

By Senator Clary

7-882B-00

1 A bill to be entitled
2 An act relating to the Department of Health;
3 amending s. 20.43, F.S.; requiring the
4 department to include certain assessments,
5 projections, and recommendations in the
6 department's strategic plan rather than in the
7 state health plan; amending s. 39.303, F.S.;
8 providing duties of the Children's Medical
9 Services Program within the department with
10 respect to child protection teams; amending s.
11 120.80, F.S.; revising procedures for hearings
12 conducted with respect to the Brain and Spinal
13 Cord Injury Program; amending s. 154.011, F.S.;
14 revising duties of the department with respect
15 to monitoring and administering certain primary
16 care programs; amending s. 215.5602, F.S.;
17 revising the goals of and expenditures for the
18 Florida Biomedical Research Program within the
19 Lawton Chiles Endowment Fund; amending s.
20 381.0011, F.S.; providing requirements for the
21 department's strategic plan; amending s.
22 381.003, F.S.; requiring the department to
23 develop an immunization registry; requiring
24 that the registry include all children born in
25 this state; providing procedures under which a
26 parent or guardian may elect not to participate
27 in the immunization registry; providing for the
28 electronic transfer of records between health
29 care professionals and other agencies;
30 authorizing the department to adopt rules for
31 administering the registry; amending s.

1 381.0031, F.S.; authorizing the department to
2 obtain and inspect copies of certain medical
3 records and information, notwithstanding laws
4 governing the confidentiality of patient
5 records; exempting health care practitioners,
6 health care facilities, and agents and
7 employees thereof from liability for the
8 authorized release of patient records; amending
9 s. 381.004, F.S.; revising requirements for the
10 release of certain preliminary test results for
11 human immunodeficiency virus; revising the
12 definition of the term "medical personnel" to
13 include additional personnel; amending s.
14 381.0059, F.S.; defining the term "person who
15 provides services under a school health
16 services plan" for purposes of background
17 screening requirements for school health
18 services personnel; amending s. 381.0101, F.S.;
19 revising certification requirements for certain
20 environmental health professionals; amending s.
21 381.731, F.S.; requiring that the department
22 include certain strategies in the department's
23 strategic plan rather than in the Healthy
24 Communities, Healthy People Plan; amending s.
25 381.734, F.S.; revising the requirements of the
26 Healthy Communities, Healthy People Program;
27 transferring, renumbering, and amending s.
28 413.46, F.S.; revising legislative intent with
29 respect to the brain and spinal cord injury
30 program; creating s. 381.745, F.S.; providing
31 definitions for purposes of the Charlie Mack

1 Overstreet Brain or Spinal Cord Injuries Act;
2 amending s. 381.75, F.S., relating to duties of
3 the department under the brain and spinal cord
4 injury program; conforming provisions to
5 changes made by the act; creating s. 381.755,
6 F.S.; providing that the right to benefits
7 under the program is not assignable; amending
8 s. 381.76, F.S.; revising eligibility
9 requirements for the brain and spinal cord
10 injury program; creating s. 381.765, F.S.;
11 authorizing the department to retain title to
12 property and equipment and to dispose of
13 surplus equipment; authorizing the department
14 to adopt rules; creating s. 381.775, F.S.;
15 continuing the confidentiality provided for
16 records and information that pertains to
17 applicants for and recipients of services under
18 the brain and spinal cord injury program;
19 specifying circumstances under which the
20 department may release such records or
21 information; amending s. 381.78, F.S., relating
22 to the advisory council on brain and spinal
23 cord injuries; authorizing reimbursement for
24 per diem and travel expenses for members of the
25 council; prohibiting a council member from
26 voting on matters that provide a financial
27 benefit or create a conflict of interest;
28 providing for removal of members for cause;
29 creating s. 381.785, F.S.; authorizing the
30 department to recover third-party payments for
31 funded services; providing for the enforcement

1 of such right to recovery pursuant to a lien;
2 requiring the department to adopt rules
3 governing the recovery of payments; amending s.
4 381.79, F.S., relating to the Brain and Spinal
5 Cord Injury Rehabilitation Trust Fund;
6 redesignating the fund as the "Brain and Spinal
7 Cord Injury Program Trust Fund"; providing
8 additional purposes for which moneys in the
9 trust fund may be used; authorizing the
10 department to accept certain gifts; amending s.
11 385.103, F.S.; providing for the department to
12 operate community intervention programs rather
13 than comprehensive health improvement projects;
14 revising definitions; revising duties of the
15 department in operating such services;
16 requiring the department to adopt rules
17 governing the operation of community
18 intervention programs; amending s. 385.207,
19 F.S., relating to programs in epilepsy control;
20 conforming a cross-reference; amending s.
21 392.545, F.S.; prohibiting law enforcement
22 agencies from releasing the names of persons
23 subject to proceedings under the Tuberculosis
24 Control Act; creating s. 392.566, F.S.;
25 providing for the appointment of a guardian
26 advocate for persons who are hospitalized due
27 to active tuberculosis; providing for a
28 hearing; providing for a right to counsel;
29 providing qualifications for a person appointed
30 as a guardian advocate; providing requirements
31 for the department and the guardian advocate

1 with respect to giving consent to the treatment
2 of a hospitalized person; providing
3 requirements for the court in selecting a
4 guardian advocate; providing for the discharge
5 of the guardian advocate; amending s. 402.181,
6 F.S.; providing for certain damages and
7 injuries caused by patients of institutions
8 under the Department of Health and specified
9 other state agencies to be reimbursed under the
10 State Institutions Claims Program; amending s.
11 514.021, F.S.; requiring the department to
12 review rules; providing an effective date.

13

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

15

16 Section 1. Paragraph (1) of subsection (1) of section
17 20.43, Florida Statutes, is amended to read:

18 20.43 Department of Health.--There is created a
19 Department of Health.

20 (1) The purpose of the Department of Health is to
21 promote and protect the health of all residents and visitors
22 in the state through organized state and community efforts,
23 including cooperative agreements with counties. The
24 department shall:

25 (1) Include in the department's strategic plan
26 developed under s. 186.021 an assessment of ~~Biennially~~
27 ~~publish, and annually update, a state health plan that~~
28 ~~assesses~~ current health programs, systems, and costs; ~~makes~~
29 projections of future problems and opportunities; and
30 recommended ~~recommends~~ changes that are needed in the health
31 care system to improve the public health.

1 Section 2. Section 39.303, Florida Statutes, is
2 amended to read:

3 39.303 Child protection teams; services; eligible
4 cases.--The Children's Medical Services Program in the
5 Department of Health shall develop, maintain, and coordinate
6 the services of one or more multidisciplinary child protection
7 teams in each of the service districts of the Department of
8 Children and Family Services. Such teams may be composed of
9 appropriate representatives of school districts and
10 appropriate health, mental health, social service, legal
11 service, and law enforcement agencies. The Legislature finds
12 that optimal coordination of child protection teams and sexual
13 abuse treatment programs requires collaboration between the
14 Department of Health and the Department of Children and Family
15 Services. The two departments shall maintain an interagency
16 agreement that establishes protocols for oversight and
17 operations of child protection teams and sexual abuse
18 treatment programs. The Secretary of Health and the Deputy
19 Secretary ~~director~~ of Children's Medical Services, in
20 consultation with the Secretary of Children and Family
21 Services, shall maintain the responsibility for the screening,
22 employment, and, if necessary, the termination of child
23 protection team medical directors, at headquarters and in the
24 15 districts. Child protection team medical directors shall be
25 responsible for oversight of the teams in the districts.

26 (1) The Department of Health shall utilize and convene
27 the teams to supplement the assessment and protective
28 supervision activities of the family safety and preservation
29 program of the Department of Children and Family Services.
30 Nothing in this section shall be construed to remove or reduce
31 the duty and responsibility of any person to report pursuant

1 to this chapter all suspected or actual cases of child abuse,
2 abandonment, or neglect or sexual abuse of a child. The role
3 of the teams shall be to support activities of the program and
4 to provide services deemed by the teams to be necessary and
5 appropriate to abused, abandoned, and neglected children upon
6 referral. The specialized diagnostic assessment, evaluation,
7 coordination, consultation, and other supportive services that
8 a child protection team shall be capable of providing include,
9 but are not limited to, the following:

10 (a) Medical diagnosis and evaluation services,
11 including provision or interpretation of X rays and laboratory
12 tests, and related services, as needed, and documentation of
13 findings relative thereto.

14 (b) Telephone consultation services in emergencies and
15 in other situations.

16 (c) Medical evaluation related to abuse, abandonment,
17 or neglect, as defined by policy or rule of the Department of
18 Health.

19 (d) Such psychological and psychiatric diagnosis and
20 evaluation services for the child or the child's parent or
21 parents, legal custodian or custodians, or other caregivers,
22 or any other individual involved in a child abuse,
23 abandonment, or neglect case, as the team may determine to be
24 needed.

25 (e) Expert medical, psychological, and related
26 professional testimony in court cases.

27 (f) Case staffings to develop treatment plans for
28 children whose cases have been referred to the team. A child
29 protection team may provide consultation with respect to a
30 child who is alleged or is shown to be abused, abandoned, or
31 neglected, which consultation shall be provided at the request

1 of a representative of the family safety and preservation
2 program or at the request of any other professional involved
3 with a child or the child's parent or parents, legal custodian
4 or custodians, or other caregivers. In every such child
5 protection team case staffing, consultation, or staff activity
6 involving a child, a family safety and preservation program
7 representative shall attend and participate.

8 (g) Case service coordination and assistance,
9 including the location of services available from other public
10 and private agencies in the community.

11 (h) Such training services for program and other
12 employees of the Department of Children and Family Services,
13 employees of the Department of Health, and other medical
14 professionals as is deemed appropriate to enable them to
15 develop and maintain their professional skills and abilities
16 in handling child abuse, abandonment, and neglect cases.

17 (i) Educational and community awareness campaigns on
18 child abuse, abandonment, and neglect in an effort to enable
19 citizens more successfully to prevent, identify, and treat
20 child abuse, abandonment, and neglect in the community.

21 (2) The child abuse, abandonment, and neglect reports
22 that must be referred by the Department of Children and Family
23 Services to child protection teams of the Department of Health
24 for medical evaluation and available support services as set
25 forth in subsection (1) must include cases involving:

26 (a) Bruises, burns, or fractures in a child of any
27 age.

28 (b) Sexual abuse of a child in which vaginal or anal
29 penetration is alleged or in which other unlawful sexual
30 conduct has been determined to have occurred.

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1 (c) Venereal disease, or any other sexually
2 transmitted disease, in a prepubescent child.

3 (d) Reported malnutrition of a child and failure of a
4 child to thrive.

5 (e) Reported medical, physical, or emotional neglect
6 of a child.

7 (f) Any family in which one or more children have been
8 pronounced dead on arrival at a hospital or other health care
9 facility, or have been injured and later died, as a result of
10 suspected abuse, abandonment, or neglect, when any sibling or
11 other child remains in the home.

12 (g) Symptoms of serious emotional problems in a child
13 when emotional or other abuse, abandonment, or neglect is
14 suspected.

15 (h) Injuries to a child's head.

16 (3) All abuse and neglect cases transmitted for
17 investigation to a district by the hotline must be
18 simultaneously transmitted to the Department of Health child
19 protection team for review. All cases transmitted to the child
20 protection team which meet the criteria in subsection (2) must
21 be timely reviewed by a board-certified pediatrician or
22 registered nurse practitioner under the supervision of such
23 pediatrician for the purpose of determining whether a
24 face-to-face medical evaluation by a child protection team is
25 necessary. Such face-to-face medical evaluation is not
26 necessary only if it is determined that the child was examined
27 by a physician for the alleged abuse or neglect, and a
28 consultation between the child protection team board-certified
29 pediatrician or nurse practitioner and the examining physician
30 concludes that a further medical evaluation is unnecessary.

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1 (4) In all instances in which a child protection team
2 is providing certain services to abused, abandoned, or
3 neglected children, other offices and units of the Department
4 of Health, and offices and units of the Department of Children
5 and Family Services, shall avoid duplicating the provision of
6 those services.

7 Section 3. Subsection (15) of section 120.80, Florida
8 Statutes, is amended to read:

9 120.80 Exceptions and special requirements;
10 agencies.--

11 (15) DEPARTMENT OF HEALTH.--Notwithstanding s.
12 120.57(1)(a), formal hearings may not be conducted by the
13 Secretary of Health, the director of the Agency for Health
14 Care Administration, or a board or member of a board within
15 the Department of Health or the Agency for Health Care
16 Administration for matters relating to the regulation of
17 professions, as defined by part II of chapter 455.
18 Notwithstanding s. 120.57(1)(a), hearings conducted within the
19 Department of Health in execution of the Special Supplemental
20 Nutrition Program for Women, Infants, and Children; Child Care
21 Food Program; Children's Medical Services Program; the Brain
22 and Spinal Cord Injury Program; and the exemption from
23 disqualification reviews for certified nurse assistants
24 program need not be conducted by an administrative law judge
25 assigned by the division. The Department of Health may
26 contract with the Department of Children and Family Services
27 for a hearing officer in these matters.

28 Section 4. Subsections (2) and (5) of section 154.011,
29 Florida Statutes, are amended to read:

30 154.011 Primary care services.--

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1 (2) The department shall monitor, measure, and
2 evaluate ~~be responsible for monitoring, measuring, and~~
3 ~~evaluating~~ the quality of care, ~~cost-effectiveness, services,~~
4 ~~and geographic accessibility~~ provided by each primary care
5 program and ~~shall utilize the resulting data when~~
6 ~~renegotiating contracts with counties.~~

7 (5) The department shall adopt rules to govern the
8 operation of primary care programs authorized by this section.
9 Such rules shall include, but not be limited to, quality of
10 care, case management, a definition of income used to
11 determine eligibility or sliding fees, and Medicaid
12 participation and shall be developed by the State Health
13 Officer. Rules governing services to clients under 21 years of
14 age shall be developed in conjunction with children's medical
15 services and shall at a minimum include preventive services as
16 set forth in s. 627.6579.

17 Section 5. Paragraphs (a) and (b) of subsection (1)
18 and subsection (2) of section 215.5602, Florida Statutes, are
19 amended to read:

20 215.5602 Florida Biomedical Research Program.--

21 (1) There is established within the Lawton Chiles
22 Endowment Fund the Florida Biomedical Research Program to
23 support research initiatives that address the health care
24 problems of Floridians in the areas of cancer, cardiovascular
25 disease, stroke, and pulmonary disease. The long-term goals of
26 the program are to:

27 (a) Improve the health of Floridians by researching
28 better prevention, diagnoses, and treatments for cancer,
29 cardiovascular disease, stroke, and pulmonary disease.

30 (b) Expand the foundation of biomedical knowledge
31 relating to the prevention, diagnosis, and treatment of

1 diseases related to tobacco use, including cancer,
2 cardiovascular disease, stroke, and pulmonary disease.

3 (2) Funds appropriated from the Lawton Chiles
4 Endowment Fund to the Department of Health for the purposes of
5 this section shall be used exclusively for the award of grants
6 and fellowships under the program established in this section;
7 for research relating to the prevention, diagnosis, and
8 treatment of diseases related to tobacco use, including
9 cancer, cardiovascular disease, stroke, and pulmonary disease;
10 and for expenses incurred in the administration of this
11 section.

12 Section 6. Subsection (3) of section 381.0011, Florida
13 Statutes, is amended to read:

14 381.0011 Duties and powers of the Department of
15 Health.--It is the duty of the Department of Health to:

16 (3) Include in the department's strategic plan
17 developed under s. 186.021 a summary of ~~Develop a~~
18 ~~comprehensive public health plan that addresses~~ all aspects of
19 the public health mission and ~~establishes~~ health status
20 objectives to direct the use of public health resources with
21 an emphasis on prevention.

22 Section 7. Paragraph (e) of subsection (1) and
23 subsection (2) of section 381.003, Florida Statutes, is
24 amended to read:

25 381.003 Communicable disease and acquired immune
26 deficiency syndrome prevention and control.--

27 (1) The department shall conduct a communicable
28 disease prevention and control program as part of fulfilling
29 its public health mission. A communicable disease is any
30 disease caused by transmission of a specific infectious agent,
31 or its toxic products, from an infected person, an infected

1 animal, or the environment to a susceptible host, either
2 directly or indirectly. The communicable disease program must
3 include, but need not be limited to:

4 (e) Programs for the prevention and control of
5 vaccine-preventable diseases, including programs to immunize
6 school children as required by s. 232.032 and the development
7 of an automated, electronic, and centralized database or
8 registry of immunizations. The department shall ensure that
9 all children in this state are immunized against
10 vaccine-preventable diseases. The immunization registry shall
11 allow the department to enhance current immunization
12 activities for the purpose of improving the immunization of
13 all children in this state.

14 1. Except as provided in subparagraph 2., the
15 department shall include all children born in this state in
16 the immunization registry by using the birth records from the
17 Office of Vital Statistics. The department shall add other
18 children to the registry as immunization services are
19 provided.

20 2. The parent or guardian of a child may refuse to
21 participate in the immunization registry by signing a form
22 obtained from the department, or from the health care
23 practitioner or entity that provides the immunization, which
24 indicates that the parent or guardian does not wish to
25 participate in the immunization registry. The decision to not
26 participate in the immunization registry must be noted in the
27 registry.

28 3. The immunization registry shall allow for
29 immunization records to be electronically transferred to
30 entities that are required by law to have such records,
31 including schools, licensed child care facilities, and any

1 other entity that is required by law to obtain proof of a
2 child's immunizations.

3 4. Any health care practitioner licensed under chapter
4 458, chapter 459, or chapter 464 in this state who is
5 authorized by the department to access the immunization
6 registry may, through the immunization registry, directly
7 access immunization records and update a child's immunization
8 history or exchange immunization information with another
9 authorized practitioner, entity, or agency involved in a
10 child's care. The information included in the immunization
11 registry must include the child's name, date of birth,
12 address, and any other unique identifier necessary to
13 correctly identify the child; the immunization record,
14 including the date, type of administered vaccine, and vaccine
15 lot number; and the presence or absence of any adverse
16 reaction or contraindication related to the immunization.
17 Information received by the department for the immunization
18 registry retains its status as confidential medical
19 information and the department must maintain the
20 confidentiality of that information in accordance with this
21 section and s. 455.667. A health care practitioner or other
22 agency that obtains information from the immunization registry
23 must maintain the confidentiality of any medical records in
24 accordance with s. 455.667 or as otherwise required by law.

25 (2) The department may adopt, repeal, and amend rules
26 related to the prevention and control of communicable diseases
27 and the administration of the immunization registry. Such
28 rules may include,~~including~~ procedures for investigating
29 disease, timeframes for reporting disease, requirements for
30 followup reports of known or suspected exposure to disease,
31 and procedures for providing access to confidential

1 information necessary for disease investigations. For purposes
2 of the immunization registry, the rules may include procedures
3 for a health care practitioner to obtain authorization to use
4 the immunization registry, methods for a parent or guardian to
5 elect not to participate in the immunization registry, and
6 procedures for a health care practitioner licensed under
7 chapter 458, chapter 459, or chapter 464 to access and share
8 electronic immunization records with other entities allowed by
9 law to have access to the records.

10 Section 8. Section 381.0031, Florida Statutes, is
11 amended to read:

12 381.0031 Report of diseases of public health
13 significance to department.--

14 (1) Any practitioner licensed in this state to
15 practice medicine, osteopathic medicine, chiropractic
16 medicine, naturopathy, or veterinary medicine; any hospital
17 licensed under part I of chapter 395; or any laboratory
18 licensed under chapter 483 that diagnoses or suspects the
19 existence of a disease of public health significance shall
20 immediately report the fact to the Department of Health.

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

26 (3) Reports required by this section must be in
27 accordance with methods specified by rule of the department.

28 (4) Information submitted in reports required by this
29 section is confidential, exempt from the provisions of s.
30 119.07(1), and is to be made public only when necessary to
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1 public health. A report so submitted is not a violation of the
2 confidential relationship between practitioner and patient.

3 (5) The department may obtain and inspect copies of
4 medical records, records of laboratory tests, and other
5 medical-related information for reported cases of diseases of
6 public health significance described in subsection (2). The
7 department shall examine the records of a person who has a
8 disease of public health significance only for purposes of
9 preventing and eliminating outbreaks of disease and making
10 epidemiological investigations of reported cases of diseases
11 of public health significance, notwithstanding any other law
12 to the contrary. Health care practitioners, licensed health
13 care facilities, and laboratories shall allow the department
14 to inspect and obtain copies of such medical records and
15 medical-related information, notwithstanding any other law to
16 the contrary. Release of medical records and medical-related
17 information to the department by a health care practitioner,
18 licensed health care facility, or laboratory, or by an
19 authorized employee or agent thereof, does not constitute a
20 violation of the confidentiality of patient records. A health
21 care practitioner, health care facility, or laboratory, or any
22 employee or agent thereof, may not be held liable in any
23 manner for damages and is not subject to criminal penalties
24 for providing patient records to the department as authorized
25 by this section.

26 (6)~~(5)~~ The department may adopt rules related to
27 reporting diseases of significance to public health, which
28 must specify the information to be included in the report, who
29 is required to report, the method and time period for
30 reporting, requirements for enforcement, and required followup
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1 activities by the department which are necessary to protect
2 public health.

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4 This section does not affect s. 384.25.

5 Section 9. Paragraphs (d) and (h) of subsection (3) of
6 section 381.004, Florida Statutes, are amended to read:

7 381.004 Testing for human immunodeficiency virus.--

8 (3) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED
9 CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.--

10 (d) No test result shall be determined as positive,
11 and no positive test result shall be revealed to any person,
12 without corroborating or confirmatory tests being conducted
13 except in the following situations:

14 1. Preliminary test results may be released to
15 licensed physicians or the medical or nonmedical personnel
16 subject to the significant exposure for purposes of
17 subparagraphs (h)10., 11., and 12.

18 2. Preliminary test results may be released to health
19 care providers and to the person tested when decisions about
20 medical care or treatment ~~of the person tested~~ cannot await
21 the results of confirmatory testing. Positive preliminary HIV
22 test results shall not be characterized to the patient as a
23 diagnosis of HIV infection. Justification for the use of
24 preliminary test results must be documented in the medical
25 record by the health care provider who ordered the test. This
26 subparagraph does not authorize the release of preliminary
27 test results for the purpose of routine identification of
28 HIV-infected individuals or when HIV testing is incidental to
29 the preliminary diagnosis or care of a patient. Corroborating
30 or confirmatory testing must be conducted as followup to a
31 positive preliminary test. Results shall be communicated to

1 the patient according to statute regardless of the outcome.
2 Except as provided in this section, test results are
3 confidential and exempt from the provisions of s. 119.07(1).

4 (h) Notwithstanding the provisions of paragraph (a),
5 informed consent is not required:

6 1. When testing for sexually transmissible diseases is
7 required by state or federal law, or by rule including the
8 following situations:

9 a. HIV testing pursuant to s. 796.08 of persons
10 convicted of prostitution or of procuring another to commit
11 prostitution.

12 b. Testing for HIV by a medical examiner in accordance
13 with s. 406.11.

14 2. Those exceptions provided for blood, plasma,
15 organs, skin, semen, or other human tissue pursuant to s.
16 381.0041.

17 3. For the performance of an HIV-related test by
18 licensed medical personnel in bona fide medical emergencies
19 when the test results are necessary for medical diagnostic
20 purposes to provide appropriate emergency care or treatment to
21 the person being tested and the patient is unable to consent,
22 as supported by documentation in the medical record.
23 Notification of test results in accordance with paragraph (c)
24 is required.

25 4. For the performance of an HIV-related test by
26 licensed medical personnel for medical diagnosis of acute
27 illness where, in the opinion of the attending physician,
28 obtaining informed consent would be detrimental to the
29 patient, as supported by documentation in the medical record,
30 and the test results are necessary for medical diagnostic
31 purposes to provide appropriate care or treatment to the

1 person being tested. Notification of test results in
2 accordance with paragraph (c) is required if it would not be
3 detrimental to the patient. This subparagraph does not
4 authorize the routine testing of patients for HIV infection
5 without informed consent.

6 5. When HIV testing is performed as part of an autopsy
7 for which consent was obtained pursuant to s. 872.04.

8 6. For the performance of an HIV test upon a defendant
9 pursuant to the victim's request in a prosecution for any type
10 of sexual battery where a blood sample is taken from the
11 defendant voluntarily, pursuant to court order for any
12 purpose, or pursuant to the provisions of s. 775.0877, s.
13 951.27, or s. 960.003; however, the results of any HIV test
14 performed shall be disclosed solely to the victim and the
15 defendant, except as provided in ss. 775.0877, 951.27, and
16 960.003.

17 7. When an HIV test is mandated by court order.

18 8. For epidemiological research pursuant to s.
19 381.0032, for research consistent with institutional review
20 boards created by 45 C.F.R. part 46, or for the performance of
21 an HIV-related test for the purpose of research, if the
22 testing is performed in a manner by which the identity of the
23 test subject is not known and may not be retrieved by the
24 researcher.

25 9. When human tissue is collected lawfully without the
26 consent of the donor for corneal removal as authorized by s.
27 732.9185 or enucleation of the eyes as authorized by s.
28 732.919.

29 10. For the performance of an HIV test upon an
30 individual who comes into contact with medical personnel in
31 such a way that a significant exposure has occurred during the

1 course of employment or within the scope of practice and where
2 a blood sample is available that was taken from that
3 individual voluntarily by medical personnel for other
4 purposes. The term "medical personnel" includes a licensed or
5 certified health care professional; an employee of a health
6 care professional ~~or~~ health care facility; employees of a
7 laboratory licensed under chapter 483; personnel of a, ~~or~~
8 blood bank ~~or~~ plasma center; a medical student or other
9 student who is receiving training as a health care
10 professional at a health care facility; and a paramedic or
11 emergency medical technician certified by the department to
12 perform life-support procedures under ~~as defined in~~ s. 401.23.

13 a. Prior to performance of an HIV test on a
14 voluntarily obtained blood sample, the individual from whom
15 the blood was obtained shall be requested to consent to the
16 performance of the test and to the release of the results.
17 The individual's refusal to consent and all information
18 concerning the performance of an HIV test and any HIV test
19 result shall be documented only in the medical personnel's
20 record unless the individual gives written consent to entering
21 this information on the individual's medical record.

22 b. Reasonable attempts to locate the individual and to
23 obtain consent shall be made and all attempts must be
24 documented. If the individual cannot be found, an HIV test may
25 be conducted on the available blood sample. If the individual
26 does not voluntarily consent to the performance of an HIV
27 test, the individual shall be informed that an HIV test will
28 be performed, and counseling shall be furnished as provided in
29 this section. However, HIV testing shall be conducted only
30 after a licensed physician documents, in the medical record of
31 the medical personnel, that there has been a significant

1 exposure and that, in the physician's medical judgment, the
2 information is medically necessary to determine the course of
3 treatment for the medical personnel.

4 c. Costs of any HIV test of a blood sample performed
5 with or without the consent of the individual, as provided in
6 this subparagraph, shall be borne by the medical personnel or
7 the employer of the medical personnel. However, costs of
8 testing or treatment not directly related to the initial HIV
9 tests or costs of subsequent testing or treatment shall not be
10 borne by the medical personnel or the employer of the medical
11 personnel.

12 d. In order to utilize the provisions of this
13 subparagraph, the medical personnel must either be tested for
14 HIV pursuant to this section or provide the results of an HIV
15 test taken within 6 months prior to the significant exposure
16 if such test results are negative.

17 e. A person who receives the results of an HIV test
18 pursuant to this subparagraph shall maintain the
19 confidentiality of the information received and of the persons
20 tested. Such confidential information is exempt from s.
21 119.07(1).

22 f. If the source of the exposure will not voluntarily
23 submit to HIV testing and a blood sample is not available, the
24 medical personnel or the employer of such person acting on
25 behalf of the employee may seek a court order directing the
26 source of the exposure to submit to HIV testing. A sworn
27 statement by a physician licensed under chapter 458 or chapter
28 459 that a significant exposure has occurred and that, in the
29 physician's medical judgment, testing is medically necessary
30 to determine the course of treatment constitutes probable
31 cause for the issuance of an order by the court. The results

1 of the test shall be released to the source of the exposure
2 and to the person who experienced the exposure.

3 11. For the performance of an HIV test upon an
4 individual who comes into contact with medical personnel in
5 such a way that a significant exposure has occurred during the
6 course of employment or within the scope of practice of the
7 medical personnel while the medical personnel provides
8 emergency medical treatment to the individual; or who comes
9 into contact with nonmedical personnel in such a way that a
10 significant exposure has occurred while the nonmedical
11 personnel provides emergency medical assistance during a
12 medical emergency. For the purposes of this subparagraph, a
13 medical emergency means an emergency medical condition outside
14 of a hospital or health care facility that provides physician
15 care. The test may be performed only during the course of
16 treatment for the medical emergency.

17 a. An individual who is capable of providing consent
18 shall be requested to consent to an HIV test prior to the
19 testing. The individual's refusal to consent, and all
20 information concerning the performance of an HIV test and its
21 result, shall be documented only in the medical personnel's
22 record unless the individual gives written consent to entering
23 this information on the individual's medical record.

24 b. HIV testing shall be conducted only after a
25 licensed physician documents, in the medical record of the
26 medical personnel or nonmedical personnel, that there has been
27 a significant exposure and that, in the physician's medical
28 judgment, the information is medically necessary to determine
29 the course of treatment for the medical personnel or
30 nonmedical personnel.

31

1 c. Costs of any HIV test performed with or without the
2 consent of the individual, as provided in this subparagraph,
3 shall be borne by the medical personnel or the employer of the
4 medical personnel or nonmedical personnel. However, costs of
5 testing or treatment not directly related to the initial HIV
6 tests or costs of subsequent testing or treatment shall not be
7 borne by the medical personnel or the employer of the medical
8 personnel or nonmedical personnel.

9 d. In order to utilize the provisions of this
10 subparagraph, the medical personnel or nonmedical personnel
11 shall be tested for HIV pursuant to this section or shall
12 provide the results of an HIV test taken within 6 months prior
13 to the significant exposure if such test results are negative.

14 e. A person who receives the results of an HIV test
15 pursuant to this subparagraph shall maintain the
16 confidentiality of the information received and of the persons
17 tested. Such confidential information is exempt from s.
18 119.07(1).

19 f. If the source of the exposure will not voluntarily
20 submit to HIV testing and a blood sample was not obtained
21 during treatment for the medical emergency, the medical
22 personnel, the employer of the medical personnel acting on
23 behalf of the employee, or the nonmedical personnel may seek a
24 court order directing the source of the exposure to submit to
25 HIV testing. A sworn statement by a physician licensed under
26 chapter 458 or chapter 459 that a significant exposure has
27 occurred and that, in the physician's medical judgment,
28 testing is medically necessary to determine the course of
29 treatment constitutes probable cause for the issuance of an
30 order by the court. The results of the test shall be released
31

1 to the source of the exposure and to the person who
2 experienced the exposure.

3 12. For the performance of an HIV test by the medical
4 examiner or attending physician upon an individual who expired
5 or could not be resuscitated while receiving emergency medical
6 assistance or care and who was the source of a significant
7 exposure to medical or nonmedical personnel providing such
8 assistance or care.

9 a. HIV testing may be conducted only after a licensed
10 physician documents in the medical record of the medical
11 personnel or nonmedical personnel that there has been a
12 significant exposure and that, in the physician's medical
13 judgment, the information is medically necessary to determine
14 the course of treatment for the medical personnel or
15 nonmedical personnel.

16 b. Costs of any HIV test performed under this
17 subparagraph may not be charged to the deceased or to the
18 family of the deceased person.

19 c. For the provisions of this subparagraph to be
20 applicable, the medical personnel or nonmedical personnel must
21 be tested for HIV under this section or must provide the
22 results of an HIV test taken within 6 months before the
23 significant exposure if such test results are negative.

24 d. A person who receives the results of an HIV test
25 pursuant to this subparagraph shall comply with paragraph (e).

26 13. For the performance of an HIV-related test
27 medically indicated by licensed medical personnel for medical
28 diagnosis of a hospitalized infant as necessary to provide
29 appropriate care and treatment of the infant when, after a
30 reasonable attempt, a parent cannot be contacted to provide
31 consent. The medical records of the infant shall reflect the

1 reason consent of the parent was not initially obtained. Test
2 results shall be provided to the parent when the parent is
3 located.

4 14. For the performance of HIV testing conducted to
5 monitor the clinical progress of a patient previously
6 diagnosed to be HIV positive.

7 15. For the performance of repeated HIV testing
8 conducted to monitor possible conversion from a significant
9 exposure.

10 Section 10. Section 381.0059, Florida Statutes, is
11 amended to read:

12 381.0059 Background screening requirements for school
13 health services personnel.--

14 (1)(a) Any person who provides services under a school
15 health services plan pursuant to s. 381.0056 must complete
16 level 2 screening as provided in chapter 435. A person may
17 satisfy the requirements of this subsection by submitting
18 proof of compliance with the requirements of level 2 screening
19 under s. 435.04, conducted within 12 months before the date
20 that person initially provides services under a school health
21 services plan pursuant to s. 381.0056. Any person who provides
22 services under a school health services plan pursuant to s.
23 381.0056 shall be on probationary status pending the results
24 of the level 2 screening.

25 (b) In order to conduct level 2 screening, any person
26 who provides services under a school health services plan
27 pursuant to s. 381.0056 must furnish to the Department of
28 Health a full set of fingerprints to enable the department to
29 conduct a criminal background investigation. Each person who
30 provides services under a school health services plan pursuant
31 to s. 381.0056 must file a complete set of fingerprints taken

1 by an authorized law enforcement officer and must provide
2 sufficient information for a statewide criminal records
3 correspondence check through the Florida Department of Law
4 Enforcement. The Department of Health shall submit the
5 fingerprints to the Florida Department of Law Enforcement for
6 a statewide criminal history check, and the Florida Department
7 of Law Enforcement shall forward the fingerprints to the
8 Federal Bureau of Investigation for a national criminal
9 history check.

10 (c) The person subject to the required background
11 screening or his or her employer must pay the fees required to
12 obtain the background screening. Payment for the screening and
13 the abuse registry check must be submitted to the Department
14 of Health. The Florida Department of Law Enforcement shall
15 charge the Department of Health for a level 2 screening at a
16 rate sufficient to cover the costs of such screening pursuant
17 to s. 943.053(3). The Department of Health shall establish a
18 schedule of fees to cover the costs of the level 2 screening
19 and the abuse registry check. The applicant or his or her
20 employer who pays for the required screening may be reimbursed
21 by the Department of Health from funds designated for this
22 purpose.

23 (2)(a) When the Department of Health has reasonable
24 cause to believe that grounds exist for the disqualification
25 of any person providing services under a school health
26 services plan pursuant to s. 381.0056, as a result of
27 background screening, it shall notify the person in writing,
28 stating the specific record that indicates noncompliance with
29 the level 2 screening standards. The Department of Health must
30 disqualify any person from providing services under a school
31 health services plan pursuant to s. 381.0056 if the department

1 finds that the person is not in compliance with the level 2
2 screening standards. A person who provides services under a
3 school health plan pursuant to s. 381.0056 on a probationary
4 status and who is disqualified because of the results of his
5 or her background screening may contest that disqualification.

6 (b) As provided in s. 435.07, the Department of Health
7 may grant an exemption from disqualification to a person
8 providing services under a school health services plan
9 pursuant to s. 381.0056 who has not received a professional
10 license or certification from the Department of Health.

11 (c) As provided in s. 435.07, the Department of Health
12 may grant an exemption from disqualification to a person
13 providing services under a school health services plan
14 pursuant to s. 381.0056 who has received a professional
15 license or certification from the Department of Health.

16 (3) Any person who is required to undergo the
17 background screening to provide services under a school health
18 plan pursuant to s. 381.0056 who refuses to cooperate in such
19 screening or refuses to submit the information necessary to
20 complete the screening, including fingerprints, shall be
21 disqualified for employment or volunteering in such position
22 or, if employed, shall be dismissed.

23 (4) Under penalty of perjury, each person who provides
24 services under a school health plan pursuant to s. 381.0056
25 must attest to meeting the level 2 screening requirements for
26 participation under the plan and agree to inform the
27 Department of Health immediately if convicted of any
28 disqualifying offense while providing services under a school
29 health services plan pursuant to s. 381.0056.

30 (5) As used in this section, the term "person who
31 provides services under a school health services plan" does

1 not include an unpaid volunteer who lectures students in group
2 settings on health education topics.

3 Section 11. Paragraphs (a) and (d) of subsection (5)
4 of section 381.0101, Florida Statutes, are amended to read:

5 381.0101 Environmental health professionals.--

6 (5) STANDARDS FOR CERTIFICATION.--The department shall
7 adopt rules that establish minimum standards of education,
8 training, or experience for those persons subject to this
9 section. The rules shall also address the process for
10 application, examination, issuance, expiration, and renewal of
11 certification and ethical standards of practice for the
12 profession.

13 (a) Persons employed as environmental health
14 professionals shall exhibit a knowledge of rules and
15 principles of environmental and public health law in Florida
16 through examination. A person may not conduct environmental
17 health evaluations in a primary program area unless he or she
18 is currently certified in that program area or works under the
19 direct supervision of a certified environmental health
20 professional.

21 1. All persons who begin employment in a primary
22 environmental health program on or after September 21, 1994,
23 must be certified in that program within 6 months after
24 employment.

25 2. Persons employed in the a primary environmental
26 health program of a food protection program or an onsite
27 sewage treatment and disposal system prior to September 21,
28 1994, shall be considered certified while employed in that
29 position and shall be required to adhere to any professional
30 standards established by the department pursuant to paragraph
31 (b), complete any continuing education requirements imposed

1 under paragraph (d), and pay the certificate renewal fee
2 imposed under subsection (7).

3 3. Persons employed in the a primary environmental
4 health program of a food protection program or an onsite
5 sewage treatment and disposal system prior to September 21,
6 1994, who change positions or program areas and transfer into
7 another primary environmental health program area on or after
8 September 21, 1994, must be certified in that program within 6
9 months after such transfer, except that they will not be
10 required to possess the college degree required under
11 paragraph (e).

12 4. Registered sanitarians shall be considered
13 certified and shall be required to adhere to any professional
14 standards established by the department pursuant to paragraph
15 (b).

16 (d) Persons who are certified shall renew their
17 certification biennially by completing not less than 24
18 contact hours of continuing education for each program area in
19 which they maintain certification, subject to a maximum of 48
20 hours for multiprogram certification.

21 Section 12. Section 381.731, Florida Statutes, is
22 amended to read:

23 381.731 Strategic planning ~~Healthy Communities,~~
24 ~~Healthy People Plan.--~~

25 (1) The Department of Health shall include
26 population-based health-promotion strategies in the
27 department's strategic plan developed under s. 186.021 ~~develop~~
28 ~~a biennial Healthy Communities, Healthy People Plan that shall~~
29 ~~be submitted to the Governor, the President of the Senate, and~~
30 ~~the Speaker of the House of Representatives by December 31 of~~
31 ~~each even-numbered year.~~

1 (2) The strategic plan must include data on the health
2 status of the state's population, health status objectives and
3 outcome measures, and public health strategies, including
4 health promotion strategies. The strategic plan must also
5 provide an overall conceptual framework for the state's health
6 promotion programs that considers available information on
7 mortality, morbidity, disability, and behavioral risk factors
8 associated with chronic diseases and conditions; ~~proposals for~~
9 ~~public and private health insurance reforms needed to fully~~
10 ~~implement the state's health promotion initiative; the best~~
11 ~~health promotion practices of the county health departments~~
12 ~~and other states; and proposed educational reforms needed to~~
13 ~~promote healthy behaviors among the state's school-age~~
14 ~~children.~~

15 Section 13. Section 381.734, Florida Statutes, is
16 amended to read:

17 381.734 Healthy Communities, Healthy People Program.--

18 (1) The department shall develop and implement the
19 Healthy Communities, Healthy People Program, a comprehensive
20 and community-based health promotion and wellness program.
21 The program shall be designed to reduce major behavioral risk
22 factors associated with chronic diseases, including those
23 chronic diseases identified in chapter 385, ~~and injuries and~~
24 ~~accidents~~, by enhancing the knowledge, skills, motivation, and
25 opportunities for individuals, organizations, and communities
26 to develop and maintain healthy lifestyles.

27 (2) The department shall consolidate and use existing
28 resources, programs, and program data to develop this program,
29 to avoid duplication of efforts or services. Such resources,
30 programs, and program data shall include the community
31 intervention programs operated, ~~but not be limited to, s.~~

1 ~~381.103, the comprehensive health improvement project under s.~~
2 ~~385.103, and the comprehensive public health plan, public~~
3 ~~information, and statewide injury control plan under s.~~
4 ~~381.0011(3), (8), and (12).~~

5 (3) The program shall include:

6 (a) ~~Biennial~~ Statewide assessments of specific,
7 causal, and behavioral risk factors that affect the health of
8 residents of the state.

9 (b) The development of community-based health
10 promotion programs, incorporating health promotion and
11 preventive care practices supported in scientific and medical
12 literature.

13 (c) The development and implementation of statewide
14 age-specific, disease-specific, and community-specific health
15 promotion and preventive care strategies using primary,
16 secondary, and tertiary prevention interventions.

17 (d) ~~The development and implementation of models for~~
18 ~~testing statewide health promotion of community-based~~
19 health-promotion model programs that meet specific criteria
20 and address major risk factors in the state and motivate
21 individuals to permanently adopt healthy behaviors, enhance
22 self-esteem, and increase social and personal
23 responsibilities.

24 (e) The enhancement of the department's ~~State Health~~
25 ~~Office's~~ special initiatives to develop the mental, emotional,
26 and social competencies of children and adolescents, using
27 innovative school-based and neighborhood-based approaches to
28 build self-esteem and prevent later problems such as drug
29 abuse, poor school performance, criminal behavior, and other
30 behavioral problems.

31

1 (f) The development and implementation of a statewide
2 health education program to educate the public and communities
3 about health risks and assist them in modifying unhealthy
4 behaviors.

5 (g) The establishment of a comprehensive program to
6 inform the public, health care professionals, and communities
7 about the prevalence of chronic diseases in the state; known
8 and potential risks, including social and behavioral risks;
9 and behavior changes that would reduce risks.

10 (h) The development and implementation of a program
11 for enhancing self-help organizations and volunteer programs
12 that enlist the support of volunteers in health promotion
13 activities, particularly persons who serve as role models
14 because of their public visibility or because of their
15 recovery from or skill in coping with disease.

16 (i) The development of policies that encourage the use
17 of alternative community delivery sites for health promotion
18 and preventive care programs and promote the use of
19 neighborhood delivery sites that are close to work, home, and
20 school.

21 (j) An emphasis on the importance of a physically
22 active lifestyle to build self-esteem, reduce morbidity and
23 mortality associated with chronic disease, and reduce obesity.

24 Section 14. Section 413.46, Florida Statutes, is
25 transferred, renumbered as section 381.7395, Florida Statutes,
26 and amended to read:

27 381.7395 ~~413.46~~ Legislative intent.--It is the intent
28 of the Legislature to ensure the referral of individuals
29 ~~persons~~ who have moderate-to-severe brain or spinal cord
30 injuries to the brain and spinal cord injury program, a
31 coordinated rehabilitation program ~~developed and~~ administered

1 by the department ~~division~~. The program shall provide eligible
2 persons, as defined in s. 381.76 ~~s. 413.507~~, the opportunity
3 to obtain the necessary rehabilitative services enabling them
4 to be referred to a vocational rehabilitation program or to
5 return to an appropriate level of functioning in their
6 community. Further, it is intended that permanent disability
7 be avoided, whenever possible, through prevention, early
8 identification, ~~skilled~~ emergency medical services and
9 transport evacuation procedures, and proper medical and
10 rehabilitative treatment.

11 Section 15. Section 381.745, Florida Statutes, is
12 created to read:

13 381.745 Definitions.--As used in ss. 381.739-381.79,
14 the term:

15 (1) "Activity of daily living" means an activity
16 required on a frequent basis which permits an individual to
17 secure or maintain independence. Such activities include, but
18 are not limited to, personal home care, transportation,
19 personal-assistance services, housekeeping, shopping,
20 attending school, communication, and employment.

21 (2) "Brain or spinal cord injury" means:

22 (a) A lesion to the spinal cord or cauda equina,
23 resulting from external trauma, with evidence of significant
24 involvement of two of the following deficits or dysfunctions:

- 25 1. Motor deficit.
- 26 2. Sensory deficit.
- 27 3. Bowel and bladder dysfunction.

28 (b) An insult to the skull, brain, or its covering,
29 resulting from external trauma that produces an altered state
30 of consciousness or anatomic motor, sensory, cognitive, or
31 behavioral deficits.

1 (3) "Emergency medical evacuation system" means a
2 department-approved transportation system that provides timely
3 and skilled emergency care and movement of individuals
4 believed to have sustained a brain or spinal cord injury.

5 (4) "Personal-assistance services" means a range of
6 services, provided by one or more individuals, which are
7 designed to assist an individual who has a disability to
8 perform activities of daily living.

9 (5) "Funded services" means services paid for through
10 the brain and spinal cord injury program.

11 (6) "Designated facility" means a facility approved by
12 the brain and spinal cord injury program which meets the
13 criteria and standards of care of the brain and spinal cord
14 injury program for individuals who have sustained a brain or
15 spinal cord injury.

16 (7) "Third-party coverage" means any claim for, right
17 to receive payment for, or any coverage for the payment of any
18 services under the brain and spinal cord injury program.

19 (8) "Third-party payment" means any and all payments
20 received or due as a result of any third-party obligation
21 created by gift, coverage or other contract, settlement or
22 judicial decision, or action of law.

23 (9) "Transitional living facility" means a
24 state-approved facility, as defined and licensed under chapter
25 400, or a facility approved by the brain and spinal cord
26 injury program in accordance with this chapter.

27 (10) "Trauma center" means a department-approved acute
28 care facility that provides diagnosis and treatment of
29 individuals who have sustained a brain or spinal cord injury.

30 Section 16. Section 381.75, Florida Statutes, is
31 amended to read:

1 381.75 Duties and responsibilities of the department,
2 of transitional living facilities, and of
3 residents.--Consistent with the mandate of s. 381.7395 ~~s.~~
4 ~~413.46~~, the department shall develop and administer a
5 multilevel treatment program for individuals ~~persons~~ who
6 sustain ~~have~~ brain or spinal cord injuries and who are
7 referred to the brain and spinal cord injury program.

8 (1) Within 15 days after any report of an individual ~~a~~
9 ~~person~~ who has sustained a brain or spinal cord injury, the
10 department shall notify the individual or the most immediate
11 available family members of their right to assistance from the
12 state, the services available, and the eligibility
13 requirements.

14 (2) The department shall refer individuals ~~persons~~ who
15 have brain or spinal cord injuries to other state agencies to
16 assure that rehabilitative services, if desired, are obtained
17 by that individual ~~person~~.

18 (3) The department, in consultation with emergency
19 medical service, shall develop standards for an emergency
20 medical evacuation system that will ensure that all
21 individuals ~~persons~~ who sustain traumatic brain or spinal cord
22 injuries are transported to a department-approved trauma
23 center that meets the standards and criteria established by
24 the emergency medical service and the acute-care standards of
25 the brain and spinal cord injury program.

26 (4) The department shall develop standards for
27 designation of rehabilitation centers to provide
28 rehabilitation services for individuals ~~persons~~ who have brain
29 or spinal cord injuries.

30 (5) The department shall determine the appropriate
31 number of designated acute-care facilities, inpatient

1 rehabilitation centers, and outpatient rehabilitation centers,
2 needed based on incidence, volume of admissions, and other
3 appropriate criteria.

4 (6) The department shall develop standards for
5 designation of transitional living facilities to provide
6 individuals the opportunity to adjust to their disabilities
7 and to develop physical and functional skills in a supported
8 living environment.

9 (a) The Agency for Health Care Administration, in
10 consultation with the department, shall develop rules for the
11 licensure of transitional living facilities for individuals
12 ~~persons~~ who have brain or spinal cord injuries.

13 (b) The goal of a transitional living program for
14 individuals ~~persons~~ who have brain or spinal cord injuries is
15 to assist each individual ~~person~~ who has such a disability to
16 achieve a higher level of independent functioning and to
17 enable that person to reenter the community. The program shall
18 be focused on preparing participants to return to community
19 living.

20 (c) A transitional living facility for an individual ~~a~~
21 ~~person~~ who has a brain or spinal cord injury shall provide to
22 such individual ~~person~~, in a residential setting, a
23 goal-oriented treatment program designed to improve the
24 individual's ~~person's~~ physical, cognitive, communicative,
25 behavioral, psychological, and social functioning, as well as
26 to provide necessary support and supervision. A transitional
27 living facility shall offer at least the following therapies:
28 physical, occupational, speech, neuropsychology, independent
29 living skills training, behavior analysis for programs serving
30 brain-injured individuals ~~persons~~, health education, and
31 recreation.

1 (d) All residents shall use the transitional living
2 facility as a temporary measure and not as a permanent home or
3 domicile. The transitional living facility shall develop an
4 initial treatment plan for each resident within 3 days after
5 the resident's admission. The transitional living facility
6 shall develop a comprehensive plan of treatment and a
7 discharge plan for each resident as soon as practical, but no
8 later than 30 days after the resident's admission. Each
9 comprehensive treatment plan and discharge plan must be
10 reviewed and updated as necessary, but no less often than
11 quarterly. This subsection does not require the discharge of
12 an individual who continues to require any of the specialized
13 services described in paragraph (c) or who is making
14 measurable progress in accordance with that individual's
15 comprehensive treatment plan. The transitional living facility
16 shall discharge any individual who has an appropriate
17 discharge site and who has achieved the goals of his or her
18 discharge plan or who is no longer making progress toward the
19 goals established in the comprehensive treatment plan and the
20 discharge plan. The discharge location must be the least
21 restrictive environment in which an individual's health,
22 well-being, and safety is preserved.

23 (7) Recipients of services, under this section, from
24 any of the facilities referred to in this section shall pay a
25 fee based on ability to pay.

26 Section 17. Section 381.755, Florida Statutes, is
27 created to read:

28 381.755 Benefits not assignable.--The right of an
29 eligible individual to any services provided by the brain and
30 spinal cord injury program is not transferable or assignable,
31 and any benefits, including money, goods, or chattels,

1 received as services under the brain and spinal cord injury
2 program are exempt from all state, county, and municipal taxes
3 and from sale under the process of any court, except for
4 obligations contracted for the purchase of such property.

5 Section 18. Section 381.76, Florida Statutes, is
6 amended to read:

7 381.76 Eligibility for the brain and spinal cord
8 injury program.--

9 (1) An individual shall be accepted as eligible for
10 the brain and spinal cord injury program following
11 certification by the department that the individual:

12 (a) Has been referred to the central registry pursuant
13 to s. 381.74; ~~s. 413.48.~~

14 (b) Is a legal resident of this state at the time of
15 application for services; ~~;~~

16 (c) Has sustained a brain or spinal cord ~~suffered a~~
17 ~~traumatic injury; as defined in s. 413.20.~~

18 (d) Is medically stable; and ~~as defined by rules of~~
19 ~~the department.~~

20 (e) Is reasonably expected to achieve reintegration
21 into the community through ~~rehabilitative~~ services provided by
22 the brain and spinal cord injury program.

23 (2) ~~If in the event~~ the department is unable to
24 provide services to all eligible individuals, the department
25 may establish an order of selection.

26 Section 19. Section 381.765, Florida Statutes, is
27 created to read:

28 381.765 Retention of title to and disposal of
29 equipment.--

30 (1) The department may retain title to any property,
31 tools, instruments, training supplies, equipment, or other

1 items of value acquired for services provided under the brain
2 and spinal cord injury program or for personnel employed in
3 operating the brain and spinal cord injury program, and may
4 repossess or transfer such property, tools, instruments,
5 supplies, equipment, or other items of value.

6 (2) The department may offer for sale any surplus
7 items acquired in operating the brain and spinal cord injury
8 program when they are no longer necessary or exchange them for
9 necessary items that may be used to greater advantage. When
10 any such surplus equipment is sold or exchanged, a receipt for
11 the equipment shall be taken from the purchaser showing the
12 consideration given for such equipment and forwarded to the
13 Treasurer, and any funds received by the brain and spinal cord
14 injury program pursuant to any such transaction shall be
15 deposited in the Brain and Spinal Cord Injury Rehabilitation
16 Trust Fund and shall be available for expenditure for any
17 purpose consistent with this part.

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

21 Section 20. Section 381.775, Florida Statutes, is
22 created to read:

23 381.775 Applicant and recipient records; confidential
24 and privileged.--

25 (1) All oral and written records, information,
26 letters, and reports received, made, or maintained by the
27 department relative to any applicant for or recipient of
28 services under the brain and spinal cord injury program are
29 privileged, confidential, and exempt from s. 119.07(1). Any
30 person who discloses or releases such records, information, or
31 communications in violation of this section commits a

1 misdemeanor of the second degree, punishable as provided in s.
2 775.082 or s. 775.083. Such records may not be released,
3 except that:

4 (a) Records may be released to the applicant or
5 recipient, or his or her representative, upon receipt of a
6 written waiver from the applicant or recipient. Medical,
7 psychological, or other information that the department
8 believes may be harmful to an applicant or recipient may not
9 be released directly to him or her, but must be provided
10 through a licensed health care professional designated by the
11 applicant or recipient.

12 (b) Records that do not identify applicants or
13 recipients may be released for the purpose of research, when
14 the research is approved by the department.

15 (c) Records used in administering the brain and spinal
16 cord injury program may be released as required to administer
17 the program or as required by an agency or political
18 subdivision of the state in the performance of its duties. Any
19 agency or political subdivision to which records are released
20 under this paragraph may not disclose the records to third
21 parties.

22 (d) Records may be released upon the order of an
23 administrative law judge, a hearing officer, a judge of
24 compensation claims, an agency head exercising quasi-judicial
25 authority, or a judge of a court of competent jurisdiction
26 following a finding in an in camera proceeding that the
27 records are relevant to the inquiry before the court and
28 should be released. The in camera proceeding and all records
29 relating thereto are confidential and exempt from s.
30 119.07(1).

31

1 (e) Whenever an applicant for or recipient of services
2 under the brain and spinal cord injury program has declared
3 any intention to harm other persons or property, such
4 declaration may be disclosed.

5 (f) The department may release personal information
6 about an applicant for or recipient of services under the
7 brain and spinal cord injury program in order to protect him
8 or her or others when the applicant or recipient poses a
9 threat to his or her own safety or to the safety of others and
10 shall, upon official request, release such information to law
11 enforcement agencies investigating the commission of a crime.

12 (2) Records that come into the possession of the
13 department and that are confidential by other provisions of
14 law are confidential and exempt from s. 119.07(1), and may not
15 be released by the department, except as provided in this
16 section.

17 Section 21. Section 381.78, Florida Statutes, is
18 amended to read:

19 381.78 Advisory council on brain and spinal cord
20 injuries.--

21 (1) There is created within the department a 16-member
22 advisory council on brain and spinal cord injuries. The
23 council shall be composed of a minimum of four individuals
24 ~~persons~~ who have brain injuries or are family members of
25 individuals ~~persons~~ who have brain injuries, a minimum of four
26 individuals ~~persons~~ who have spinal cord injuries or are
27 family members of individuals ~~persons~~ who have spinal cord
28 injuries, and a minimum of two individuals ~~persons~~ who
29 represent the special needs of children who have brain or
30 spinal cord injuries. The balance of the council members shall
31 be physicians, other allied health professionals,

1 administrators of brain and spinal cord injury programs, and
2 representatives from support groups that have expertise in
3 areas related to the rehabilitation of individuals ~~persons~~ who
4 have brain or spinal cord injuries.

5 (2) Members of the council shall be appointed to serve
6 by the Secretary of Health. All members' terms shall be for 4
7 years. An individual may not serve more than two terms.

8 ~~(a) Eight members of the first appointed council shall~~
9 ~~serve an initial term of 2 years. This group shall include two~~
10 ~~persons who have brain injuries or are family members of~~
11 ~~persons who have brain injuries, two persons who have spinal~~
12 ~~cord injuries or are family members of persons who have spinal~~
13 ~~cord injuries, and four other persons from the previous~~
14 ~~council.~~

15 ~~(b) The remaining members of the first appointed~~
16 ~~council shall serve an initial term of 4 years. Thereafter all~~
17 ~~members' terms shall be for 4 years.~~

18 ~~(c)~~ Any council member who is unwilling or unable to
19 properly fulfill the duties of the office shall be succeeded
20 by an individual ~~a person~~ chosen by the secretary to serve out
21 the unexpired balance of the replaced council member's term.
22 If the unexpired balance of the replaced council member's term
23 is less than 18 months, then, notwithstanding the provisions
24 of this subsection, the succeeding council member may be
25 reappointed by the secretary twice.

26 (3) The council shall meet at least two times
27 annually.

28 (4) The council shall:

29 (a) Provide advice and expertise to the department
30 ~~division~~ in the preparation, implementation, and periodic
31

1 review of the brain and spinal cord injury program ~~as~~
2 ~~referenced in s. 413.49.~~

3 (b) Annually appoint a five-member committee composed
4 of one individual ~~person~~ who has a brain injury or has a
5 family member with a brain injury, one individual ~~person~~ who
6 has a spinal cord injury or has a family member with a spinal
7 cord injury, and three members who shall be chosen from among
8 these representative groups: physicians, other allied health
9 professionals, administrators of brain and spinal cord injury
10 programs, and representatives from support groups with
11 expertise in areas related to the rehabilitation of
12 individuals ~~persons~~ who have brain or spinal cord injuries,
13 except that one and only one member of the committee shall be
14 an administrator of a transitional living facility. Membership
15 on the council is not a prerequisite for membership on this
16 committee.

17 1. The committee shall perform onsite visits to those
18 transitional living facilities identified by the Agency for
19 Health Care Administration as being in possible violation of
20 the statutes and rules regulating such facilities. The
21 committee members have the same rights of entry and inspection
22 granted under s. 400.805(7) to designated representatives of
23 the agency.

24 2. Factual findings of the committee resulting from an
25 onsite investigation of a facility pursuant to subparagraph 1.
26 shall be adopted by the agency in developing its
27 administrative response regarding enforcement of statutes and
28 rules regulating the operation of the facility.

29 3. Onsite investigations by the committee shall be
30 funded by the Health Care Trust Fund.

31

1 4. Travel expenses for committee members shall be
2 reimbursed in accordance with s. 112.061.

3 5. Members of the committee shall recuse themselves
4 from participating in any investigation that would create a
5 conflict of interest under state law, and the council shall
6 replace the member, either temporarily or permanently.

7 (5) Members of the advisory council are entitled to
8 reimbursement for per diem and travel expenses for required
9 attendance at council meetings in accordance with s. 112.061.
10 Reasonable expenses for personal-assistance services and
11 interpreters needed by members during required attendance at
12 council meetings shall be reimbursed. A member may not receive
13 any compensation for performing duties specified in, or
14 arising out of, her or his duties as a council member under
15 this part, except as otherwise specified in this part.

16 (6) A member of the advisory council may not cast a
17 vote on any matter that would provide direct financial benefit
18 to the member or create a conflict of interest under state
19 law.

20 (7) A member of the advisory council may be removed
21 from office by the Secretary of Health for malfeasance,
22 misfeasance, neglect of duty, incompetence, or permanent
23 inability to perform official duties or for pleading nolo
24 contendere to, or being found guilty of, a crime. Malfeasance
25 includes, but is not limited to, a violation of any specific
26 prohibition within this part.

27 Section 22. Section 381.785, Florida Statutes, is
28 created to read:

29 381.785 Recovery of third-party payments for funded
30 services.--

31

1 (1) Third-party coverage for funded services
2 constitutes primary coverage.

3 (2) An applicant for or recipient of services funded
4 under the brain and spinal cord injury program must inform the
5 brain and spinal cord injury program of any rights she or he
6 has to third-party payments for such services, and the brain
7 and spinal cord injury program shall be subrogated to her or
8 his rights to such third-party payments. The brain and spinal
9 cord injury program may recover directly from:

10 (a) Any third party that is liable to make a benefit
11 payment to the provider of the recipient's funded services or
12 to the recipient under the terms of any contract, settlement,
13 or award;

14 (b) The recipient, if she or he has received a
15 third-party payment for funded services provided to her or
16 him; or

17 (c) The provider of the recipient's funded services,
18 if third-party payment for such services has been recovered by
19 the provider.

20 (3) An applicant for or a recipient of funded services
21 is deemed to have assigned to the brain and spinal cord injury
22 program her or his rights to any payments for such services
23 from a third party and to have authorized the brain and spinal
24 cord injury program to release information with respect to
25 such services for the sole purpose of obtaining reimbursement.

26 (4) The brain and spinal cord injury program may, in
27 order to enforce its rights under this section, institute,
28 intervene in, or join any legal proceeding against a third
29 party against whom recovery rights arise. Action taken by the
30 brain and spinal cord injury program does not preclude the
31 recipient's recovery for that portion of her or his damages

1 not subrogated to the brain and spinal cord injury program,
2 and action taken by the recipient does not prejudice the
3 rights of the brain and spinal cord injury program.

4 (5) When the brain and spinal cord injury program
5 provides, pays for, or becomes liable for funded services, it
6 has a lien for the amount of such services upon all causes of
7 action that accrue to the recipient or to her or his legal
8 representatives as a result of sickness, injury, disease,
9 disability, or death due to the liability of a third party
10 which necessitated funded services. To perfect such lien, a
11 notice of lien must be filed with the clerk of the circuit
12 court in the recipient's county of residence. The notice of
13 lien must contain the name and address of the person to whom
14 services were furnished and the name, address, and telephone
15 number of a person at the brain and spinal cord injury program
16 from whom information regarding the lien can be obtained.
17 Failure of the brain and spinal cord injury program to file a
18 notice of lien does not affect the program's other rights
19 provided in this section. Any notice of lien filed as provided
20 under this subsection is valid for 5 years after filing, and
21 may be extended for an additional 5-year period by filing a
22 new notice of lien at any time prior to the expiration of the
23 original notice of lien.

24 (6) In recovering any payments in accordance with this
25 section, the brain and spinal cord injury program may make
26 appropriate settlements.

27 (7) Notwithstanding any other law to the contrary,
28 payments made for funded services are neither collateral
29 payments nor collateral sources within the meaning of chapter
30 86-160, Laws of Florida, or chapter 88-1, Laws of Florida.

31

1 (8) Notwithstanding any other law to the contrary, the
2 brain and spinal cord injury program retains all rights and
3 remedies granted under this section as against moneys paid
4 under chapter 440.

5 (9) The department shall adopt rules to administer
6 this section.

7 Section 23. Section 381.79, Florida Statutes, is
8 amended to read:

9 381.79 Brain and Spinal Cord Injury Program
10 ~~Rehabilitation~~ Trust Fund.--

11 (1) There is created in the State Treasury the Brain
12 and Spinal Cord Injury Program ~~Rehabilitation~~ Trust Fund.
13 Moneys in the fund shall be appropriated to the department for
14 the purpose of providing the cost of care for brain or spinal
15 cord injuries as a payor of last resort to residents of this
16 state, for multilevel programs of care established pursuant to
17 s. 381.75 ~~s. 413.49~~.

18 (a) Authorization of expenditures for brain or spinal
19 cord injury care shall be made only by the department.

20 (b) Authorized expenditures include acute care,
21 rehabilitation, transitional living, equipment, and supplies
22 necessary for activities of daily living, public information,
23 prevention, education, and research. In addition, the
24 department may provide matching funds for public or private
25 assistance provided under the brain and spinal cord injury
26 program and may provide funds for any approved expansion of
27 services for treating individuals who have sustained a brain
28 or spinal cord injury.

29 (2) The department shall issue a report to the
30 President of the Senate and the Speaker of the House of
31

1 Representatives by March 1 of each year, summarizing the
2 activities supported by the trust fund.

3 (3) Annually, 5 percent of the revenues deposited
4 monthly in the fund pursuant to s. 318.21(2)(d) shall be
5 appropriated to the University of Florida and 5 percent to the
6 University of Miami for spinal cord injury and brain injury
7 research. The amount to be distributed to the universities
8 shall be calculated based on the deposits into the fund for
9 each quarter in the fiscal year, but may not exceed \$500,000
10 per university per year. Funds distributed under this
11 subsection shall be made in quarterly payments at the end of
12 each quarter during the fiscal year.

13 (4) The Board of Regents shall establish a program
14 administration process which shall include: an annual
15 prospective program plan with goals, research design, proposed
16 outcomes, a proposed budget, an annual report of research
17 activities and findings, and an annual end-of-year financial
18 statement. Prospective program plans shall be submitted to the
19 Board of Regents, and funds shall be released upon acceptance
20 of the proposed program plans. The annual report of research
21 activities and findings shall be submitted to the Board of
22 Regents, with the executive summaries submitted to the
23 President of the Senate, the Speaker of the House of
24 Representatives, and ~~the Secretary of the Department of~~
25 Health.

26 (5) Moneys received under s. 381.785 shall be
27 deposited into the trust fund and used for the purposes
28 specified in subsection (1).

29 (6) The department may accept, deposit into the trust
30 fund, and use for carrying out the purposes of this part gifts
31 made unconditionally by will or otherwise. Any gift made under

1 conditions that, in the judgment of the department, are proper
2 and consistent with this section, the laws of the United
3 States, and the laws of this state may be accepted and shall
4 be held, invested, reinvested, and used in accordance with the
5 conditions of the gift.

6 Section 24. Section 385.103, Florida Statutes, is
7 amended to read:

8 385.103 Community intervention programs ~~Chronic~~
9 ~~disease control program.--~~

10 (1) DEFINITIONS.--As used in this section, the term
11 act:

12 (a) "Chronic disease prevention and control program"
13 means a program including a combination of ~~at least~~ the
14 following elements:

- 15 1. Health screening;
- 16 2. Risk factor detection;
- 17 3. Appropriate intervention to enable and encourage
18 changes in behaviors that create health risks ~~risk factor~~
19 ~~reversal~~; and
- 20 4. Counseling in nutrition, physical activity, the
21 effects of tobacco use, hypertension, blood pressure control,
22 and diabetes control and the provision of other clinical
23 prevention services ~~counseling~~.

24 (b) "Community health education program" means a
25 program involving the planned and coordinated use of the
26 educational resources available in a community in an effort
27 to:

- 28 1. Motivate and assist citizens to adopt and maintain
29 healthful practices and lifestyles;
- 30 2. Make available learning opportunities which will
31 increase the ability of people to make informed decisions

1 affecting their personal, family, and community well-being and
2 which are designed to facilitate voluntary adoption of
3 behavior which will improve or maintain health;

4 3. Reduce, through coordination among appropriate
5 agencies, duplication of health education efforts; and

6 4. Facilitate collaboration among appropriate agencies
7 for efficient use of scarce resources.

8 (c) "Community intervention program"~~"Comprehensive~~
9 ~~health improvement project"~~ means a program combining the
10 required elements of ~~both~~ a chronic disease prevention and
11 control program and a community health education program into
12 a unified program over which a single administrative entity
13 has authority and responsibility.

14 (d) "Department" means the Department of Health.

15 ~~(e) "District" means a service district of the~~
16 ~~department.~~

17 ~~(e)(f)~~ "Risk factor" means a factor identified during
18 the course of an epidemiological study of a disease, which
19 factor appears to be statistically associated with a high
20 incidence of that disease.

21 (2) OPERATION OF COMMUNITY INTERVENTION PROGRAMS
22 ~~COMPREHENSIVE HEALTH IMPROVEMENT PROJECTS.~~--

23 (a) The department shall assist the county health
24 departments in developing and operating community intervention
25 programs ~~comprehensive health improvement projects~~ throughout
26 the state. At a minimum, the community intervention programs
27 ~~comprehensive health improvement projects~~ shall address one to
28 three of the following ~~the~~ chronic diseases: of cancer,
29 diabetes, heart disease, stroke, hypertension, renal disease,
30 and chronic obstructive lung disease.

31

1 (b) Existing community resources, when available,
2 shall be used to support the programs. The department shall
3 seek funding for the programs from federal and state financial
4 assistance programs which presently exist or which may be
5 hereafter created. Additional services, as appropriate, may be
6 incorporated into a program to the extent that resources are
7 available. The department may accept gifts and grants in
8 order to carry out a program.

9 (c) Volunteers shall be used to the maximum extent
10 possible in carrying out the programs. The department shall
11 contract for the necessary insurance coverage to protect
12 volunteers from personal liability while acting within the
13 scope of their volunteer assignments under a program.

14 (d) The department may contract for the provision of
15 all or any portion of the services required by a program, and
16 shall so contract whenever the services so provided are more
17 cost-efficient than those provided by the department.

18 (e) If the department determines that it is necessary
19 for clients to help pay for services provided by a program,
20 the department may require clients to make contribution
21 therefor in either money or personal services. The amount of
22 money or value of the personal services shall be fixed
23 according to a fee schedule established by the department or
24 by the entity developing the program. In establishing the fee
25 schedule, the department or the entity developing the program
26 shall take into account the expenses and resources of a client
27 and his or her overall ability to pay for the services.

28 (f) The department shall adopt rules governing the
29 operation of the community intervention programs ~~health~~
30 ~~improvement projects. These rules shall include guidelines~~
31 ~~for intake and enrollment of clients into the projects.~~

1 Section 25. Subsection (3) of section 385.207, Florida
2 Statutes, is amended to read:

3 385.207 Care and assistance of persons with epilepsy;
4 establishment of programs in epilepsy control.--

5 (3) Revenue for statewide implementation of programs
6 for epilepsy prevention and education pursuant to this section
7 shall be derived pursuant to the provisions of s. 318.21(6)~~s.~~
8 ~~318.18(12)~~ and shall be deposited in the Epilepsy Services
9 Trust Fund, which is hereby established to be administered by
10 the Department of Health. All funds deposited into the trust
11 fund shall be invested pursuant to the provisions of s.
12 18.125. Interest income accruing to such invested funds shall
13 increase the total funds available under this subsection.

14 Section 26. Subsection (3) of section 392.545, Florida
15 Statutes, is amended to read:

16 392.545 Naming of persons subject to proceedings.--

17 (3) The department, its authorized representatives,
18 the court, any law enforcement agency, and other parties to
19 the lawsuit may ~~shall~~ not reveal the name or identity of any
20 person subject to these proceedings except as permitted in s.
21 392.65. Such information is exempt from s. 119.07(1).

22 Section 27. Section 392.566, Florida Statutes, is
23 created to read:

24 392.566 Guardian advocate.--

25 (1) The department may petition the court to appoint a
26 guardian advocate if, in the opinion of the person's treating
27 physician, the person lacks judgment and insight to consent to
28 health care decisions that may affect the person's medical
29 treatment. If the court finds that the person lacks the
30 judgment and insight to consent to treatment and has not been
31 adjudicated incapacitated and had a guardian appointed who can

1 consent to the person's treatment, the court shall appoint a
2 guardian advocate.

3 (a) The person has a right to be represented by
4 counsel at the hearing. If the person is indigent, as
5 determined under the criteria in s. 27.52, the court shall
6 appoint legal counsel.

7 (b) The person has the right to attend the hearing,
8 testify, cross-examine witnesses, and present witnesses. After
9 review and consultation by the court, counsel for the person
10 may waive the client's presence.

11 (2) A guardian advocate must meet the qualifications
12 of a guardian contained in part IV of chapter 744, except that
13 a professional referred to in part I of chapter 394, an
14 employee of the department, or a member of the district human
15 rights advocacy committee may not be appointed. A person who
16 is appointed as a guardian advocate must agree to the
17 appointment.

18 (3) Before a guardian advocate is appointed, the
19 department must provide the prospective guardian advocate with
20 information about the duties and responsibilities of guardian
21 advocates.

22 (a) Before a guardian advocate exercises his or her
23 authority, the guardian advocate must successfully complete a
24 training course. The training course must include, at minimum,
25 information about the person's rights, psychotropic
26 medications, diagnosis of illnesses, the ethics of medical
27 decisionmaking, and the duties of guardian advocates. This
28 training course shall take the place of the training required
29 for guardians appointed under chapter 744.

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31

1 (b) The training course for guardian advocates must be
2 developed by the department and approved by the chief judge of
3 the circuit court.

4 (c) The court may, in its discretion, waive some or
5 all of the training requirements for a guardian advocate or
6 impose additional requirements. The court shall make its
7 decision on a case-by-case basis and, in making its decision,
8 shall consider the experience and education of the guardian
9 advocate, the duties assigned to the guardian advocate, and
10 the needs of the person.

11 (4) Before asking a guardian advocate to give consent
12 to treatment for a person, the department shall provide to the
13 guardian advocate sufficient information so that the guardian
14 advocate can decide whether to give express and informed
15 consent to treatment. The information must include indications
16 that the treatment is essential to treat the person's
17 tuberculosis and that the treatment does not present an
18 unreasonable risk of serious, hazardous, or irreversible side
19 effects. Before giving consent to treatment, the guardian
20 advocate must meet and talk with the person and the person's
21 physician in person, if possible, and by telephone if not. The
22 decision of the guardian advocate may be reviewed by the
23 court, upon petition by the person's attorney, the person's
24 family, or the department.

25 (5) In selecting a guardian advocate, the court shall
26 give preference to a health care surrogate, if one has been
27 designated by the person. If the person has not previously
28 selected a health care surrogate, except for good cause
29 documented in the court record, the selection shall be made
30 from the following list, in the order of listing:

31 (a) The person's spouse.

- 1 (b) An adult child of the person.
2 (c) A parent of the person.
3 (d) The adult next of kin of the person.
4 (e) An adult friend of the person.
5 (f) An adult trained and willing to serve as guardian

6 advocate for the person.

7 (6) The guardian advocate shall be discharged when the
8 department files a notice with the court stating that the
9 person has been discharged from the department's tuberculosis
10 hospital or residential facility, or upon sufficient evidence
11 that the person has regained the judgment and insight to
12 consent to medical treatment, which may be documented by a
13 notarized statement or affidavit signed by the person's
14 treating physician and one other person licensed under chapter
15 458 or chapter 490.

16 Section 28. Section 402.181, Florida Statutes, is
17 amended to read:

18 402.181 State Institutions Claims Program.--

19 (1) There is created a State Institutions Claims
20 Program, for the purpose of making restitution for property
21 damages and direct medical expenses for injuries caused by
22 shelter children or foster children, or escapees, ~~or inmates,~~
23 or patients of state institutions under the Department of
24 Children and Family Services, the Department of Health, the
25 Department of Juvenile Justice, or the Department of
26 Corrections.

27 (2) Claims for restitution may be filed with the
28 Department of Legal Affairs at its office in accordance with
29 regulations prescribed by the Department of Legal Affairs. The
30 Department of Legal Affairs shall have full power and
31 authority to hear, investigate, and determine all questions in

1 respect to such claims and is authorized, within the limits of
2 current appropriations, to pay individual claims up to \$1,000
3 or, with respect to children in foster care and their
4 families, individual claims up to \$1,500. Claims in excess of
5 these amounts shall continue to require legislative approval.

6 (3)(a) The Department of Legal Affairs shall make or
7 cause to be made such investigations as it considers necessary
8 in respect to such claims. Hearings shall be held in
9 accordance with chapter 120.

10 (b) The Department of Legal Affairs shall work with
11 the Department of Children and Family Services, the Department
12 of Health, the Department of Juvenile Justice, and the
13 Department of Corrections to streamline the process of
14 investigations, hearings, and determinations with respect to
15 claims under this section, to ensure that eligible claimants
16 receive restitution within a reasonable time.

17 Section 29. Section 514.021, Florida Statutes, is
18 amended to read:

19 514.021 Department authorization.--The department is
20 authorized to adopt and enforce rules to protect the health,
21 safety, or welfare of persons using public swimming pools and
22 bathing places. The department shall review and revise such
23 rules as necessary, but not less than biennially ~~biannually~~.
24 Sanitation and safety standards shall include, but not be
25 limited to, matters relating to structure; appurtenances;
26 operation; source of water supply; bacteriological, chemical,
27 and physical quality of water in the pool or bathing area;
28 method of water purification, treatment, and disinfection;
29 lifesaving apparatus; measures to ensure safety of bathers;
30 and measures to ensure the personal cleanliness of bathers.

31 Section 30. This act shall take effect July 1, 2000.

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SENATE SUMMARY

Revises provisions governing various programs administered by the Department of Health. Provides requirements for the department's strategic plan. Requires that the department develop an immunization registry to provide for the electronic transfer of immunization records between health care professionals and other agencies. Authorizes the Department of Health to obtain copies of certain medical records and information. Exempts health care practitioners and others from liability for the authorized release of patient records. Revises the Charlie Mack Overstreet Brain or Spinal Cord Injuries Act. Revises eligibility requirements for the department's brain and spinal cord injury program. Requires that the department operate community intervention programs. Provides for the court to appoint a guardian advocate for persons who are hospitalized due to active tuberculosis. Provides procedures and requirements for the court in selecting a guardian advocate. Authorizes additional reimbursements under the State Institutions Claims Program. (See bill for details.)