

LEGISLATIVE ACTION

Senate House

Floor: WD 03/08/2012 06:41 PM

Senator Hays moved the following:

Senate Amendment (with title amendment)

Delete lines 1970 - 2726 and insert:

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Section 35. Subsection (5) of section 381.0303, Florida Statutes, is amended to read:

381.0303 Special needs shelters.-

(5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State Surgeon General may establish a special needs shelter interagency committee and serve as, or appoint a designee to serve as, the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties. The committee shall address and

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resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters.

- (a) The committee shall +
- 1. develop, negotiate, and regularly review any necessary interagency agreements, and-
- 2. undertake other such activities as the department deems necessary to facilitate the implementation of this section.
 - 3. Submit recommendations to the Legislature as necessary.
- (b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health, 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 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.

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(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 36. Section 381.04015, Florida Statutes, is repealed.

Section 37. 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 $\frac{a}{a}$ continuing supply of highly trained physicians, and expand graduate medical education.
- (b) The Legislature further acknowledges the critical need for increased numbers of primary care physicians to provide the necessary current and projected health and medical services. In order to meet both present and anticipated needs, the Legislature supports an expansion in the number of family practice residency positions. The Legislature intends that the funding for graduate education in family practice be maintained and that funding for all primary care specialties be provided at a minimum of \$10,000 per resident per year. Should funding for

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act remain constant or be reduced, it is intended that all programs funded by this act be maintained or reduced proportionately.

- (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND LOCAL PLANNING.-
- (a) There is established under the Department of Health a program for statewide graduate medical education. It is intended that continuing graduate medical education programs for interns and residents be established on a statewide basis. The program shall provide financial support for primary care specialty interns and residents based on recommendations of policies recommended and approved by the Community Hospital Education Council, herein established, and the Department of Health, as authorized by the General Appropriations Act. Only those programs with at least three residents or interns in each year of the training program are qualified to apply for financial support. Programs with fewer than three residents or interns per training year are qualified to apply for financial support, but only if the appropriate accrediting entity for the particular specialty has approved the program for fewer positions. New programs added after fiscal year 1997-1998 shall have 5 years to attain the requisite number of residents or interns. When feasible and to the extent allowed through the General Appropriations Act, state funds shall be used to generate federal matching funds under Medicaid, or other federal programs, and the resulting combined state and federal funds shall be allocated to participating hospitals for the support of graduate medical education.
 - (b) For the purposes of this section, primary care

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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 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;

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- 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 Hospital Education Council and Department of Health with an annual report on their project.

Section 38. Subsection (7) of section 381.0405, Florida Statutes, is amended to read:

381.0405 Office of Rural Health.-

(7) APPROPRIATION. The Legislature shall appropriate such sums as are necessary to support the Office of Rural Health.



159 Section 39. Subsection (3) of section 381.0406, Florida Statutes, is amended to read: 160 161 381.0406 Rural health networks.-162 (3) Because each rural area is unique, with a different 163 health care provider mix, Health care provider membership may 164 vary, but all networks shall include members that provide public 165 health, comprehensive primary care, emergency medical care, and 166 acute inpatient care. 167 Section 40. Section 381.045, Florida Statutes, is repealed. 168 Section 41. Subsection (7) of section 381.06015, Florida 169 Statutes, is amended to read: 170 381.06015 Public Cord Blood Tissue Bank.-(7) In order to fund the provisions of this section the 171 172 consortium participants, the Agency for Health Care 173 Administration, and the Department of Health shall seek private 174 or federal funds to initiate program actions for fiscal year 175 2000-2001. 176 Section 42. Section 381.0605, Florida Statutes, is 177 repealed. Section 43. Section 381.102, Florida Statutes, is repealed. 178 179 Section 44. Section 381.103, Florida Statutes, is repealed. Section 45. Subsection (2) of section 381.4018, Florida 180 181 Statutes, is repealed. 182 Section 46. Section 381.60225, Florida Statutes, is 183 repealed. 184 Section 47. Section 381.7352, Florida Statutes, is amended 185 to read: 186 381.7352 Legislative findings and intent.

(1) The Legislature finds that despite state investments in

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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, mobilize the community to address health outcome disparities, enlist and organize local public and private resources, and faith-based organizations to address these disparities, and evaluate the effectiveness of interventions.

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

Section 48. Subsection (3) of section 381.7353, Florida Statutes, is amended to read:

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

(3) Pursuant to s. 20.43(6), the State Surgeon General may appoint an ad hoc advisory committee to: examine areas where public awareness, public education, research, and coordination regarding racial and ethnic health outcome disparities are lacking; consider access and transportation issues which contribute to health status disparities; and make recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities that exist between racial and ethnic populations.

Section 49. Subsections (5) and (6) of section 381.7356, Florida Statutes, are renumbered as subsections (4) and (5), respectively, and present subsection (4) of that section is amended to read:

381.7356 Local matching funds; grant awards.-

(4) Dissemination of grant awards shall begin no later than January 1, 2001.

Section 50. Subsection (3) of section 381.765, Florida Statutes, is amended to read:

381.765 Retention of title to and disposal of equipment.-

(3) The department may adopt rules relating to records and recordkeeping for department-owned property referenced in subsections (1) and (2).

Section 51. Section 381.77, Florida Statutes, is repealed.

Section 52. Section 381.795, Florida Statutes, is repealed.

Section 53. Subsections (2) through (5) of section 381.853, Florida Statutes, are renumbered as subsections (1) through (4),

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respectively, and present subsection (1) of that section is amended to read:

381.853 Florida Center for Brain Tumor Research.

(1) The Legislature finds that each year an estimated 190,000 citizens of the United States are diagnosed with cancerous and noncancerous brain tumors and that biomedical research is the key to finding cures for these tumors. The Legislature further finds that, although brain tumor research is being conducted throughout the state, there is a lack of coordinated efforts among researchers and health care providers. Therefore, the Legislature finds that there is a significant need for a coordinated effort to achieve the goal of curing brain tumors. The Legislature further finds that the biomedical technology sector meets the criteria of a high-impact sector, pursuant to s. 288.108(6), having a high importance to the state's economy with a significant potential for growth and contribution to our universities and quality of life.

Section 54. Section 381.855, Florida Statutes, is repealed.

Section 55. Section 381.87, Florida Statutes, is repealed.

Section 56. Section 381.895, Florida Statutes, is amended to read:

381.895 Standards for compressed air used for recreational diving.-

- (1) A person selling compressed air for recreational sport diving must:
- (a) Maintain certification or membership in at least one of the following organizations:
 - 1. Professional Association of Diving Instructors (PADI);
 - 2. National Association of Underwater Instructors (NAUI);



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- 3. Scuba Schools International (SSI);
- (b) Post in a conspicuous place on the premises a copy of the certification or documentation of membership in the organization; and
- (c) Maintain compliance with the Compressed Gas Association, Grade "E" Recreational Diving Compressed Air Standards, provide medical-grade compressed air, or use constant air-quality-monitoring devices that are calibrated at least every 90 days. The Department of Health shall establish maximum allowable levels for contaminants in compressed air used for recreational sport diving in this state. In developing the standards, the department must take into consideration the levels of contaminants allowed by the Grade "E" Recreational Diving Standards of the Compressed Gas Association.
- (2) The Department of Health may adopt rules to revise or add to the list of organizations authorized in subsection (1), or to recognize additional standards that are nationally recognized for ensuring compressed air is safe for recreation sport diving. The standards prescribed under this section do not apply to:
- (a) Any person providing compressed air for his or her own use.
- (b) Any governmental entity using a governmentally owned compressed air source for work related to the governmental entity.
- (c) Foreign registered vessels upon which a compressor is used to provide compressed air for work related to the operation of the vessel.

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(3) A person who does not comply with the requirements in subsection (1) or the rules adopted pursuant to subsection (2) commits a misdemeanor of the first degree, punishable as provided in s. 775.082 and s. 775.083. A person or entity that, for compensation, provides compressed air for recreational sport diving in this state, including compressed air provided as part of a dive package of equipment rental, dive boat rental, or dive boat charter, must ensure that the compressed air is tested quarterly by a laboratory that is accredited by either the American Industrial Hygiene Association or the American Association for Laboratory Accreditation and that the results of such tests are provided quarterly to the Department of Health. In addition, the person or entity must post the certificate issued by the laboratory accredited by the American Industrial Hygiene Association or the American Association for Laboratory Accreditation in a conspicuous location where it can readily be seen by any person purchasing compressed air.

- (4) The Department of Health shall maintain a record of all quarterly test results provided under this section.
- (5) It is a misdemeanor of the second degree for any person or entity to provide, for compensation, compressed air for recreational sport diving in this state, including compressed air provided as part of a dive package of equipment rental, dive boat rental, or dive boat charter, without:
- (a) Having received a valid certificate issued by a laboratory accredited by the American Industrial Hygiene Association or the American Association for Laboratory Accreditation which certifies that the compressed air meets the standards for contaminant levels established by the Department



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- (b) Posting the certificate issued by a laboratory accredited by the American Industrial Hygiene Association or the American Association for Laboratory Accreditation in a conspicuous location where it can readily be seen by persons purchasing compressed air.
- (6) The department shall adopt rules necessary to carry out the provisions of this section, which must include:
- (a) Maximum allowable levels of contaminants in compressed air used for sport diving.
- (b) Procedures for the submission of test results to the department.

Section 57. Section 381.90, Florida Statutes, is repealed. Section 58. Subsection (1) of section 381.91, Florida Statutes, is amended to read:

- 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 lowincome 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-
- (c) establish a funding source to build upon local private participation to sustain the operation of the program.

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Section 59. 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 available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

Section 60. Effective January 1, 2013, section 392.51, Florida Statutes, is amended to read:

392.51 Tuberculosis control Findings and intent.-A statewide system is established to control tuberculosis infection and mitigate its effects. The system consists The Legislature finds and declares that active tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to the public health. The Legislature finds that there is a significant reservoir of tuberculosis infection in this state and that there is a need to develop community programs to identify tuberculosis and to respond quickly with appropriate measures. The Legislature finds that some patients who have active tuberculosis have complex

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medical, social, and economic problems that make outpatient control of the disease difficult, if not impossible, without posing a threat to the public health. The Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a system of mandatory contact identification, treatment to cure, hospitalization, and isolation for contagious cases, and to provide a system of voluntary, community-oriented care and surveillance in all other cases. The Legislature finds that the delivery of Tuberculosis control services shall be provided is best accomplished by the coordinated efforts of the respective county health departments and contracted or other private health care providers, the A.G. Holley State Hospital, and the private health care delivery system.

Section 61. 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 62. Effective January 1, 2013, section 392.62, Florida Statutes, is amended to read:

392.62 Hospitalization and placement programs. -

(1) The department shall contract for operation of operate a program for the treatment hospitalization of persons who have active tuberculosis in hospitals licensed under chapter 395 and

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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 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.
- (2) (2) (3) 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



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- (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 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) 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 63. The Department of Health shall develop and implement a transition plan for the closure of A.G. Holley State Hospital. The plan shall include specific steps to end voluntary

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admissions; transfer patients to alternate facilities; communicate with families, providers, other affected parties, and the general public; enter into any necessary contracts with providers; coordinate with the Department of Management Services regarding the disposition of equipment and supplies and the closure of the facility; and seek federal approval, if needed, to continue Medicaid funding throughout the treatment period in community hospitals and other facilities. The plan shall be submitted to the Governor, the Speaker of the House of Representatives, and the President of the Senate by May 31, 2012. The department shall fully implement the plan by January 1, 2013.

Section 64. Subsections (1) and (4) of section 395.1027, Florida Statutes, are 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 Medical Services Prevention and Intervention in the department.
- (4) The Legislature hereby finds and declares that it is in the public interest to shorten the time required for a citizen to request and receive directly from designated regional poison control centers telephonic management advice for acute poisoning emergencies. To facilitate rapid and direct access, telephone

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numbers for designated regional poison control centers shall be given special prominence. The local exchange telecommunications companies shall print immediately below "911" or other emergency calling instructions on the inside front cover of the telephone directory the words "Poison Information Center," the logo of the American Association of Poison Control Centers, and the telephone number of the local, if applicable, or, if not local, other toll-free telephone number of the Florida Poison Information Center Network. This information shall be outlined and be no less than 1 inch in height by 2 inches in width. Only those facilities satisfying criteria established in the current "Criteria for Certification of a Regional Poison Center" set by the American Association of Poison Control Centers, and the "Standards of the Poison Information Center Program" initiated by the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall be permitted to list such facility as a poison information center, poison control center, or poison center. Those centers under a developmental phase-in plan shall be given 2 years from the date of initial 24-hour service implementation to comply with the aforementioned criteria and, as such, will be permitted to be listed as a poison information center, poison control center, or poison center during that allotted time period.

Section 65. Subsection (4) of section 401.243, Florida Statutes, is amended to read:

401.243 Injury prevention.—The department shall establish an injury-prevention program with responsibility for the statewide coordination and expansion of injury-prevention activities. The duties of the department under the program may

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include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. In addition, the department may:

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

Section 66. 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 67. 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

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active duty as a member of the Armed Forces of the United States.

(2) The department may adopt rules exempting the spouse of a member of the Armed Forces of the United States on active duty from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces.

Section 68. Section 402.45, Florida Statutes, is repealed. Section 69. Subsection (1) of section 400.914, Florida Statutes, is amended to read:

400.914 Rules establishing standards.-

- (1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, the agency in conjunction with the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall adopt and publish rules to implement the provisions of this part and part II of chapter 408, which shall include reasonable and fair standards. Any conflict between these standards and those that may be set forth in local, county, or 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,

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and protection from fire of the children served.

- (c) The appropriate provisions of the most recent edition of the "Life Safety Code" (NFPA-101) shall be applied.
- (d) The number and qualifications of all personnel who have responsibility for the care of the children served.
- (e) All sanitary conditions within the PPEC center and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of children served.
- (f) Programs and basic services promoting and maintaining the health and development of the children served and meeting the training needs of the children's legal guardians.
- (g) Supportive, contracted, other operational, and transportation services.
- (h) Maintenance of appropriate medical records, data, and information relative to the children and programs. Such records shall be maintained in the facility for inspection by the agency.

Section 70. Paragraph (d) of subsection (11) of section 409.256, Florida Statutes, is amended to read:

- 409.256 Administrative proceeding to establish paternity or paternity and child support; order to appear for genetic testing.-
- (11) FINAL ORDER ESTABLISHING PATERNITY OR PATERNITY AND CHILD SUPPORT; CONSENT ORDER; NOTICE TO OFFICE OF VITAL STATISTICS.-
- (d) Upon rendering a final order of paternity or a final order of paternity and child support, the department shall notify the Office Division of Vital Statistics of the Department



623 of Health that the paternity of the child has been established. 624 Section 71. Section 458.346, Florida Statutes, is repealed. Section 72. Subsection (3) of section 462.19, Florida 625 626 Statutes, is renumbered as subsection (2), and present 627 subsection (2) of that section is amended to read: 628 462.19 Renewal of license; inactive status.-629 (2) The department shall adopt rules establishing a 630 procedure for the biennial renewal of licenses. Section 73. Section 464.0197, Florida Statutes, is 631 632 repealed. 633 Section 74. Subsection (4) of section 464.208, Florida 634 Statutes, is amended to read: 635 464.208 Background screening information; rulemaking 636 authority.-637 (4) The board shall adopt rules to administer this part. 638 Section 75. Subsections (1) and (2) of section 633.115, 639 Florida Statutes, are amended to read: 640 633.115 Fire and Emergency Incident Information Reporting 641 Program; duties; fire reports.-642 (1)(a) The Fire and Emergency Incident Information 643 Reporting Program is created within the Division of State Fire 644 Marshal. The program shall: 645 1. Establish and maintain an electronic communication 646 system capable of transmitting fire and emergency incident 647 information to and between fire protection agencies. 648 2. Initiate a Fire and Emergency Incident Information 649 Reporting System that shall be responsible for:

a. Receiving fire and emergency incident information from

fire protection agencies.

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- 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.
- 5. Establish an electronic information database which is accessible and searchable by fire protection agencies.
- (b) The Division of State Fire Marshal shall consult with the Division of Forestry of the Department of Agriculture and Consumer Services and the Bureau of Emergency Preparedness and Community Support Medical Services of the Department of Health to coordinate data, ensure accuracy of the data, and limit duplication of efforts in data collection, analysis, and reporting.
- (2) The Fire and Emergency Incident Information System Technical Advisory Panel is created within the Division of State



Fire Marshal. The panel shall advise, review, and recommend to the State Fire Marshal with respect to the requirements of this section. The membership of the panel shall consist of the following 15 members:

- (a) The current 13 members of the Firefighters Employment, Standards, and Training Council as established in s. 633.31.
- (b) One member from the Division of Forestry of the Department of Agriculture and Consumer Services, appointed by the division director.
- (c) One member from the Bureau of Emergency Preparedness and Community Support Medical Services of the Department of Health, appointed by the bureau chief.

Section 76. Paragraph (c) of subsection (10) of section 768.28, Florida Statutes, is amended to read:

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

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======= T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete lines 165 - 203

and insert:

public health; 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.,

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relating to the "Community Hospital Education Act"; deleting legislative findings and intent; revising the mission of the program; requiring minimum funding for graduate education in family practice; deleting reference to an intent to establish a statewide graduate medical education program; amending s. 381.0405, F.S.; deleting an appropriation to the Office of Rural Health; amending s. 381.0406, F.S.; deleting unnecessary introductory language in provisions relating to rural health networks; repealing s. 381.045, 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 s. 381.102, F.S., to eliminate the community health pilot projects; repealing s. 381.103, F.S., to eliminate the duties of the department to assist the community health pilot projects; repealing s. 381.4018(2), F.S., relating to the legislative findings and intent with respect to



739	physician	WOI	rkforce	assessment	and	development;
740	repealing	s.	381.602	225,		