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An act relating to public health; amending ss. 39.201, 63.0423, 383.50, and 827.035, F.S.; expanding the type of personnel and facilities that may accept abandoned newborns; providing implied consent for treatment and transport and certain immunity from liability; amending s. 154.02, F.S.; specifying purposes for which reserve amounts must be maintained in the County Health Department Trust Fund; amending s. 232.465, F.S.; expanding the type of personnel that may supervise nonmedical school district personnel; providing technical corrections; amending s. 381.0056, F.S.; providing requirements for school health programs funded by health care districts or certain health care entities; amending s. 381.0059, F.S.; revising background screening requirements for school health service personnel; amending s. 381.026, F.S., relating to the Florida Patient's Bill of Rights and Responsibilities; replacing references to the term "physical handicap" with the term "handicap"; amending ss. 382.003, 382.004, 382.013, 382.016, and 382.0255, F.S.; modifying provisions relating to vital records; amending s. 383.14, F.S.; requiring postnatal tests and screenings for infant metabolic disorders to be performed by the State Public Health Laboratory; amending s. 383.402, F.S.; modifying the annual report date for child

abuse death reviews; creating s. 391.037, F.S.; providing that the furnishing of medical services by state employees under specified conditions does not constitute a conflict of interest; amending s. 401.113, F.S.; providing for use of funds in the Emergency Medical Services Trust Fund for injury prevention programs; amending s. 401.27, F.S.; authorizing the Department of Health to define by rule the equivalent of cardiopulmonary resuscitation courses for emergency medical technicians and paramedics; exempting emergency medical services examination questions and answers from discovery; providing conditions for introduction in administrative proceedings; requiring the department to establish rules; repealing s. 404.056(2), F.S., relating to the Florida Coordinating Council on Radon Protection; amending s. 404.056, F.S.; deleting an obsolete environmental radiation soil-testing requirement; clarifying rulemaking authority; amending s. 499.012, F.S.; modifying provisions relating to a retail pharmacy wholesaler's permit to authorize transfer of certain prescription drugs between the permittee and a Modified Class II institutional pharmacy; amending s. 509.049, F.S.; revising provisions related to food service employee training programs; providing for audits and revocation of training program approval; providing rulemaking authority; amending s.

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           742.10, F.S.; requiring a voluntary
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           acknowledgment of paternity for a child born
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           out of wedlock to be notarized; amending s.
           743.0645, F.S., relating to consent to medical
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           care or treatment of a minor; providing that a
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           power of attorney to provide such consent
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           includes the power to consent to surgical and
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           general anesthesia services; amending s.
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           212.055, F.S.; revising provisions relating to
           the county public hospital surtax; revising
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           procedures and requirements for adoption and
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           implementation of the health care plan for
           indigent health care services; amending s. 11
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           of ch. 2000-312, Laws of Florida; postponing
           future review and repeal of said provisions;
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           repealing s. 71(1) of ch. 98-171, Laws of
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           Florida; abrogating the repeal of provisions of
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           law which require background screening of
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           certification, or registration; providing
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           effective dates.
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   Be It Enacted by the Legislature of the State of Florida:
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           Section 1. Paragraph (f) of subsection (2) of section
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    39.201, Florida Statutes, is amended to read:
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           39.201 Mandatory reports of child abuse, abandonment,
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    or neglect; mandatory reports of death; central abuse
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   hotline.--
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CODING: Words stricken are deletions; words underlined are additions.

- (f) Reports involving abandoned newborn infants as described in s. 383.50 shall be made and received by the department.
- 1. If the report is of an abandoned newborn infant as described in s. 383.50 and there is no indication of abuse, neglect, or abandonment of the infant other than that necessarily entailed in the infant having been left at a fire station or hospital, emergency medical services station, or fire station, the department shall provide to the caller the name of a licensed child-placing agency on a rotating basis from a list of licensed child-placing agencies eligible and required to accept physical custody of and to place newborn infants left at a hospital, emergency medical services station, or a fire station. The report shall not be considered a report of abuse, neglect, or abandonment solely because the infant has been left at a hospital, emergency medical services station, or fire station pursuant to s. 383.50.
- 2. If the caller reports indications of abuse or neglect beyond that necessarily entailed in the infant having been left at a fire station or hospital, emergency medical services station, or fire station, the report shall be considered as a report of abuse, neglect, or abandonment and shall be subject to the requirements of s. 39.395 and all other relevant provisions of this chapter, notwithstanding any provisions of chapter 383.

Section 2. Subsections (1) and (4), paragraph (c) of subsection (7), and subsection (10) of section 63.0423, Florida Statutes, are amended to read:

63.0423 Procedures with respect to abandoned newborns.--

(1) A licensed child-placing agency that takes physical custody of a newborn infant left at a hospital, emergency medical services station, or a fire station pursuant to s. 383.50, shall assume responsibility for all medical costs and all other costs associated with the emergency services and care of the newborn infant from the time the licensed child-placing agency takes physical custody of the newborn infant.

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(4) Within 7 days after accepting physical custody of the newborn infant, the licensed child-placing agency shall initiate a diligent search to notify and to obtain consent from a parent whose identity or location is unknown, other than the parent who has left a newborn infant at a fire station or a hospital, emergency medical services station, or fire station in accordance with s. 383.50. The diligent search must include, at a minimum, inquiries of all known relatives of the parent, inquiries of all offices or program areas of the department likely to have information about the parent, inquiries of other state and federal agencies likely to have information about the parent, inquiries of appropriate utility and postal providers and inquiries of appropriate law enforcement agencies. Constructive notice must also be provided pursuant to chapter 49 in the county where the newborn infant was left and in the county where the petition to terminate parental rights will be filed. The constructive notice must include at a minimum, available identifying information, and information on whom a parent must contact in order to assert a claim of parental rights of the newborn infant and how to assert that claim. If a parent is identified and located, notice of the adjudicatory hearing shall be provided. If a parent can not be identified or located

subsequent to the diligent search and constructive notice, the licensed child-placing agency shall file an affidavit of diligent search at the same time that the petition to terminate parental rights is filed.

- (7) If a claim of parental rights of a newborn infant is made before the judgment to terminate parental rights is entered, the circuit court shall hold the action for termination of parental rights pending subsequent adoption in abeyance for a period of time not to exceed 60 days.
- (c) The court may not terminate parental rights solely on the basis that the parent left a newborn infant at a hospital, emergency medical services station, or fire station in accordance with s. 383.50.
- (10) Except to the extent expressly provided in this section, proceedings initiated by a licensed child-placing agency for the termination of parental rights and subsequent adoption of a newborn left at a hospital, emergency medical services station, or $\frac{1}{2}$ fire station in accordance with s. 383.50 shall be conducted pursuant to this chapter $\frac{63}{2}$.
- Section 3. Subsection (5) is added to section 154.02, Florida Statutes, to read:
 - 154.02 County Health Department Trust Fund. --
 - (5) At a minimum, the trust fund shall consist of:
- (a) An operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.
- (b) An emergency reserve of \$500,000, derived from an annual assessment on county health department funds based upon their proportionate share of state general revenue, maintained for county health departments to respond to public health emergencies such as epidemics and natural disasters. The

emergency reserve shall be increased each July 1 by the
increase in the consumer price index that occurred during the
previous 12 months.

(c) A fixed capital outlay reserve for nonrecurring expenses that are needed for the renovation and expansion of facilities, and for the construction of new and replacement facilities identified by the Department of Health in conjunction with the board of county commissioners in their annual state-county contract and approved by the secretary of the department. These funds may not be used for construction projects unless there is a specific appropriation included in the General Appropriations Act for this purpose.

Section 4. Subsections (2) and (3) of section 232.465, Florida Statutes, are amended to read:

232.465 Provision of medical services; restrictions.--

- (2) Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse or advanced registered nurse practitioner licensed under chapter 464, a licensed practical nurse, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459. All procedures shall be monitored periodically by a the nurse, advanced registered nurse practitioner, physician assistant, or physician. Those procedures include, but are not limited to:
 - (a) Cleaning Intermittent clean catheterization.
 - (b) Gastrostomy tube feeding.
 - (c) Monitoring blood glucose.
 - (d) Administering emergency injectable medication.
- (3) For all other invasive medical services not listed in this section subsection (1) or subsection (2), a registered

nurse <u>or advanced registered nurse practitioner licensed under chapter 464</u>, a licensed practical nurse, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical school district personnel shall be allowed to perform such service.

Section 5. Subsection (11) is added to section 381.0056, Florida Statutes, to read:

381.0056 School health services program.--

(11) School health programs funded by health care districts or entities defined in subsection (3) must be supplementary to and consistent with the requirements of this section and ss. 381.0057 and 381.0059.

Section 6. Section 381.0059, Florida Statutes, is amended to read:

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

- (1)(a) Pursuant to the provisions of chapter 435, any person who provides services under a school health services plan pursuant to s. 381.0056 must meet complete level 2 screening requirements as described in s. 435.04 as provided in chapter 435. A person may satisfy the requirements of this subsection by submitting proof of compliance with the requirements of level 2 screening under s. 435.04, conducted within 12 months before the date that person initially provides services under a school health services plan pursuant to s. 381.0056.
- (2) A person may provide Any person who provides services under a school health services plan pursuant to s. 381.0056 prior to the completion of level 2 screening. However, shall be on probationary status pending the results

of the $\frac{1 + v + 1}{2}$ screening, such person may not be alone with a minor.

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(b) In order to conduct level 2 screening, any person who provides services under a school health services plan pursuant to s. 381.0056 must furnish to the Department of Health a full set of fingerprints to enable the department to conduct a criminal background investigation. Each person who provides services under a school health services plan pursuant to s. 381.0056 must file a complete set of fingerprints taken by an authorized law enforcement officer and must provide sufficient information for a statewide criminal records correspondence check through the Florida Department of Law Enforcement. The Department of Health shall submit the fingerprints to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check.

(c) The person subject to the required background screening or his or her employer must pay the fees required to obtain the background screening. Payment for the screening must be submitted to the Department of Health. The Florida Department of Law Enforcement shall charge the Department of Health for a level 2 screening at a rate sufficient to cover the costs of such screening pursuant to s. 943.053(3). The Department of Health shall establish a schedule of fees to cover the costs of the level 2 screening. The applicant or his or her employer who pays for the required screening may be reimbursed by the Department of Health from funds designated for this purpose.

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(2)(a) When the Department of Health has reasonable cause to believe that grounds exist for the disqualification of any person providing services under a school health services plan pursuant to s. 381.0056, as a result of background screening, it shall notify the person in writing, stating the specific record that indicates noncompliance with the level 2 screening standards. The Department of Health must disqualify any person from providing services under a school health services plan pursuant to s. 381.0056 if the department finds that the person is not in compliance with the level 2 screening standards. A person who provides services under a school health plan pursuant to s. 381.0056 on a probationary status and who is disqualified because of the results of his or her background screening may contest that disqualification.

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

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

(3) Any person who is required to undergo the background screening to provide services under a school health plan pursuant to s. 381.0056 who refuses to cooperate in such screening or refuses to submit the information necessary to complete the screening, including fingerprints, shall be

disqualified for employment or volunteering in such position or, if employed, shall be dismissed.

- (4) Under penalty of perjury, each person who provides services under a school health plan pursuant to s. 381.0056 must attest to meeting the level 2 screening requirements for participation under the plan and agree to inform his or her employer the Department of Health immediately if convicted of any disqualifying offense while providing services under a school health services plan pursuant to s. 381.0056.
- (5) As used in this section, the term "person who provides services under a school health services plan" includes unpaid volunteers, except for does not include an unpaid volunteer who lectures students in group settings on health education topics.
- Section 7. Paragraph (d) of subsection (4) and subsection (6) of section 381.026, Florida Statutes, are amended to read:
- 381.026 Florida Patient's Bill of Rights and Responsibilities.--
- (4) RIGHTS OF PATIENTS.--Each health care facility or provider shall observe the following standards:
 - (d) Access to health care.--
- 1. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- 2. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.
- (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.--Any health care provider who treats a patient in an office or any

health care facility licensed under chapter 395 that provides emergency services and care or outpatient services and care to a patient, or admits and treats a patient, shall adopt and make available to the patient, in writing, a statement of the rights and responsibilities of patients, including the following:

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

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A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

A patient is responsible for following the treatment plan recommended by the health care provider.

A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Section 8. Subsections (6) and (10) of section 382.003, Florida Statutes, are amended to read:

382.003 Powers and duties of the department.--The department may:

(6) Investigate cases of irregularity or violation of law, and all local registrars of vital statistics shall aid the department in such investigations. When necessary, the department shall report cases of violations of any of the provisions of this chapter to the state attorney having charge of the prosecution of misdemeanors in the registration district in which the violation occurs.

- and documents necessary for carrying out the provisions of this chapter, in paper or electronic form, and adopt, promulgate, and enforce all rules necessary for the acceptance, use, production creation, issuance, recording, maintenance, and processing of such vital records, reports, and documents, and for carrying out the provisions of ss. 382.004-382.0135 and ss. 382.016-382.019.
- Section 9. Subsections (1) and (2) of section 382.004, Florida Statutes, are amended to read:
 - 382.004 Reproduction and destruction of records.--
- (1) The department is authorized to photograph, microphotograph, reproduce on film, or reproduce by electronic means vital records in such a manner that the data on each page are in exact conformity with the original record.
- (2) The department is authorized to destroy any of the original vital records after they have been photographed or reproduced in exact conformity with the original record and after approval for destruction in accordance with chapter 257.
- Section 10. Paragraph (c) of subsection (2) of section 382.013, Florida Statutes, is amended to read:
- 382.013 Birth registration.--A certificate for each live birth that occurs in this state shall be filed within 5 days after such birth with the local registrar of the district

in which the birth occurred and shall be registered by the local registrar if the certificate has been completed and filed in accordance with this chapter and adopted rules. The information regarding registered births shall be used for comparison with information in the state case registry, as defined in chapter 61.

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(c) If the mother is not married at the time of the birth, the name of the father may not be entered on the birth certificate without the execution of an a consenting affidavit signed by both the mother and the person to be named as the father. The facility shall give After giving notice orally or through the use of video or audio equipment, and in writing, of the alternatives to, the legal consequences of, and the rights, including, if one parent is a minor, any rights afforded due to minority status, and responsibilities that arise from signing an acknowledgment of paternity, the facility shall provide the mother and the person to be named as the father with the affidavit, as well as information provided by the Title IV-D agency established pursuant to s. 409.2557, regarding the benefits of voluntary establishment of paternity. Upon request of the mother and the person to be named as the father, the facility shall assist in the execution of the affidavit or a notarized voluntary acknowledgment of paternity.

Section 11. Section 382.016, Florida Statutes, is amended to read:

382.016 Amendment of records.--

(1) The department, upon receipt of the fee prescribed in s. 382.0255;—documentary evidence, as specified by rule, of any misstatement, error, or omission occurring in any

birth, death, or fetal death record: as may be required by department rule, and an affidavit setting forth the changes to be made, shall amend or replace the original certificate as necessary. However, except for a misspelling or an omission on a death certificate with regard to the name of the surviving spouse, the department may not change the name of the surviving spouse on the certificate except by order of a court of competent jurisdiction.

(1)(2) CERTIFICATE OF LIVE BIRTH AMENDMENT.--

(a) Until a child's first birthday, the child's given name or surname may be amended upon receipt of the fees prescribed in s. 382.0255 and an affidavit signed by each parent named on the original birth certificate or by the registrant's guardian. If both parents are named on the certificate but both are not willing or available to sign the affidavit, the registrant's name may only be amended by court order.

(b)(3) Upon written request and receipt of an affidavit or notarized voluntary acknowledgment of paternity signed by the mother and father acknowledging the paternity of a registrant born out of wedlock, together with sufficient information to identify the original certificate of live birth, the department shall prepare a new birth certificate, which shall bear the same file number as the original birth certificate. The names and identifying information of the parents shall be entered as of the date of the registrant's birth. The surname of the registrant may be changed from that shown on the original birth certificate at the request of the mother and father of the registrant, or the registrant if of legal age. If the mother and father marry each other at any time after the registrant's birth, the department shall, upon

the request of the mother and father or registrant if of legal age and proof of the marriage, amend the certificate with regard to the parents' marital status as though the parents were married at the time of birth.

(4) When a new certificate of birth is prepared pursuant to subsection (3). The department shall substitute the new certificate of birth for the original certificate on file. All copies of the original certificate of live birth in the custody of a local registrar or other state custodian of vital records shall be forwarded to the State Registrar. Thereafter, when a certified copy of the certificate of birth or portion thereof is issued, it shall be a copy of the new certificate of birth or portion thereof, except when a court order requires issuance of a certified copy of the original certificate of birth. The department shall place the original certificate of birth and all papers pertaining thereto under seal, not to be broken except by order of a court of competent jurisdiction or as otherwise provided by law.

 $\underline{(c)}$ If a father's name is listed on the birth certificate, the birth certificate may only be amended to remove the father's name or to add a different father's name upon court order. If a change in the registrant's surname is also desired, such change must be included in the court order or the name must be changed pursuant to s. 68.07.

(2) CERTIFICATE OF DEATH AMENDMENTS.--Except for a misspelling or an omission on a death certificate with regard to the name of the surviving spouse, the department may not change the name of a surviving spouse on the certificate except by order of a court of competent jurisdiction.

Section 12. Paragraph (h) of subsection (1) of section 382.0255, Florida Statutes, is amended to read:

382.0255 Fees.--

- (1) The department is entitled to fees, as follows:
- (h) Not less than 5 cents or more than 10 cents for each <u>data</u> vital record listed on electronic media plus a reasonable charge for the cost of preparation, as <u>established</u> <u>defined</u> by department rule.

Section 13. Paragraph (c) of subsection (3) of section 383.402, Florida Statutes, is amended to read:

383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.--

- (3) The State Child Abuse Death Review Committee shall:
- (c) Prepare an annual statistical report on the incidence and causes of death resulting from child abuse in the state during the prior calendar year. The state committee shall submit a copy of the report by December 31 September 30 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives, with the first annual report due on September 30, 2000. The report must include recommendations for state and local action, including specific policy, procedural, regulatory, or statutory changes, and any other recommended preventive action.

Section 14. Paragraph (b) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

- 383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.--
- (1) SCREENING REQUIREMENTS.--To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all infants born in

Florida for phenylketonuria and other metabolic, hereditary, and congenital disorders known to result in significant 2 3 impairment of health or intellect, as screening programs 4 accepted by current medical practice become available and 5 practical in the judgment of the department. The department shall also promote the identification and screening of all 6 7 infants born in this state and their families for 8 environmental risk factors such as low income, poor education, 9 maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with 10 increased risk of infant mortality and morbidity to provide 11 12 early intervention, remediation, and prevention services, 13 including, but not limited to, parent support and training 14 programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts 15 16 shall begin prior to and immediately following the birth of 17 the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county 18 19 health departments, school health programs that provide prenatal care, and birthing centers, and reported to the 20 Office of Vital Statistics. 21

(b) Postnatal screening.—A risk factor analysis using the department's designated risk assessment instrument shall also be conducted as part of the medical screening process upon the birth of a child and submitted to the department's Office of Vital Statistics for recording and other purposes provided for in this chapter. The department's screening process for risk assessment shall include a scoring mechanism and procedures that establish thresholds for notification, further assessment, referral, and eligibility for services by professionals or paraprofessionals consistent with the level

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of risk. Procedures for developing and using the screening instrument, notification, referral, and care coordination 2 3 services, reporting requirements, management information, and 4 maintenance of a computer-driven registry in the Office of 5 Vital Statistics which ensures privacy safeguards must be consistent with the provisions and plans established under 6 7 chapter 411, Pub. L. No. 99-457, and this chapter. Procedures 8 established for reporting information and maintaining a 9 confidential registry must include a mechanism for a centralized information depository at the state and county 10 levels. The department shall coordinate with existing risk 11 12 assessment systems and information registries. The department must ensure, to the maximum extent possible, that the 13 14 screening information registry is integrated with the department's automated data systems, including the Florida 15 On-line Recipient Integrated Data Access (FLORIDA) system. 16 17 Tests and screenings must be performed by the State Public 18 Health Laboratory, in coordination with Children's Medical 19 Services, at such times and in such manner as is prescribed by the department after consultation with the Genetics and Infant 20 Screening Advisory Council and the State Coordinating Council 21 for School Readiness Programs. 22

Section 15. Subsections (1), (3), (5), (6), and (9) of section 383.50, Florida Statutes, are amended to read:

383.50 Treatment of abandoned newborn infant.--

(1) As used in this section, the term "newborn infant" means a child that a licensed physician reasonably believes to be approximately 3 days old or younger at the time the child is left at a hospital, emergency medical services station, or $\frac{1}{2}$ fire station.

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- (3) Each emergency medical services station or fire station staffed with full-time firefighters, or emergency medical technicians, or paramedics shall accept any newborn infant left with a firefighter, or emergency medical technician, or paramedic. The firefighter, emergency medical technician, or paramedic fire station shall consider these actions as implied consent to and shall:
- (a) Provide emergency medical services to the newborn infant to the extent he or she is trained to provide those services, and
- (b) Arrange for the immediate transportation of the newborn infant to the nearest hospital <u>having</u> with emergency services.

A licensee as defined in s. 401.23, a fire department, or an employee or agent of a licensee or fire department may treat and transport a newborn infant pursuant to this section. If a newborn infant is placed in the physical custody of an employee or agent of a licensee or fire department, such placement shall be considered implied consent for treatment and transport. A licensee, a fire department, or an employee or agent of a licensee or fire department, any firefighter or emergency medical technician accepting or providing emergency medical services to a newborn infant pursuant to this subsection is immune from criminal or civil liability for acting in good faith pursuant to this section having performed the act. Nothing in this subsection limits liability for negligence.

(5) Except where there is actual or suspected child abuse or neglect, any parent who leaves a newborn infant with a firefighter, or emergency medical technician, or paramedic

at a fire station <u>or emergency medical services station</u>,or brings a newborn infant to an emergency room of a hospital and expresses an intent to leave the newborn infant and not return, has the absolute right to remain anonymous and to leave at any time and may not be pursued or followed unless the parent seeks to reclaim the newborn infant.

- emergency medical services station, or a fire station under this section may claim his or her newborn infant up until the court enters a judgment terminating his or her parental rights. A claim to of parental rights of the newborn infant must be made to the entity having physical or legal custody of the newborn infant or to the circuit court before whom proceedings involving the newborn infant are pending.
- (9) A newborn infant left at a fire station or a hospital, emergency medical services station, or fire station in accordance with this section shall not be deemed abandoned and subject to reporting and investigation requirements under s. 39.201 unless there is actual or suspected child abuse or until the department takes physical custody of the child.

Section 16. Section 391.037, Florida Statutes, is created to read:

391.037 Physicians; private-sector services.--It is not a violation of s. 112.313(7) for a physician licensed under chapter 458 or chapter 459 who is providing private-sector services to clients of the department or who is employed by or has a contractual relationship with any business entity or agency that is a contract provider for the department to also be employed by the department to provide services under this chapter or chapter 39 if:

- (1) The physician does not enter into contracts with the department on behalf of any business entity or agency with whom the physician is employed or has an employment or contractual relationship.
- (2) The physician's private-sector employment or contractual relationship does not create a conflict between the physician's private-sector interests and public duties or impede the full and faithful discharge of the physician's public duties as an employee of the department.
- (3) The physician's employment with the department does not compromise the ability of department clients to make a voluntary choice among department-referred physicians and private providers for their medical services.
- Section 17. Paragraph (b) of subsection (2) of section 401.113, Florida Statutes, is amended to read:
 - 401.113 Department; powers and duties.--
- (2) The department shall annually dispense funds contained in the Emergency Medical Services Trust Fund as follows:
- (b) Forty percent of such moneys must be used by the department for making matching grants to local agencies, municipalities, and emergency medical services organizations for the purpose of conducting research, increasing existing levels of emergency medical services, evaluation, community education, <u>injury prevention programs</u>, and training in cardiopulmonary resuscitation and other lifesaving and first aid techniques.
- 1. At least 90 percent of these moneys must be made available on a cash matching basis. A grant made under this subparagraph must be contingent upon the recipient providing a

cash sum equal to 25 percent of the total department-approved grant amount.

2. No more than 10 percent of these moneys must be made available to rural emergency medical services, and notwithstanding the restrictions specified in subsection (1), these moneys may be used for improvement, expansion, or continuation of services provided. A grant made under this subparagraph must be contingent upon the recipient providing a cash sum equal to no more than 10 percent of the total department-approved grant amount.

The department shall develop procedures and standards for grant disbursement under this paragraph based on the need for emergency medical services, the requirements of the population to be served, and the objectives of the state emergency medical services plan.

Section 18. Subsections (4) and (5) of section 401.27, Florida Statutes, are amended to read:

- 401.27 Personnel; standards and certification. --
- (4) An applicant for certification or recertification as an emergency medical technician or paramedic must:
- (a) Have completed an appropriate training course as follows:
- 1. For an emergency medical technician, an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the United States Department of Transportation as approved by the department;
- 2. For a paramedic, a paramedic training program equivalent to the most recent paramedic course of the United

States Department of Transportation as approved by the department;

- (b) Certify under oath that he or she is not addicted to alcohol or any controlled substance;
- (c) Certify under oath that he or she is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;
- (d) Within 1 year after course completion have passed an examination developed or required by the department;
- (e)1. For an emergency medical technician, hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by department rule;
- 2. For a paramedic, hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association or its equivalent as defined by department rule;
- (f) Submit the certification fee and the nonrefundable examination fee prescribed in s. 401.34, which examination fee will be required for each examination administered to an applicant; and
- (g) Submit a completed application to the department, which application documents compliance with paragraphs (a), (b), (c), (e), (f), (g), and, if applicable, (d). The application must be submitted so as to be received by the department at least 30 calendar days before the next regularly scheduled examination for which the applicant desires to be scheduled.
- (5) The certification examination must be offered monthly. The department shall issue an examination admission

notice to the applicant advising him or her of the time and place of the examination for which he or she is scheduled. Individuals achieving a passing score on the certification examination may be issued a temporary certificate with their examination grade report. The department must issue an original certification within 45 days after the examination. Examination questions and answers are not subject to discovery but may be introduced into evidence and considered only in camera in any administrative proceeding under chapter 120. If an administrative hearing is held, the department shall provide challenged examination questions and answers to the administrative law judge. The department shall establish by rule the procedure by which an applicant, and the applicant's attorney, may review examination questions and answers in accordance with s. 119.07(3)(a).

Section 19. Subsection (2) of section 404.056, Florida Statutes, is repealed, and present subsections (5) and (7) of said section are renumbered as subsections (4) and (6), respectively, and amended to read:

404.056 Environmental radiation standards and programs; radon protection.--

(4)(5) MANDATORY TESTING.--All public and private school buildings or school sites housing students in kindergarten through grade 12; all state-owned, state-operated, state-regulated, or state-licensed 24-hour care facilities; and all state-licensed day care centers for children or minors which are located in counties designated within the Department of Community Affairs' Florida Radon Protection Map Categories as "Intermediate" or "Elevated Radon Potential" shall be measured to determine the level of indoor radon, using measurement procedures established by the

department. Testing shall be completed within the first year of construction in 20 percent of the habitable first floor 2 3 spaces within any of the regulated buildings. Initial 4 measurements shall be completed and reported to the department 5 by July 1 of the year the building is opened for occupancy. Followup testing must be completed in 5 percent of the 6 7 habitable first floor spaces within any of the regulated buildings after the building has been occupied for 5 years, 8 9 and results must be reported to the department by July 1 of the 5th year of occupancy. After radon measurements have been 10 made twice, regulated buildings need not undergo further 11 12 testing unless significant structural changes occur. Where fill soil is required for the construction of a regulated 13 14 building, initial testing of fill soil must be performed using 15 measurement procedures established by the department, and the 16 results must be reported to the department prior to 17 construction. No funds collected pursuant to s. 553.721 shall be used to carry out the provisions of this subsection. 18 19

 $\underline{(6)(7)}$ RULES.--The department shall have the authority to promulgate rules necessary to carry out the provisions of this section, including the definition of terms.

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Section 20. Paragraph (d) of subsection (2) of section 499.012, Florida Statutes, is amended to read:

499.012 Wholesale distribution; definitions; permits; general requirements.--

- (2) The following types of wholesaler permits are established:
- (d) A retail pharmacy wholesaler's permit. A retail pharmacy wholesaler is a retail pharmacy engaged in wholesale distribution of prescription drugs within this state under the following conditions:

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- The pharmacy must obtain a retail pharmacy wholesaler's permit pursuant to ss. 499.001-499.081 and the rules adopted under those sections.
- The wholesale distribution activity does not exceed 30 percent of the total annual purchases of prescription drugs. If the wholesale distribution activity exceeds the 30-percent maximum, the pharmacy must obtain a prescription drug wholesaler's permit.
- 3. The transfer of prescription drugs that appear in any schedule contained in chapter 893 is subject to chapter 893 and the federal Comprehensive Drug Abuse Prevention and Control Act of 1970.
- 4. The transfer is between a retail pharmacy and another retail pharmacy, or a Modified Class II institutional pharmacy, or a health care practitioner licensed in this state and authorized by law to dispense or prescribe prescription drugs.
- All records of sales of prescription drugs subject to this section must be maintained separate and distinct from other records and comply with the recordkeeping requirements of ss. 499.001-499.081.
- Section 21. Section 509.049, Florida Statutes, is amended to read:
 - 509.049 Food service employee training.--
- (1) The division shall adopt, by rule, minimum food safety protection standards for the training of all food service employees who are responsible for the storage, preparation, display, or serving of foods to the public in establishments regulated under this chapter. These standards shall not include an examination, but shall provide for a food safety training certificate program for food service employees

to be administered by a private nonprofit provider chosen by the division.

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- (2) The division shall issue a request for competitive sealed proposals which includes a statement of the contractual services sought and all terms and conditions applicable to the The division shall award the contract to the provider whose proposal is determined in writing to be the most advantageous to the state, taking into consideration the price and the other criteria set forth in the request for proposals. The division shall contract with a provider on a 4-year basis and is authorized to promulgate by rule a per employee fee to cover the contracted price for the program administered by the provider. In making its selection, the division shall consider factors including, but not limited to, the experience and history of the provider in representing the food service industry, the provider's demonstrated commitment to food safety, and its ability to provide a statewide program with industry support and participation.
- (3) Any food safety training program established and administered to food handler employees utilized at a public food service establishment prior to July 1, 2000, may the effective date of this act shall be submitted by the operator or the provider to the division for its review and approval. If the food safety training program is found to be in substantial compliance with the division's required criteria and is approved by the division, nothing in this section shall preclude any other operator of a food service establishment from also utilizing the approved program or require the employees of any operator to receive training from or pay a fee to the division's contracted provider. Review and approval by the division of a program or programs under this

section shall include, but not be limited to, the minimum food safety standards adopted by the division in accordance with this section.

- (4) Approval of a program is subject to the provider's continued compliance with the division's minimum program standards. The division may conduct random audits of approved programs to determine compliance and may audit any program if it has reason to believe a program is not in compliance with this section. The division may revoke a program's approval if it finds a program is not in compliance with this section or the rules adopted under this section.
- (5) It shall be the duty of the licensee of the public food service establishment to provide training in accordance with the described rule to all employees under the licensee's supervision or control. The licensee may designate a certified food service manager to perform this function as an agent of the licensee. Food service employees must receive certification pursuant to this section by January 1, 2001. Food service employees hired after November 1, 2000, must receive certification within 60 days after employment. Certification pursuant to this section shall remain valid for 3 years.
- (6) The division may adopt rules pursuant to ss.

 120.536(1) and 120.54 necessary to administer this section.

 The rules may require:
- (a) The use of application forms, which may require, but need not be limited to, the identification of training components of the program and an applicant affidavit attesting to the accuracy of the information provided in the application;

(b) Providers to maintain information concerning establishments where they provide training pursuant to this section;

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- (c) Specific subject matter related to food safety for use in training program components; and
- (d) The licensee to be responsible for providing proof of employee training, and the division may request production of such proof upon inspection of the establishment.

Section 22. Subsections (1) and (3) of section 742.10, Florida Statutes, are amended to read:

742.10 Establishment of paternity for children born out of wedlock.--

(1) This chapter provides the primary jurisdiction and procedures for the determination of paternity for children born out of wedlock. When the establishment of paternity has been raised and determined within an adjudicatory hearing brought under the statutes governing inheritance, or dependency under workers' compensation or similar compensation programs, or when an affidavit acknowledging paternity or a stipulation of paternity is executed by both parties and filed with the clerk of the court, or when an a consenting affidavit or notarized voluntary acknowledgment of paternity as provided for in s. 382.013 or s. 382.016 is executed by both parties, it shall constitute the establishment of paternity for purposes of this chapter. If no adjudicatory proceeding was held, a notarized voluntary acknowledgment of paternity shall create a rebuttable presumption, as defined by s. 90.304, of paternity and is subject to the right of any signatory to rescind the acknowledgment within 60 days of the date the acknowledgment was signed or the date of an administrative or judicial proceeding relating to the child, including a

proceeding to establish a support order, in which the signatory is a party, whichever is earlier. Both parents are required to provide their social security numbers on any acknowledgment of paternity, consent affidavit, or stipulation of paternity. Except for consenting affidavits under seal pursuant to ss. 382.015 and 382.016, the Office of Vital Statistics shall provide certified copies of affidavits to the Title IV-D agency upon request.

(3) The department shall adopt rules which establish the information which must be provided to an individual prior to execution of <u>an</u> a consenting affidavit or voluntary acknowledgment of paternity. The information shall explain the alternatives to, the legal consequences of, and the rights, including, if one parent is a minor, any rights afforded due to minority status, and responsibilities that arise from acknowledging paternity.

Section 23. Paragraph (b) of subsection (1) and paragraph (a) of subsection (2) of section 743.0645, Florida Statutes, are amended to read:

743.0645 Other persons who may consent to medical care or treatment of a minor.--

- (1) As used in this section, the term:
- (b) "Medical care and treatment" includes ordinary and necessary medical and dental examination and treatment, including blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care, but does not include surgery, general anesthesia, provision of psychotropic medications, or other extraordinary procedures for which a separate court order, power of attorney, or informed consent as provided by law is required.

- (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by the treatment provider and actual notice to the contrary has not been given to the provider by that person:
- (a) A person who possesses a power of attorney to provide medical consent for the minor. A power of attorney executed after July 1, 2001, to provide medical consent for a minor includes the power to consent to medically necessary surgical and general anesthesia services for the minor unless such services are excluded by the individual executing the power of attorney.

There shall be maintained in the treatment provider's records of the minor documentation that a reasonable attempt was made to contact the person who has the power to consent.

Section 24. Section 827.035, Florida Statutes, is amended to read:

827.035 Newborn infants.--It shall not constitute neglect of a child pursuant to s. 827.03 or contributing to the dependency of a child pursuant to s. 827.04, if a parent leaves a newborn infant, as defined in s. 383.50, at a hospital, emergency medical services station, or fire station or brings a newborn infant to an emergency room and expresses an intent to leave the infant and not return, in compliance with s. 383.50.

Section 25. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

- defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.
- (e) The Health Policy Authority, created by the county commission, shall adopt and implement a health care plan for indigent health care services. A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or

authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. No member may be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

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- 1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.
- 2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent

persons and the medically poor, including primary care, 1 preventive care, hospital emergency room care, and hospital 2 3 care necessary to stabilize the patient. For the purposes of 4 this section, "stabilization" means stabilization as defined 5 in s. 397.311(30). Where consistent with these objectives, the 6 plan may include services rendered by physicians, clinics, 7 community hospitals, and alternative delivery sites, as well 8 as at least one regional referral hospital per service area. 9 The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall 10 recognize hospitals that render a disproportionate share of 11 indigent care, provide other incentives to promote the 12 delivery of charity care to draw down federal funds where 13 14 appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in 15 subparagraphs (d)1. and 2. for indigent health care services, 16 service providers shall receive reimbursement at a Medicaid 17 18 rate.to be determined by the governing board, agency, or 19 authority created pursuant to this paragraph for the initial 20 emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, 21 as compensation for the services rendered following the 22 23 initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall 24 be deemed to have occurred at the time services were rendered. 25 26 The provisions for specific reimbursement of emergency 27 services shall be repealed on July 1, 2001, unless otherwise 28 reenacted by the Legislature. The capitation amount or rate 29 shall be determined prior to program implementation by an independent actuarial consultant. In no event shall the such 30 reimbursement rates exceed the Medicaid rate. The plan must 31

also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

- 3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).
- 4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.
- 4.5. At the end of each fiscal year, the <u>Health Policy</u> governing board, agency, or Authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.

Section 26. Section 11 of chapter 2000-312, Laws of Florida, is amended to read:

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           Section 11. The provisions of this act shall be
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   reviewed by the Legislature prior to October 1, 2006 2005, and
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    shall be repealed on that date unless otherwise reenacted by
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    the Legislature.
           Section 27. Effective June 1, 2001, subsection (1) of
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    section 71 of chapter 98-171, Laws of Florida, is repealed.
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           Section 28. Except as otherwise provided herein, this
    act shall take effect July 1, 2001.
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CODING: Words stricken are deletions; words underlined are additions.