, and</u> 381.103, Florida Statutes, are repealed.

Section 54. Subsections (3) through (5) of section 381.4018, Florida Statutes, are renumbered as subsections (2) through (4), respectively, and present subsection (2) and paragraph (f) of present subsection (4) of that section are amended to read:

381.4018 Physician workforce assessment and development.-

(2) LEGISLATIVE INTENT. The Legislature recognizes that physician workforce planning is an essential component of 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, well as using new or existing state and federal programs

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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 programs that provide for the use of incentives to attract physicians to this state or retain physicians within the state. Such strategies should explore and maximize federal-state partnerships that provide incentives for physicians to practice in federally designated shortage areas. Strategies shall also consider the use of state programs, such as the Florida Health Service Corps established pursuant to s. 381.0302 and the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, which provide for education loan repayment or loan forgiveness and provide monetary incentives for physicians to relocate to underserved areas of the state.
- Section 55. <u>Section 381.60225</u>, Florida Statutes, is repealed.
- 2629 Section 56. <u>Sections 381.732, 381.733, and 381.734,</u> 2630 Florida Statutes, are repealed.
- Section 57. Section 381.7352, Florida Statutes, is amended to read:

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381.7352 Legislative findings and intent.-

(1) The Legislature finds that despite state investments in health care programs, certain racial and ethnic populations in Florida continue to have significantly poorer health outcomes when compared to non-Hispanic whites. The Legislature finds that local solutions to health care problems can have a dramatic and positive effect on the health status of these populations. Local 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, 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

2661 service providers, and nontraditional partners. 2662 Section 58. Subsection (3) of section 381.7353, Florida 2663 Statutes, is amended to read: 2664 381.7353 Reducing Racial and Ethnic Health Disparities: 2665 Closing the Gap grant program; administration; department duties.-2666 2667 (3) Pursuant to s. 20.43(6), the State Surgeon General may 2668 appoint an ad hoc advisory committee to: examine areas where 2669 public awareness, public education, research, and coordination 2670 regarding racial and ethnic health outcome disparities are 2671 lacking; consider access and transportation issues which 2672 contribute to health status disparities; and make 2673 recommendations for closing gaps in health outcomes and 2674 increasing the public's awareness and understanding of health 2675 disparities that exist between racial and ethnic populations. Section 59. Subsections (5) and (6) of section 381.7356, 2676 2677 Florida Statutes, are renumbered as subsections (4) and (5), 2678 respectively, and present subsection (4) of that section is 2679 amended to read: 2680 381.7356 Local matching funds; grant awards.-2681 (4) Dissemination of grant awards shall begin no later 2682 than January 1, 2001. 2683 Section 60. Subsection (3) of section 381.765, Florida 2684 Statutes, is amended to read: 2685 381.765 Retention of title to and disposal of equipment. 2686 (3) The department may adopt rules relating to records and

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recordkeeping for department-owned property referenced in

subsections (1) and (2).

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2689 Section 61. Section 381.77, Florida Statutes, is repealed. 2690 Section 62. Section 381.795, Florida Statutes, is 2691 repealed. 2692 Section 63. Subsections (2) through (5) of section 2693 381.853, Florida Statutes, are renumbered as subsections (1) 2694 through (4), respectively, and present subsection (1) of that 2695 section is amended to read: 2696 381.853 Florida Center for Brain Tumor Research.-2697 (1) The Legislature finds that each year an estimated 2698 190,000 citizens of the United States are diagnosed with cancerous and noncancerous brain tumors and that biomedical 2699 2700 research is the key to finding cures for these tumors. The 2701 Legislature further finds that, although brain tumor research is 2702 being conducted throughout the state, there is a lack of 2703 coordinated efforts among researchers and health care providers. 2704 Therefore, the Legislature finds that there is a significant 2705 need for a coordinated effort to achieve the goal of curing 2706 brain tumors. The Legislature further finds that the biomedical 2707 technology sector meets the criteria of a high-impact sector, pursuant to s. 288.108(6), having a high importance to the 2708 2709 state's economy with a significant potential for growth and 2710 contribution to our universities and quality of life. 2711 Section 64. Section 381.855, Florida Statutes, is 2712 repealed. 2713 Section 381.87, Florida Statutes, is repealed. Section 65. 2714 Section 66. Section 381.90, Florida Statutes, is repealed. 2715 Section 67. Subsection (1) of section 381.91, Florida Statutes, is amended to read: 2716

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381.91 Jessie Trice Cancer Prevention Program.-

- (1) It is the intent of the Legislature to:
- (a) Reduce the rates of illness and death from lung cancer and other cancers and improve the quality of life among low-income African-American and Hispanic populations through increased access to early, effective screening and diagnosis, education, and treatment programs.
- (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.
- (e) establish a funding source to build upon local private participation to sustain the operation of the program.
- Section 68. Subsection (5) of section 381.922, Florida Statutes, is amended to read:
- 381.922 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

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available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

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- Section 69. Paragraph (g) of subsection (1) of section 383.011, Florida Statutes, is amended to read:
- 2749 383.011 Administration of maternal and child health 2750 programs.—
  - (1) The Department of Health is designated as the state agency for:
  - (g) Receiving the federal funds for the "Special Supplemental Nutrition Program for Women, Infants, and Children," or WIC, authorized by the Child Nutrition Act of 1966, as amended, and for providing clinical leadership for administering the statewide WIC program.
  - 1. The department shall establish an interagency agreement with the Department of Children and Family Services for management of the program. Responsibilities are delegated to each department, as follows:
  - a. The department shall provide clinical leadership,
    manage program eligibility, and distribute nutritional guidance
    and information to participants.
  - b. The Department of Children and Family Services shall develop and implement an electronic benefits transfer system.
  - c. The Department of Children and Family Services shall develop a cost containment plan that provides timely and accurate adjustments based on wholesale price fluctuations and adjusts for the number of cash registers in calculating statewide averages.
    - d. The department shall coordinate submission of

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information to appropriate federal officials in order to obtain
approval of the electronic benefits system and cost containment
plan, which must include participation of WIC-only stores.

- 2. The department shall assist the Department of Children and Family Services in the development of the electronic benefits system to ensure full implementation no later than July 1, 2013.
- 2780 Section 70. Section 383.141, Florida Statutes, is created to read:
  - 383.141 Prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; advisory council.—
    - (1) As used in this section, the term:

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- (a) "Down syndrome" means a chromosomal disorder caused by an error in cell division which results in the presence of an extra whole or partial copy of chromosome 21.
- (b) "Developmental disability" includes Down syndrome and other developmental disabilities defined by s. 393.063(9).
- (c) "Health care provider" means a practitioner licensed under chapter 458 or chapter 459.
- (d) "Prenatally diagnosed condition" means an adverse fetal health condition identified by prenatal testing.
- (e) "Prenatal test" or "prenatal testing" means a diagnostic procedure or screening procedure performed on a pregnant woman or her unborn offspring to obtain information about the offspring's health or development.
- 2799 (2) When a developmental disability is diagnosed based on the results of a prenatal test, the health care provider who

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ordered the prenatal test, or his or her designee, shall provide the patient with current information about the nature of the developmental disability, the accuracy of the prenatal test, and resources for obtaining relevant support services, including hotlines, resource centers, and information clearinghouses related to Down syndrome or other prenatally diagnosed developmental disabilities; support programs for parents and families; and developmental evaluation and intervention services under s. 391.303.

- Internet website a clearinghouse of information related to developmental disabilities concerning providers of supportive services, information hotlines specific to Down syndrome and other prenatally diagnosed developmental disabilities, resource centers, educational programs, other support programs for parents and families, and developmental evaluation and intervention services under s. 391.303. Such information shall be made available to health care providers for use in counseling pregnant women whose unborn children have been prenatally diagnosed with developmental disabilities.
- (a) There is established an advisory council within the Department of Health which consists of health care providers and caregivers who perform health care services for persons who have developmental disabilities, including Down syndrome and autism. This group shall consist of nine members as follows:
  - 1. Three members appointed by the Governor;
- 2. Three members appointed by the President of the Senate; and

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3. Three members appointed by the Speaker of the House of Representatives.

- (b) The advisory council shall provide technical assistance to the Department of Health in the establishment of the information clearinghouse and give the department the benefit of the council members' knowledge and experience relating to the needs of patients and families of patients with developmental disabilities and available support services.
- (c) Members of the council shall elect a chairperson and a vice chairperson. The elected chairperson and vice chairperson shall serve in these roles until their terms of appointment on the council expire.
- (d) The advisory council shall meet quarterly to review this clearinghouse of information, and may meet more often at the call of the chairperson or as determined by a majority of members.
- (e) The council members shall be appointed to 4-year terms, except that, to provide for staggered terms, one initial appointee each from the Governor, the President of the Senate, and the Speaker of the House of Representatives shall be appointed to a 2-year term, one appointee each from these officials shall be appointed to a 3-year term, and the remaining initial appointees shall be appointed to 4-year terms. All subsequent appointments shall be for 4-year terms. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.
- (f) Members of the council shall serve without compensation. Meetings of the council may be held in person,

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without reimbursement for travel expenses, or by teleconference or other electronic means.

- (g) The Department of Health shall provide administrative support for the advisory council.
- Section 71. Effective July 1, 2012, section 385.210, Florida Statutes, is repealed.

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- Section 72. Section 391.016, Florida Statutes, is amended 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) Serve as a principal provider for children with special health care needs under Titles XIX and XXI of the Social Security Act.

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(4) Be complementary to children's health training programs essential for the maintenance of a skilled pediatric health care workforce for all Floridians.

Section 73. Section 391.021, Florida Statutes, is amended to read:

- 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 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.

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2913 (7) "Participant" means an eligible individual who is 2914 enrolled in the Children's Medical Services program.

- (8) "Program" means the Children's Medical Services program established in the department.
- 2917 Section 74. Section 391.025, Florida Statutes, is amended 2918 to read:
- 2919 391.025 Applicability and scope.-

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- 2920 (1) The Children's Medical Services program consists of the following components:
- 2922 (a) The newborn screening program established in s. 2923 383.14.
  - (b) The regional perinatal intensive care centers program established in ss. 383.15-383.21.
  - (c) A federal or state program authorized by the Legislature.
    - $\underline{\text{(c)}}$  The developmental evaluation and intervention program, including the Florida Infants and Toddlers Early Intervention Program.
      - (d) <del>(e)</del> The Children's Medical Services network.
    - (2) The Children's Medical Services program shall not be deemed an insurer and is not subject to the licensing requirements of the Florida Insurance Code or the rules adopted thereunder, when providing services to children who receive Medicaid benefits, other Medicaid-eligible children with special health care needs, and children participating in the Florida Kidcare program.
- Section 75. Section 391.026, Florida Statutes, is amended to read:

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391.026 Powers and duties of the department.—The department shall have the following powers, duties, and responsibilities:

- (1) To provide or contract for the provision of health services to eligible individuals.
- (2) To provide services to abused and neglected children through child protective teams pursuant to s. 39.303.
- (3) (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.
- (4) To coordinate a comprehensive delivery system for eligible individuals to take maximum advantage of all available funds.
- (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.
- (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.
- (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

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- (8) To oversee and operate the Children's Medical Services network.
- (9) To establish reimbursement mechanisms for the Children's Medical Services network.
- (10) To establish Children's Medical Services network standards and credentialing requirements for health care providers and health care services.
- (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.
- (12) To monitor the provision of health services in the program, including the utilization and quality of health services.
- (13) To administer the Children with Special Health Care Needs program in accordance with Title V of the Social Security Act.
- (14) To establish and operate a grievance resolution process for participants and health care providers.
- (15) To maintain program integrity in the Children's Medical Services program.
- (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

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authorized to maintain a minimum reserve for the Children's Medical Services network in an amount that is the greater of:

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- (a) Ten percent of total projected expenditures for Title XIX-funded and Title XXI-funded children; or
- (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.
- (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.
- 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

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for the method of service delivery, including consultant services, respect-for-privacy considerations, examination requirements, family support plans, and clinic design.

Section 76. 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.
- (2) The director shall provide for 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  $\underline{local}$  the program activities;
  - (c) Determining an individual's Medical and financial

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eligibility <u>determination</u> for the program <u>in accordance with s.</u>
391.029;-

- (d) Participating in the Determination of a level of care and medical complexity for long-term care services;
- (e) Authorizing services in the program and developing spending plans:  $\cdot$
- (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) Each Children's Medical Services area office shall be directed by a physician licensed under chapter 458 or chapter 459 who has specialized training and experience in the provision of health care to children. The director of a Children's Medical Services area office shall be appointed by the director from the active panel of Children's Medical Services physician consultants.
- Section 77. Section 391.029, Florida Statutes, is amended to read:
  - 391.029 Program eligibility.-

- (1) Eligibility The department shall establish the medical eriteria to determine if an applicant for the Children's Medical Services program is based on the diagnosis of one or more 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:

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(a) A high-risk pregnant female who is <u>enrolled in</u> eligible for Medicaid.

- (b) Children with  $\underline{\text{serious}}$  special health care needs from birth to 21 years of age who are  $\underline{\text{enrolled in}}$   $\underline{\text{eligible for}}$  Medicaid.
- (c) Children with <u>serious</u> special health care needs from birth to 19 years of age who are <u>enrolled in</u> <del>eligible for</del> 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 and whose 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 a sliding fee scale <u>criteria</u> established by the department.</u></u>
- (b) Children with special health care needs from birth to 21 years of age, as provided in Title V of the Social Security Act.
- (c) 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

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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)(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 78. 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 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

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3137 Social Security Act shall receive any service other than an 3138 initial health care screening or treatment of an emergency medical condition as defined in s. 395.002, until such child or 3139 3140 person is enrolled in Medicaid or a Title XXI program. 3141 Section 79. Effective January 1, 2013, section 392.51, 3142 Florida Statutes, is amended to read: 3143 Tuberculosis control Findings and intent.-A 3144 statewide system is established to control tuberculosis 3145 infection and mitigate its effects. The system consists The Legislature finds and declares that active tuberculosis is a 3146 3147 highly contagious infection that is sometimes fatal and 3148 constitutes a serious threat to the public health. The 3149 Legislature finds that there is a significant reservoir of 3150 tuberculosis infection in this state and that there is a need to 3151 develop community programs to identify tuberculosis and to 3152 respond quickly with appropriate measures. The Legislature finds 3153 that some patients who have active tuberculosis have complex 3154 medical, social, and economic problems that make outpatient 3155 control of the disease difficult, if not impossible, without 3156 posing a threat to the public health. The Legislature finds that 3157 in order to protect the citizenry from those few persons who 3158 pose a threat to the public, it is necessary to establish a 3159 system of mandatory contact identification, treatment to cure, 3160 hospitalization, and isolation for contagious cases, and to provide a system of voluntary, community-oriented care and 3161 3162 surveillance in all other cases. The Legislature finds that the 3163 delivery of Tuberculosis control services shall be provided is best accomplished by the coordinated efforts of the respective 3164

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county health departments <u>and contracted or other private health</u> <u>care providers</u>, the A.G. Holley State Hospital, and the private <u>health care delivery system</u>.

Section 80. 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 81. Effective January 1, 2013, section 392.62, Florida Statutes, is amended to read:

392.62 Hospitalization and placement programs.-

- 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 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

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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 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

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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 82. Subsection (1) of section 395.1027, Florida Statutes, is amended to read:
  - 395.1027 Regional poison control centers.-
- (1) There shall be created three certified regional poison control centers, one each in the north, central, and southern regions of the state. Each regional poison control center shall be affiliated with and physically located in a certified Level I trauma center. Each regional poison control center shall be affiliated with an accredited medical school or college of pharmacy. The regional poison control centers shall be coordinated under the aegis of the Division of Children's

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3249 Medical Services Prevention and Intervention in the department. 3250 Section 83. The Department of Health shall develop and 3251 implement a transition plan for the closure of A.G. Holley State 3252 Hospital. The plan shall include specific steps to end voluntary 3253 admissions; transfer patients to alternate facilities; 3254 communicate with families, providers, other affected parties, 3255 and the general public; enter into any necessary contracts with 3256 providers; and coordinate with the Department of Management 3257 Services regarding the disposition of equipment and supplies and the closure of the facility; and the Agency for Health Care 3258 3259 Administration is directed to modify its reimbursement plans and 3260 seek federal approval, if necessary, to continue Medicaid 3261 funding throughout the treatment period in community hospitals 3262 and other facilities. The plan shall be submitted to the 3263 Governor, the Speaker of the House of Representatives, and the 3264 President of the Senate by May 31, 2012. The department shall 3265 fully implement the plan by January 1, 2013. 3266 Section 84. Subsection (4) of section 401.243, Florida 3267 Statutes, is amended to read: 3268 401.243 Injury prevention.—The department shall establish 3269 an injury-prevention program with responsibility for the 3270 statewide coordination and expansion of injury-prevention 3271 activities. The duties of the department under the program may 3272 include, but are not limited to, data collection, surveillance, 3273 education, and the promotion of interventions. In addition, the 3274 department may:

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programs. The rules may include, but need not be limited

- Adopt rules governing the implementation of grant

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

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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 85. 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.

Section 86. 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

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from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces.

Section 87. Section 402.45, Florida Statutes is repealed.

Section 88. Subsections (3) and (4) of section 403.863,

Florida Statutes, are amended to read:

403.863 State public water supply laboratory certification 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 for 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.

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(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 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  $\frac{by}{b}$
- (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 to inspect a laboratory and its records during normal business hours.
- Section 89. 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

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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 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.

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(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.

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Section 90. Paragraph (f) of subsection (8) of section 411.203, Florida Statutes, is amended to read:

411.203 Continuum of comprehensive services.—The Department of Education and the Department of Health and Rehabilitative Services shall utilize the continuum of prevention and early assistance services for high-risk pregnant women and for high-risk and handicapped children and their families, as outlined in this section, as a basis for the intraagency and interagency program coordination, monitoring, and analysis required in this chapter. The continuum shall be the guide for the comprehensive statewide approach for services for high-risk pregnant women and for high-risk and handicapped children and their families, and may be expanded or reduced as necessary for the enhancement of those services. Expansion or reduction of the continuum shall be determined by intraagency or interagency findings and agreement, whichever is applicable. Implementation of the continuum shall be based upon applicable eligibility criteria, availability of resources, and interagency prioritization when programs impact both agencies, or upon single agency prioritization when programs impact only one agency. The continuum shall include, but not be limited to:

- (8) SUPPORT SERVICES FOR ALL EXPECTANT PARENTS AND PARENTS OF HIGH-RISK CHILDREN.—
  - (f) Parent support groups, such as the community resource

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3417	mother or father program as established in s. 402.45, or parents
3418	as first teachers, to strengthen families and to enable families
3419	of high-risk children to better meet their needs.
3420	Section 91. Paragraph (d) of subsection (11) of section
3421	409.256, Florida Statutes, is amended to read:
3422	409.256 Administrative proceeding to establish paternity
3423	or paternity and child support; order to appear for genetic
3424	testing
3425	(11) FINAL ORDER ESTABLISHING PATERNITY OR PATERNITY AND
3426	CHILD SUPPORT; CONSENT ORDER; NOTICE TO OFFICE OF VITAL
3427	STATISTICS.—
3428	(d) Upon rendering a final order of paternity or a final
3429	order of paternity and child support, the department shall
3430	notify the $\underline{ ext{Office}}$ $\underline{ ext{Division}}$ of Vital Statistics of the Department
3431	of Health that the paternity of the child has been established.
3432	Section 92. Section 458.346, Florida Statutes, is
3433	repealed.
3434	Section 93. Subsection (3) of section 462.19, Florida
3435	Statutes, is renumbered as subsection (2), and present
3436	subsection (2) of that section is amended to read:
3437	462.19 Renewal of license; inactive status.—
3438	(2) The department shall adopt rules establishing a
3439	procedure for the biennial renewal of licenses.
3440	Section 94. Subsection (6) of section 464.019, Florida
3441	Statutes, is amended to read:
3442	464.019 Approval of nursing education programs
3443	(6) ACCOUNTABILITY
3444	(a)1. An approved program must achieve a graduate passage

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rate that is not lower than 10 percentage points less than the average passage rate for graduates of comparable degree programs who are United States educated first-time test takers on the National Council of State Boards of Nursing Licensing Examination during a calendar year, as calculated by the contract testing service of the National Council of State Boards of Nursing. For purposes of this subparagraph, an approved program is comparable to all degree programs of the same program type from among the following program types:

- a. Professional nursing education programs that terminate in a bachelor's degree.
- b. Professional nursing education programs that terminate in an associate degree.
- c. Professional nursing education programs that terminate in a diploma.
  - d. Practical nursing education programs.
- 2. Beginning with graduate passage rates for calendar year 2010, if an approved program's graduate passage rates do not equal or exceed the required passage rates for 2 consecutive calendar years, the board shall place the program on probationary status pursuant to chapter 120 and the program director must appear before the board to present a plan for remediation. The program shall remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any 1 calendar year. The board shall deny a program application for a new prelicensure nursing education program submitted by an educational institution if the institution has an existing program that is already on

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## probationary status.

- 3. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the board, at its next regularly scheduled meeting following release of the program's graduate passage rate by the National Council of State Boards of Nursing, shall remove the program's probationary status. However, if the program, during the 2 calendar years following its placement on probationary status, does not achieve the required passage rate for any 1 calendar year, the board shall terminate the program pursuant to chapter 120.
- (b) If an approved program fails to submit the annual report required in subsection (4), the board shall notify the program director and president or chief executive officer of the educational institution in writing within 15 days after the due date of the annual report. The program director must appear before the board at the board's next regularly scheduled meeting to explain the reason for the delay. The board shall terminate the program pursuant to chapter 120 if it does not submit the annual report within 6 months after the due date.
- (c) An approved program on probationary status shall disclose its probationary status in writing to the program's students and applicants.
- Section 95. <u>Section 464.0197, Florida Statutes, is</u> repealed.
- Section 96. Subsection (4) of section 464.208, Florida Statutes, is amended to read:
  - 464.208 Background screening information; rulemaking

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3501 authority.-

(4) The board shall adopt rules to administer this part.

Section 97. Section 466.00775, Florida Statutes, is repealed.

Section 98. 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 99. 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 sanitation 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;

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microbiological bacteriological, chemical, and physical quality
of water in the pool or bathing area; method of water
purification, treatment, and disinfection; lifesaving apparatus;
and measures to ensure safety of bathers; and measures to ensure
the personal cleanliness of bathers.

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to read:

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 sanitation 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 specialoccupancy 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).

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Section 100. Section 514.023, Florida Statutes, is amended

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

- (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 public bathing places</u>.
- (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, Escherichia coli, 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

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contamination and provide the results of the investigation in writing or by electronic means to the municipality or county, as applicable.

(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 101. Section 514.025, Florida Statutes, is amended to read:

514.025 Assignment of authority to county health departments.—

- (1) The department shall assign to county health 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

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County health departments <u>are responsible</u> shall assume full responsibility for routine surveillance of <u>water quality in</u> all public swimming pools and bathing places, including responsibility for a minimum of two routine inspections annually, complaint investigations, enforcement procedures, <u>and reissuance of operating permits</u>, 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 102. Section 514.03, Florida Statutes, is amended to read:

develop, or modify public swimming pools or <u>public</u> bathing places. It is unlawful for any person or <u>public</u> 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

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reviews and inspections of public swimming pools and public bathing places for this purpose.

- (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

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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 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 103. 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 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 department, on application forms provided by the department, and shall accompany such application with:
- 1. Descriptions of the structure, its appurtenances, and its operation.

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1.2. Description of the source or sources of water supply, and the amount and quality of water available and intended to be 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.
- 4.6. Any other pertinent information deemed necessary by the department to fulfill the requirements of this chapter.
- (b) If the 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 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 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 transferable from one name or owner to another. When the ownership or name of an existing public swimming pool or bathing

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place is changed and such establishment is operating at the time of the change with a valid permit from the department, the new owner of the establishment shall apply to the department, upon forms provided by the 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 104. 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 places. Fees assessed under this chapter shall be in an amount

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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 in accordance with this chapter shall be deposited into the <u>Grants and Donations</u> <u>Trust Fund or 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.</u>
  - (5) The department may not charge any fees for services

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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 105. 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 <u>Grants and Donations Trust Fund Public</u>

  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 department may close a public pool that is not in compliance with this chapter or the rules adopted under this chapter.

Section 106. 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 risk to public health by failing to meet the water quality and safety standards established pursuant to <del>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.</u></del>

Section 107. Subsections (1) and (2) of section 633.115, Florida Statutes, are amended to read:

633.115 Fire and Emergency Incident Information Reporting Program; duties; fire reports.—

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(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 submit reports to the program.

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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 <u>Division Bureau</u> 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 <u>Division Bureau</u> of Emergency <u>Preparedness and Community Support Medical Services</u> of the Department of Health, appointed by the <u>division director bureau chief.</u>
- Section 108. 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. -

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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

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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.
- $\underline{(8)}$  (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.
- $\underline{\text{(9)}}$  (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 109. Section 1009.67, Florida Statutes, is amended to read:
  - 1009.67 Nursing scholarship program.—
- 3918 (1) There is established within the Department of

  3919 Education Health a scholarship program for the purpose of

  3920 attracting capable and promising students to the nursing

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3921 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 designated approved 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

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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.

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(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 110. 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 program, activity, or functions relative to the contract or

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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 111. 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

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 112. Paragraph (e) of subsection (2) of section 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 113. 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 immunodeficiency virus infection and other communicable diseases

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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.  $\underline{381.004(2)}$   $\underline{381.004(3)}$ . 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 suitability.

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(9) All blood banks shall be governed by the confidentiality provisions of s. 381.004(2)  $\frac{381.004(3)}{381.004(3)}$ .

Section 114. Paragraph (b) of subsection (3) of section 384.25, Florida Statutes, is amended to read:

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 115. Subsection (5) of section 392.56, Florida 4103 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.  $392.62\frac{(2)}{}$ , the department shall notify the facility of the potential court order.
- Section 116. Subsection (2) of section 456.032, Florida Statutes, is amended to read:

456.032 Hepatitis B or HIV carriers.-

(2) Any person licensed by the department and any other person employed by a health care facility who contracts a blood-borne infection shall have a rebuttable presumption that the illness was contracted in the course and scope of his or her

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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 117. Subsection (15) of section 499.003, Florida Statutes, is amended to read:

499.003 Definitions of terms used in this part.—As used in this part, the term:

(15) "Department" means the <u>Department of Business and</u> Professional Regulation <del>Department of Health</del>.

Section 118. Subsection (2) of section 499.601, Florida Statutes, is amended to read:

499.601 Legislative intent; construction.-

(2) The provisions of this part are cumulative and shall not be construed as repealing or affecting any powers, duties, or authority of the department of Health under any other law of this state; except that, with respect to the regulation of ether as herein provided, in instances in which the provisions of this part may conflict with any other such law, the provisions of this part shall control.

Section 119. Subsection (2) of section 499.61, Florida 4144 Statutes, is amended to read:

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4145 499.61 Definitions.—As used in this part: 4146 "Department" means the Department of Business and Professional Regulation Department of Health. 4147 Section 120. Subsection (2) of section 513.10, Florida 4148 4149 Statutes, is amended to read: 4150 513.10 Operating without permit; enforcement of chapter; 4151 penalties.-4152 This chapter or rules adopted under this chapter may 4153 be enforced in the manner provided in s. 381.0012 and as 4154 provided in this chapter. Violations of this chapter and the 4155 rules adopted under this chapter are subject to the penalties 4156 provided in this chapter and in s. ss. 381.0025 and 381.0061. 4157 Section 121. Paragraph (b) of subsection (9) of section 4158 768.28, Florida Statutes, is amended to read: 4159 768.28 Waiver of sovereign immunity in tort actions; 4160 recovery limits; limitation on attorney fees; statute of 4161 limitations; exclusions; indemnification; risk management 4162 programs.-4163 (9)4164 (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

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

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4173 operates an accredited medical school, and its employees or 4174 agents, when providing patient services pursuant to paragraph 4175 (10)(f); and any public defender or her or his employee or 4176 agent, including, among others, an assistant public defender and 4177 an investigator. 4178 Subsection (1) of section 775.0877, Florida Section 122. 4179 Statutes, is amended to read: 775.0877 Criminal transmission of HIV; procedures; 4180 4181 penalties.-4182 In any case in which a person has been convicted of or 4183 has pled nolo contendere or guilty to, regardless of whether 4184 adjudication is withheld, any of the following offenses, or the 4185 attempt thereof, which offense or attempted offense involves the 4186 transmission of body fluids from one person to another: Section 794.011, relating to sexual battery; 4187 (a) 4188 (b) Section 826.04, relating to incest; 4189 Section 800.04, relating to lewd or lascivious 4190 offenses committed upon or in the presence of persons less than 4191 16 years of age; 4192 Sections 784.011, 784.07(2)(a), and 784.08(2)(d), 4193 relating to assault; Sections 784.021, 784.07(2)(c), and 784.08(2)(b), 4194 4195 relating to aggravated assault; 4196 Sections 784.03, 784.07(2)(b), and 784.08(2)(c), 4197 relating to battery; Sections 784.045, 784.07(2)(d), and 784.08(2)(a), 4198 4199 relating to aggravated battery;

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(h) Section 827.03(1), relating to child abuse;

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

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