

By the Committee on Health Care Services and
Representative Peadar

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.
11 154.011, F.S.; revising duties of the
12 department with respect to monitoring and
13 administering of certain primary care programs;
14 amending s. 215.5602, F.S.; revising goals of
15 and expenditures for the Florida Biomedical
16 Research Program within the Lawton Chiles
17 Endowment Fund; amending s. 381.0011, F.S.;
18 providing requirements for the department's
19 strategic plan; amending s. 381.003, F.S.;
20 requiring the department to develop an
21 immunization registry; requiring that the
22 registry include all children born in this
23 state; providing procedures under which a
24 parent or guardian may elect not to participate
25 in the immunization registry; providing for the
26 electronic transfer of records between health
27 care professionals and other agencies;
28 authorizing the department to adopt rules for
29 administering the registry; amending s.
30 381.0031, F.S.; authorizing the department to
31 obtain and inspect copies of certain medical

1 records and information, notwithstanding laws
2 governing the confidentiality of patient
3 records; exempting health care practitioners,
4 health care facilities, laboratories, and
5 agents and employees thereof from liability for
6 the authorized release of patient records;
7 amending s. 381.004, F.S.; revising
8 requirements for the release of certain
9 preliminary test results for human
10 immunodeficiency virus; revising the definition
11 of the term "medical personnel"; amending s.
12 381.0059, F.S.; defining the term "person who
13 provides services under a school health
14 services plan" for purposes of background
15 screening requirements for school health
16 services personnel; amending s. 381.0101, F.S.;
17 revising certification requirements for certain
18 environmental health professionals; amending s.
19 381.731, F.S.; revising the department's
20 Healthy Communities, Healthy People Planning
21 functions; amending s. 381.734, F.S.; revising
22 requirements of the Healthy Communities,
23 Healthy People Program; amending s. 385.103,
24 F.S.; providing for the department to operate
25 community intervention programs rather than
26 comprehensive health improvement projects;
27 revising definitions; revising duties of the
28 department in operating such services;
29 requiring the department to adopt rules
30 governing the operation of community
31 intervention programs; amending s. 385.207,

1 F.S., relating to programs in epilepsy control;
2 correcting a cross reference; amending s.
3 402.181, F.S.; including the Department of
4 Health within specified state agencies
5 participating in the State Institutions Claims
6 Program; amending s. 514.021, F.S.; providing
7 for biennial, rather than biannual, review of
8 rules by the department; providing an effective
9 date.

10

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

12

13 Section 1. Paragraph (1) of subsection (1) of section
14 20.43, Florida Statutes, is amended to read:

15 20.43 Department of Health.--There is created a
16 Department of Health.

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

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

29 Section 2. The introductory paragraph of section
30 39.303, Florida Statutes, is amended to read:

31

1 39.303 Child protection teams; services; eligible
2 cases.--The Children's Medical Services Program in the
3 Department of Health shall develop, maintain, and coordinate
4 the services of one or more multidisciplinary child protection
5 teams in each of the service districts of the Department of
6 Children and Family Services. Such teams may be composed of
7 appropriate representatives of school districts and
8 appropriate health, mental health, social service, legal
9 service, and law enforcement agencies. The Legislature finds
10 that optimal coordination of child protection teams and sexual
11 abuse treatment programs requires collaboration between the
12 Department of Health and the Department of Children and Family
13 Services. The two departments shall maintain an interagency
14 agreement that establishes protocols for oversight and
15 operations of child protection teams and sexual abuse
16 treatment programs. The Secretary of Health and the Deputy
17 Secretary ~~director~~ of Children's Medical Services, in
18 consultation with the Secretary of Children and Family
19 Services, shall maintain the responsibility for the screening,
20 employment, and, if necessary, the termination of child
21 protection team medical directors, at headquarters and in the
22 15 districts. Child protection team medical directors shall be
23 responsible for oversight of the teams in the districts.

24 Section 3. Subsections (2) and (5) of section 154.011,
25 Florida Statutes, are amended to read:

26 154.011 Primary care services.--

27 (2) The department shall monitor, measure, and
28 evaluate ~~be responsible for monitoring, measuring, and~~
29 ~~evaluating~~ the quality of care, cost-effectiveness, services,
30 ~~and geographic accessibility~~ provided by each primary care
31

1 ~~program and shall utilize the resulting data when~~
2 ~~renegotiating contracts with counties.~~

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

13 Section 4. Paragraphs (a) and (b) of subsection (1)
14 and subsection (2) of section 215.5602, Florida Statutes, are
15 amended to read:

16 215.5602 Florida Biomedical Research Program.--

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

23 (a) Improve the health of Floridians by researching
24 better prevention, diagnoses, and treatments for cancer,
25 cardiovascular disease, stroke, and pulmonary disease.

26 (b) Expand the foundation of biomedical knowledge
27 relating to the prevention, diagnosis, and treatment of
28 diseases related to tobacco use, including cancer,
29 cardiovascular disease, stroke, and pulmonary disease.

30 (2) Funds appropriated from the Lawton Chiles
31 Endowment Fund to the Department of Health for the purposes of

1 this section shall be used exclusively for the award of grants
2 and fellowships under the program established in this section;
3 for research relating to the prevention, diagnosis, and
4 treatment of diseases related to tobacco use, including
5 cancer, cardiovascular disease, stroke, and pulmonary disease;
6 and for expenses incurred in the administration of this
7 section.

8 Section 5. Subsection (3) of section 381.0011, Florida
9 Statutes, is amended to read:

10 381.0011 Duties and powers of the Department of
11 Health.--It is the duty of the Department of Health to:

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

18 Section 6. Paragraph (e) of subsection (1) and
19 subsection (2) of section 381.003, Florida Statutes, are
20 amended to read:

21 381.003 Communicable disease and acquired immune
22 deficiency syndrome prevention and control.--

23 (1) The department shall conduct a communicable
24 disease prevention and control program as part of fulfilling
25 its public health mission. A communicable disease is any
26 disease caused by transmission of a specific infectious agent,
27 or its toxic products, from an infected person, an infected
28 animal, or the environment to a susceptible host, either
29 directly or indirectly. The communicable disease program must
30 include, but need not be limited to:

31

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

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

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

25 3. The immunization registry shall allow for
26 immunization records to be electronically transferred to
27 entities that are required by law to have such records,
28 including schools, licensed child care facilities, and any
29 other entity that is required by law to obtain proof of a
30 child's immunizations.

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1 4. Any health care practitioner licensed under chapter
2 458, chapter 459, or chapter 464 in this state who complies
3 with rules adopted by the department to access the
4 immunization registry may, through the immunization registry,
5 directly access immunization records and update a child's
6 immunization history or exchange immunization information with
7 another authorized practitioner, entity, or agency involved in
8 a child's care. The information included in the immunization
9 registry must include the child's name, date of birth,
10 address, and any other unique identifier necessary to
11 correctly identify the child; the immunization record,
12 including the date, type of administered vaccine, and vaccine
13 lot number; and the presence or absence of any adverse
14 reaction or contraindication related to the immunization.
15 Information received by the department for the immunization
16 registry retains its status as confidential medical
17 information and the department must maintain the
18 confidentiality of that information as otherwise required by
19 law. A health care practitioner or other agency that obtains
20 information from the immunization registry must maintain the
21 confidentiality of any medical records in accordance with s.
22 455.667 or as otherwise required by law.

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

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

8 Section 7. Section 381.0031, Florida Statutes, is
9 amended to read:

10 381.0031 Report of diseases of public health
11 significance to department.--

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

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

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

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

31

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

24 ~~(6)~~(5) The department may adopt rules related to
25 reporting diseases of significance to public health, which
26 must specify the information to be included in the report, who
27 is required to report, the method and time period for
28 reporting, requirements for enforcement, and required followup
29 activities by the department which are necessary to protect
30 public health.

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1 This section does not affect s. 384.25.

2 Section 8. Paragraphs (d) and (h) of subsection (3) of
3 section 381.004, Florida Statutes, are amended to read:

4 381.004 Testing for human immunodeficiency virus.--

5 (3) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED
6 CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.--

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

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

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

1 statute regardless of the outcome. Except as provided in this
2 section, test results are confidential and exempt from the
3 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.

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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
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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 9. 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 10. 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 11. Section 381.731, Florida Statutes, is
22 amended to read:

23 381.731 Healthy Communities, Healthy People Planning
24 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 12. 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 13. Section 385.103, Florida Statutes, is
25 amended to read:

26 385.103 Community intervention programs ~~Chronic~~
27 ~~disease control program.--~~

28 (1) DEFINITIONS.--As used in this section, the term
29 ~~act~~:

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- 1 (a) "Chronic disease prevention and control program"
2 means a program including a combination of ~~at least~~ the
3 following elements:
- 4 1. Health screening;
 - 5 2. Risk factor detection;
 - 6 3. Appropriate intervention to enable and encourage
7 changes in behaviors that create health risks ~~risk factor~~
8 ~~reversal~~; and
 - 9 4. Counseling in nutrition, physical activity, the
10 effects of tobacco use, hypertension, blood pressure control,
11 and diabetes control and the provision of other clinical
12 prevention services ~~counseling~~.
- 13 (b) "Community health education program" means a
14 program involving the planned and coordinated use of the
15 educational resources available in a community in an effort
16 to:
- 17 1. Motivate and assist citizens to adopt and maintain
18 healthful practices and lifestyles;
 - 19 2. Make available learning opportunities which will
20 increase the ability of people to make informed decisions
21 affecting their personal, family, and community well-being and
22 which are designed to facilitate voluntary adoption of
23 behavior which will improve or maintain health;
 - 24 3. Reduce, through coordination among appropriate
25 agencies, duplication of health education efforts; and
 - 26 4. Facilitate collaboration among appropriate agencies
27 for efficient use of scarce resources.
- 28 (c) "Community intervention program ~~Comprehensive~~
29 ~~health improvement project~~" means a program combining the
30 required elements of ~~both~~ a chronic disease prevention and
31 control program and a community health education program into

1 a unified program over which a single administrative entity
2 has authority and responsibility.

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

4 ~~(e) "District" means a service district of the~~
5 ~~department.~~

6 (e)(f) "Risk factor" means a factor identified during
7 the course of an epidemiological study of a disease, which
8 factor appears to be statistically associated with a high
9 incidence of that disease.

10 (2) OPERATION OF COMMUNITY INTERVENTION PROGRAMS
11 ~~COMPREHENSIVE HEALTH IMPROVEMENT PROJECTS.~~--

12 (a) The department shall assist the county health
13 departments in developing and operating community intervention
14 programs ~~comprehensive health improvement projects~~ throughout
15 the state. At a minimum, the community intervention programs
16 ~~comprehensive health improvement projects~~ shall address one to
17 three of the following ~~the~~ chronic diseases: ~~of~~ cancer,
18 diabetes, heart disease, stroke, hypertension, renal disease,
19 and chronic obstructive lung disease.

20 (b) Existing community resources, when available,
21 shall be used to support the programs. The department shall
22 seek funding for the programs from federal and state financial
23 assistance programs which presently exist or which may be
24 hereafter created. Additional services, as appropriate, may be
25 incorporated into a program to the extent that resources are
26 available. The department may accept gifts and grants in
27 order to carry out a program.

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

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

7 (e) If the department determines that it is necessary
8 for clients to help pay for services provided by a program,
9 the department may require clients to make contribution
10 therefor in either money or personal services. The amount of
11 money or value of the personal services shall be fixed
12 according to a fee schedule established by the department or
13 by the entity developing the program. In establishing the fee
14 schedule, the department or the entity developing the program
15 shall take into account the expenses and resources of a client
16 and his or her overall ability to pay for the services.

17 (f) The department shall adopt rules governing the
18 operation of the community intervention programs ~~health~~
19 ~~improvement projects. These rules shall include guidelines~~
20 ~~for intake and enrollment of clients into the projects.~~

21 Section 14. Subsection (3) of section 385.207, Florida
22 Statutes, is amended to read:

23 385.207 Care and assistance of persons with epilepsy;
24 establishment of programs in epilepsy control.--

25 (3) Revenue for statewide implementation of programs
26 for epilepsy prevention and education pursuant to this section
27 shall be derived pursuant to the provisions of s. 318.21(6)
28 ~~318.18(12)~~ and shall be deposited in the Epilepsy Services
29 Trust Fund, which is hereby established to be administered by
30 the Department of Health. All funds deposited into the trust
31 fund shall be invested pursuant to the provisions of s.

1 18.125. Interest income accruing to such invested funds shall
2 increase the total funds available under this subsection.

3 Section 15. Section 402.181, Florida Statutes, is
4 amended to read:

5 402.181 State Institutions Claims Program.--

6 (1) There is created a State Institutions Claims
7 Program, for the purpose of making restitution for property
8 damages and direct medical expenses for injuries caused by
9 shelter children or foster children, or escapees, or inmates,
10 or patients of state institutions under the Department of
11 Children and Family Services, the Department of Health, the
12 Department of Juvenile Justice, or the Department of
13 Corrections.

14 (2) Claims for restitution may be filed with the
15 Department of Legal Affairs at its office in accordance with
16 regulations prescribed by the Department of Legal Affairs. The
17 Department of Legal Affairs shall have full power and
18 authority to hear, investigate, and determine all questions in
19 respect to such claims and is authorized, within the limits of
20 current appropriations, to pay individual claims up to \$1,000
21 or, with respect to children in foster care and their
22 families, individual claims up to \$1,500. Claims in excess of
23 these amounts shall continue to require legislative approval.

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

28 (b) The Department of Legal Affairs shall work with
29 the Department of Children and Family Services, the Department
30 of Health, the Department of Juvenile Justice, and the
31 Department of Corrections to streamline the process of

1 investigations, hearings, and determinations with respect to
2 claims under this section, to ensure that eligible claimants
3 receive restitution within a reasonable time.

4 Section 16. Section 514.021, Florida Statutes, is
5 amended to read:

6 514.021 Department authorization.--The department is
7 authorized to adopt and enforce rules to protect the health,
8 safety, or welfare of persons using public swimming pools and
9 bathing places. The department shall review and revise such
10 rules as necessary, but not less than biennially ~~biannually~~.
11 Sanitation and safety standards shall include, but not be
12 limited to, matters relating to structure; appurtenances;
13 operation; source of water supply; bacteriological, chemical,
14 and physical quality of water in the pool or bathing area;
15 method of water purification, treatment, and disinfection;
16 lifesaving apparatus; measures to ensure safety of bathers;
17 and measures to ensure the personal cleanliness of bathers.

18 Section 17. This act shall take effect July 1, 2000.
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HOUSE SUMMARY

Revises various provisions relating to the Department of Health. Requires the department to include certain assessments, projections, and recommendations in the department's strategic plan rather than in the state health plan. Provides duties of the Children's Medical Services Program within the department with respect to child protection teams. Revises duties of the department with respect to monitoring and administering of certain primary care programs. Revises goals of and expenditures for the Florida Biomedical Research Program within the Lawton Chiles Endowment Fund. Provides requirements for the department's strategic plan. Requires the department to develop an immunization registry. Requires that the registry include all children born in this state. Provides procedures under which a parent or guardian may elect not to participate in the immunization registry. Provides for the electronic transfer of records between health care professionals and other agencies. Authorizes the department to adopt rules for administering the registry. Authorizes the department to obtain and inspect copies of certain medical records and information, notwithstanding laws governing the confidentiality of patient records. Exempts health care practitioners, health care facilities, laboratories, and agents and employees thereof from liability for the authorized release of patient records. Revises requirements for the release of certain preliminary test results for human immunodeficiency virus. Revises the definition of the term "medical personnel." Defines the term "person who provides services under a school health services plan" for purposes of background screening requirements for school health services personnel. Revises certification requirements for certain environmental health professionals. Revises the department's Healthy Communities, Healthy People Planning functions. Revises requirements of the Healthy Communities, Healthy People Program. Provides for the department to operate community intervention programs rather than comprehensive health improvement projects. Revises definitions. Revises duties of the department in operating such services. Requires the department to adopt rules governing the operation of community intervention programs. Includes the Department of Health within specified state agencies participating in the State Institutions Claims Program. Provides for biennial, rather than biannual, review of rules by the department.