

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 1927 (PCB HC 04-03) Public Health  
**SPONSOR(S):** Committee on Health Care and Farkas  
**TIED BILLS:** None. **IDEN./SIM. BILLS:** CS/SB 2448 (s)

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REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care	19 Y, 0 N	Garner	Collins
2)			
3)			
4)			
5)			

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### SUMMARY ANALYSIS

This bill codifies many of the operations that are already being conducted by the department. The most substantive changes in the bill include:

- Exempts the federally-funded positions in the Department of Health, Division of Disability Determinations, from the limitations on the number of positions and salary rate in ch. 216, F.S. Most positions in the Division of Disability Determinations are 100 percent federally funded.
- Makes numerous technical revisions relating to onsite sewage treatment and disposal systems and makes the current five dollar fee on new sewage system construction permits a permanent fee.
- Requires the department to establish a comprehensive tobacco prevention program designed to reduce premature mortality, reduce mortality and increase the life expectancy of people in Florida through public health interventions at the state and local levels.
- Codifies the department's current Institutional Review Board (IRB), ensures that its operations are in accordance with federal regulations, and allows the department to charge entities around the state a fee if they choose to use the department's IRB as their review board to gain approval for proposed research projects.
- Makes numerous technical revisions relating to Children's Medical Services.
- Provides explicit statutory authority and specific duties for the Department of Health Injury Prevention Program in order to initiate and implement public health programs that promote injury prevention.
- Revises the certification process, examination process, and disciplinary statutes for radiologic technologists and clarifies the scope of practice of nuclear medicine technologists concerning new imaging devices.
- Increases the penalties for assault and battery upon employees of the Department of Health and its direct service providers.

See "Fiscal Analysis and Economic Impact Statement" section for more details.  
The bill provides an effective date upon becoming a law.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

**STORAGE NAME:** h1927.hc.doc  
**DATE:** April 14, 2004

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. DOES THE BILL:

- |                                      |                              |  |   |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government?                | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| 2. Lower taxes?                      | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| 3. Expand individual freedom?        | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| 5. Empower families?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |

For any principle that received a "no" above, please explain:

1. The bill creates an Office of Minority Health; requires the establishment of a comprehensive injury prevention program; requires the establishment of a comprehensive tobacco prevention program; and increases the regulatory activities pertaining to onsite sewage treatment and disposal systems.
2. The bill does not actively lower taxes, but creates new or expands programs and regulatory activities that will require resources. The bill establishes a new fee for tanning salons that fail to file an application in a timely manner.

#### B. EFFECT OF PROPOSED CHANGES:

HB 1927 renames and creates new divisions within the Department of Health, codifies many of the operations that are already being conducted by the department, and establishes a new statewide injury prevention initiative in cooperation with local communities. The bill affects several areas of the department including the:

- Division of Children's Medical Services;
- Division of Disease Control;
- Division of Information Resource Management;
- Division of Health Awareness and Tobacco;
- Division of Statewide Research; and
- Division of Environmental Health.

#### RENAMING/CREATING DIVISIONS WITHIN THE DEPARTMENT

HB 1927 renames three divisions within the Department of Health (DOH). The Governor's Transition Team had recommended that the department's Office of the Deputy Secretary for Health be reorganized to better associate offices with similar functions.

As part of the reorganization, the bill also creates the Division of Disability Determinations within the DOH. The Office of Disability Determination was transferred to DOH as a Type II transfer effective January 1, 2000.

#### FEDERALLY FUNDED POSITIONS

The bill exempts the federally-funded positions in the Department of Health, Division of Disability Determinations, from the limitations on the number of positions and salary rate in ch. 216, F.S. Most positions in the Division of Disability Determinations are 100 percent federally funded.

The department reports that the U.S. Social Security Administration will often increase the Division of Disability Determinations' workload, staffing allocation and funding throughout a federal year based on

updated receipt projections and case clearance projections. The exemption in HB 1927 provides the division the flexibility to create, fill and fund the number of needed positions without having to wait for a new legislative appropriation.

The Florida Legislature would maintain control of the Division of Disability Determinations' other funding through the appropriation process and any subsequent budget amendments.

## ONSITE SEWAGE SYSTEMS

The U.S. Environmental Protection Agency has adopted voluntary guidelines for the management of onsite disposal systems. The guidelines provide a variety of options from a statewide inventory of systems to operating permits (already in place in Florida for advanced treatment systems) to onsite sewage utility districts for the ongoing maintenance of systems.

The Division of Environmental Health is responsible for environmental health regulation activities in the state. One of these oversight functions is the regulation of onsite sewage treatment and disposal systems. This bill makes numerous technical revisions relating to these systems and makes the current five dollar fee on new sewage system construction permits to fund research projects a permanent fee.

Additional changes in the bill are in response to the Joint Administrative Procedures Committee (JAPC) concerns with the Department of Health's (DOH) rulemaking authority. The proposed language will provide specific rulemaking authority to the department to:

- Require engineers to design systems to meet special site conditions;
- Allow licensed contractors to apply for inactive status at any time during their period of registration; and
- Allow a master contractor to revert back to a registered contractor at any time during their period of registration to avoid having to take a new master contractor examination if they send in a late renewal application.

The bill removes restrictions on the use of performance-based treatment systems to give commercial customers flexibility and eliminates the need to request a variance from DOH.

## TOBACCO PREVENTION PROGRAM

The Department of Health (DOH) has responsibility for the administration of portions of the Clean Indoor Air Act under Part II of chapter 386, F.S. In addition, DOH is responsible for the administration of a tobacco prevention program for youth through an appropriation by the 2003 Legislature of \$1 million. DOH also receives \$750,000 from the federal Centers for Disease Control and Prevention (CDC) for tobacco prevention. The CDC funds are used for tobacco prevention, cessation for youth and adults, reducing disparities in tobacco use by different populations, and program evaluation.

This bill requires the department to establish a comprehensive tobacco prevention program designed to reduce premature mortality, reduce mortality and increase the life expectancy of people in Florida through public health interventions at the state and local levels. The implementation of this provision is contingent upon a specific appropriation.

## INSTITUTIONAL REVIEW BOARD

Federal regulations (45 C.F.R. Part 6 and 21 C.F.R. Parts 50 and 56) require that all research projects involving human subjects and materials of human origin be reviewed and approved by an Institutional Review Board (IRB) before initiation.

The Department of Health (DOH) currently has a 14-member committee that serves as Florida's IRB in accordance with federal regulations; however, the IRB is not statutorily established. Since the IRB is not in statute, DOH cannot promulgate rules to establish procedures or charge fees for the review of research studies submitted by academic entities, private for-profit companies (such as pharmaceutical companies), and others.

The bill codifies the current IRB, ensures that its operations are in accordance with federal regulations, and allows the department to charge entities around the state a fee if they choose to use the department's IRB as their review board to gain approval for proposed research projects.

#### CHILD ABUSE DEATH REVIEW TEAMS

HB 1927 requires the state and local child abuse death review teams to review all verified child abuse and neglect deaths. Currently, the child death reviewed by the state and local child abuse death review teams are limited to those in which the deaths were verified as having been caused by abuse or neglect, and for which the Department of Children and Families' (DCF) Child Abuse Hotline had received at least one prior report. The Child Abuse Death Review Team has identified the narrow focus of their reviews as a barrier to fully meeting their statutory goals and requirements.

#### TECHNICAL REVISIONS WITHIN THE DIVISION OF CHILDREN'S MEDICAL SERVICES

HB 1927 makes numerous technical revisions relating to Children's Medical Services including:

- Revises the name of the Infant Metabolic Screening Program to the Newborn Metabolic Screening consistent with the CDC recommendations.
- Adds a hospital representative to the Newborn Screening Advisory Council to recognize the significant role of hospitals in the program.
- Clarifies procedures for newborn referrals to the CMS Network for any abnormal newborn screen.
- Allows the public health laboratory to share newborn screening test information with CMS and the newborn's physician.
- Revises the newborn screening reporting time from two weeks to one week consistent with CDC recommendations.
- Revises the definition of children with special health care needs to be more consistent with the American Academy of Pediatrics' recognized definition.
- Allows for referrals to out-of-state providers when a needed service does not exist in Florida.
- Codifies continuing proviso language that allows CMS to apply for federal funds related to the Part C of the Individuals with Disabilities Education Act.

#### INJURY PREVENTION

Section 381.0011(12), F.S., requires DOH to cooperate with other entities in implementing a statewide injury control program. Current law does not describe any responsibilities of DOH with regard to injury prevention.

The bill provides clear statutory authority and specific duties for the Department of Health Injury Prevention Program in order to initiate and implement public health programs that promote injury prevention.

#### RADIOLOGIC TECHNOLOGY

HB 1927 revises the certification process, examination process, and disciplinary statutes for radiologic technologists and clarifies the scope of practice of nuclear medicine technologists concerning new imaging devices.

The bill consolidates existing radiologic technologist certification requirements into one section of statute for easier comprehension and adds a requirement for submission of a Social Security number as a unique identifier for examinations, investigations, criminal history screening, etc. The bill also provides explicit authority to investigate alleged violations of statutes and adds conditions for disciplinary actions. Part of the clarifying language allows a nuclear medicine technologist to operate newly-developed imaging devices after receiving additional training.

This section of the bill also makes a number of technical changes, particularly related to standardizing terminology throughout the statute. For example, most sections of ch. 468, F.S., use the terminology "practice of radiologic technology" to refer to the work performed by a radiologic technologist. However, some sections of statute use the phrase "apply ionizing radiation to a human being" which is only one part of the practice of radiologic technology.

## ASSAULT AGAINST DOH EMPLOYEES

The bill increases the penalties for assault and battery upon employees of the Department of Health and its direct service providers. The Department of Health believes that this provision will improve staff morale and have longer-term positive effect on staff retention.

These protections were previously provided to health employees but were lost when the Department of Health and Rehabilitative Services (HRS) was divided into multiple departments in 1996 (ch. 96-403, L.O.F.). After the breakup of HRS, employees of the Department of Children and Families (DCF) maintained the coverage of these strengthened penalties (to this date), but the higher protections against assault were not included in the law creating the separate Department of Health.

DOH staff believes that the strengthened penalties for assault and battery will help to protect DOH staff at A.G. Holley Tuberculosis Hospital dealing with combative patients, disease intervention specialists conducting sexually-transmitted disease (STD) contact investigations, and Environmental Health employees performing inspections relating to health violations and sanitary nuisances.

## REPEALED SECTIONS OF LAW

The bill repeals a number of sections and subsections of law. The Department of Health states that most of these programs are either no longer in operation or are not being funded. Specifically, the bill repeals:

- Section 381.0098(9), F.S., specifying the transition from federal to state regulation of biomedical waste generators. The transition occurred in the late 1990's, making this subsection of law obsolete.
- Section 381.85, F.S., which establishes the "Florida Biomedical and Social Research Act." The department reports that this program was never funded or implemented and is not consistent with current practices.
- Section 385.103(2)(f), F.S., which requires the Department of Health to adopt rules governing the operation of the community intervention programs. These rules have been developed, making the language obsolete.
- Section 385.205, F.S., which requires the department to establish and maintain a program to assist persons with end-stage renal disease (ESRD).
- Section 385.209, F.S., which requires the department to implement a comprehensive program to disseminate to the public information regarding the health risk of high cholesterol.

- Section 391.301(3), F.S., which states that it is the intent of the Legislature to provide a statewide coordinated program to screen, diagnosis, and manage high-risk infants identified as hearing-impaired.
- Section 391.305(2), F.S., which requires the department to develop criteria and procedures for screening, identifying and diagnosing hearing-impaired infants.
- Section 393.064(5), F.S., which provides the Department of Children and Families (DCF) the authority to contract for the supervision and management of the Raymond C. Phillips Research and education unit. The Department of Health (DOH) reports that subsection (5) incorrectly states that the R.C. Phillips Research and Education Unit contracts with DCF, when in fact, the program contracts with DOH. DOH states that the department does not need the contract authority provided in this section.
- Section 445.033(7), F.S., which requires the evaluation of Temporary Assistance for Needy Families (TANF) programs operated by Workforce Florida, Inc.

## MISCELLANEOUS PROVISIONS

HB 1927 contains a large number of technical clarifications and codifies minimal program changes. The bill:

- Requires the Department of Health to disburse funds, by nonoperating transfer, from the Tobacco Settlement Clearing Trust Fund to the tobacco settlement trust funds of the various agencies or the Biomedical Research Trust Fund in the Department of Health, as appropriate, in amounts equal to the annual appropriations made from the agencies' trust funds in the General Appropriations Act.
- Adds elevated blood lead level investigations as an example of an "environmental health service" and authorizes county health departments to expend funds for the federally-matched certification required for DOH staff engaged in lead investigations.
- Exempts bars and lounges from having a certified food manager and clarifies that public and private school food services are exempt from having a certified food manager only if the food service is operated by school employees.
- Removes the minimum fee requirement for tanning facility licenses in Florida. The current fee schedule is such that charging the minimal fee per licensed facility results in approximately \$356,000 per year more than the department needs to administer the program.
- Changes the membership of the Health Information Systems Council within the Department of Health, and changes the date the Council is required to submit its strategic plan.
- Requires licensed facilities to release to its regional poison control centers any patient information that is necessary for case management of poison cases.
- Requires hospitals to offer immunizations against the influenza virus and pneumococcal bacteria to all persons over the age of 65.
- Requires trauma centers to report specific information upon request to the Department of Health, and establishes the confidentiality of this information. The bill also requires each trauma center and acute care hospital to report specific information to the department's brain and spinal cord injury central registry.

- Clarifies the requirements for mandatory radon testing in s. 404.056, F.S.

C. SECTION DIRECTORY:

**Section 1.** Amends s. 17.41, F.S., authorizing the Department of Financial Services to disburse funds into the Biomedical Research Trust Fund in the Department of Health.

**Section 2.** Amends s. 20.43, F.S., revising the names of certain divisions of the Department of Health; creating the Division of Disability Determinations; and creating the Office of Minority Health.

**Section 3.** Amends s. 216.2625, F.S., providing an exemption from legislative funding for certain authorized Department of Health positions.

**Section 4.** Amends s. 381.0011, F.S., deleting a requirement that the Department of Health work with other departments to develop and implement an injury prevention program.

**Section 5.** Creates s. 381.0033, F.S., requiring hospitals to implement a plan to offer immunizations for influenza and pneumococcal bacteria.

**Section 6.** Amends s. 381.006, F.S., allowing county health departments to expend funds for elevated blood lead level investigations.

**Section 7.** Amends s. 381.0065, F.S., revising a definition; deleting a requirement that the Department of Health make a certain report to the Legislature; specifying a certain annual flood line; authorizing the department to require the submission of certain onsite sewage treatment and disposal system construction plans; and requiring the department to establish rules for submission of such plans.

**Section 8.** Amends s. 381.0066, F.S., extending the period in which a certain fee is collected.

**Section 9.** Amends s. 381.0072, F.S., providing limitations on a certain exemption from food service protection requirements; and removing a license exemption.

**Section 10.** Creates s. 381.0409, F.S., requiring the department to create a comprehensive tobacco prevention program; requiring the department to act as a clearinghouse for information on best practices and to serve as a technical advisor; allowing the department to accept private funds for this purpose; requiring surveillance and evaluations of this program; and allowing for contracting.

**Section 11.** Creates s. 381.86, F.S., creating the Department of Health Institutional Review Board; authorizing the secretary of the department to appoint members and a chair; authorizing the board to serve as the institutional review board for other agencies at the department secretary's discretion; providing for per diem and travel expenses for members of the board; requiring the department to charge for review costs incurred; and providing an exception.

**Section 12.** Amends s. 381.7353, F.S., requiring the department to include oral health care programs in the Racial and Ethnic Health Disparities: Closing the Gap grant program.

**Section 13.** Amends s. 381.7355, F.S., listing oral health care as a priority area for decreasing racial and ethnic disparities.

**Section 14.** Amends s. 381.89, F.S., providing for late payment fees for tanning facility licenses; deleting the minimum license fee; authorizing a maximum total fee for each facility to be set by rule; and revising the annual renewal fees to be prorated quarterly.

**Section 15.** Amends s. 381.90, F.S., revising the membership of the Health Information Systems Council; revising the date by which the council must develop and approve its strategic plan; and deleting a requirement to provide copies of such plan to the Governor and Legislature.

**Section 16.** Amends s. 383.14, F.S., including hearing impairments in the newborn screening conducted by the department; revising references to infants; providing for release of certain screening results; revising the age by which a newborn shall have certain tests; requiring the department to adopt certain additional rules; and providing additional members on the Genetics and Newborn Screening Advisory Council.

**Section 17.** Amends s. 383.402, F.S., requiring child abuse or neglect to be verified before inclusion in a certain assessment.

**Section 18.** Amends s. 391.021, F.S., revising a definition for “children with special health care needs.”

**Section 19.** Amends s. 391.025, F.S., limiting the applicability and scope of Children's Medical Services program components.

**Section 20.** Amends s. 391.029, F.S., limiting certain services based on the availability of funds under Children's Medical Services program; and providing additional eligibility requirements.

**Section 21.** Amends s. 391.035, F.S., allowing the Children's Medical Services program to contract with providers licensed in other states.

**Section 22.** Amends s. 391.055, F.S., requiring the referral of newborns with abnormal screening results to the Children's Medical Services program.

**Section 23.** Amends s. 391.301, F.S., deleting the legislative intent language regarding hearing impairment.

**Section 24.** Amends s. 391.302, F.S., deleting definitions for “hearing impaired infant” and “high-risk hearing impaired infant.”

**Section 25.** Amends s. 391.303, F.S., changing program requirements regarding the hearing impaired.

**Section 26.** Amends s. 391.305, F.S., removing criteria and procedures for screening for hearing impairment.

**Section 27.** Creates s. 391.308, F.S., allowing the Department of Health to implement and administer Part C of the federal Individuals with Disabilities Education Act in conjunction with the Department of Education.

**Section 28.** Amends s. 395.1027, F.S., requiring licensed facilities to release certain information to regional poison control centers.

**Section 29.** Amends s. 395.404, F.S., requiring trauma centers and acute care hospitals to report certain information to the department; providing confidentiality of the release of this information; and removing certain reporting requirements.

**Section 30.** Amends s. 400.9905, F.S., adding a definition of chief financial officer, mobile clinic, and portable equipment provider; and creating exemptions from licensure for certain clinics.

**Section 31.** Amends s. 400.991, F.S., changing licensure requirements for clinics.



**Section 32.** Amends s. 400.9935, F.S., prohibiting the transfer of a clinic license; requiring the chief financial officer of a diagnostic and imaging center that bills less than 15 percent of its services to a personal injury protection carrier to assume the responsibility for the review of clinic billing; and providing the agency the ability to deny or revoke a clinic license.

**Section 33.** Amends s. 400.995, F.S., allowing the agency to impose administrative penalties including the ability to deny the application for a license renewal, revoke or suspend the license, and impose administrative fines for a facility licensed under s. 400.991, F.S.

**Section 34.** Allows an entity made exempt from the definition of a clinic under s. 400.9905, F.S., to receive a refund on a sliding reimbursement fee schedule for any licensed clinic that applies and receives an exemption from the licensing requirement after it has paid for a license.

**Section 35.** States that any person or entity defined as a clinic under s. 400.9905, F.S., shall not be in violation of ch. 400, F.S., due to failure to apply for a clinic license by March 1, 2004, as previously required by s. 400.991, F.S.

**Section 36.** Amends s. 401.211, F.S., establishing Legislative intent; allowing for the creation of an injury prevention program.

**Section 37.** Creates s. 401.243, F.S., establishing an injury prevention program which shall be responsible for statewide coordination and expansion of injury prevention activities; providing communities with expertise and guidance; and allowing the department and communities to pursue grants to support the injury prevention program.

**Section 38.** Amends s. 404.056, F.S., changing mandatory radon/indoor environmental radiation testing requirements.

**Section 39.** Amends s. 468.302, F.S., changing the requirements for persons administering x-radiation for tomography.

**Section 40.** Amends s. 468.304, F.S., changing the process for persons pursuing a limited computed tomography certificate.

**Section 41.** Amends s. 468.306, F.S., changing examination requirements for persons operating X-radiation machines.

**Section 42.** Amend s. 468.3065, F.S., changing an application fee to be non-refundable.

**Section 43.** Amends s. 468.307, F.S., changing certificate issuance requirements.

**Section 44.** Amends s. 468.309, F.S., specifying expiration dates and conditions for persons holding certificates in radiologic technology.

**Section 45.** Amends s. 468.3095, F.S., providing for conditions for reactivation, automatic suspension, and reinstatement for persons holding a certificate in radiologic technology.

**Section 46.** Amends s. 468.3101, F.S., providing grounds for disciplinary actions against persons holding a certificate in radiologic technology.

**Section 47.** Amends s. 489.553, F.S., changing the eligibility criteria to become a master septic tank contractor.

**Section 48.** Amends s.489.544, F.S., changes the registration renewal process for septic tank contractors.

**Section 49.** Amends s. 784.081, F.S., criminalizing the assault against an employee of the Department of Health.

**Section 50.** Repeals outdated language in s. 381.0098(9), F.S., related to the transition of the biomedical waste management program in the department.

**Section 51.** Repeals s. 385.103(2)(f), F.S., regarding rule development for the operation of community intervention programs.

**Section 52.** Repeals s. 393.064(5), F.S., granting the Department of Children and Families the authority to contract with the R.C. Philips Research Center and Education Unit.

**Section 53.** Repeals s. 445.033(7), F.S., exempting evaluations described in this section from the provisions of s. 381.85, F.S.

**Section 54.** Repeals ss. 381.85, 385.205, and 385.209, Florida Statutes.

**Section 55.** Provides an effective date of upon becoming a law.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

The Department of Health estimates that the fees charged for the use of the Institutional Review Board (IRB) as created in this bill will generate \$174,050 in Year 1 and \$174,050 in Year 2. Estimated revenue from the IRB fees for a 12-month period is based on the following assumptions:

a. 92 initial reviews at \$1,500 each	=	\$138,000
b. 4 expedited reviews at \$500 each	=	2,000
c. 13 resubmissions at \$500 each	=	6,500
d. 53 annual renewal reviews at \$500 each	=	26,500
e. 7 modifications at \$150 each	=	1,050

Total estimated revenue from IRB fees = \$174,050

The Department of Health also estimates that the continuation of the \$5 research fee surcharge for new onsite sewage treatment and disposal systems will generate approximately \$200,000 annually to support onsite sewage program research.

Total estimated revenue from the continuation of surcharge will be \$200,000 annually.

Total estimated revenue associated with the implementation of HB 1927 is \$374,050 annually.

#### 2. Expenditures:

The Department of Health did not provide a fiscal estimate of the cost of creating the Office of Minority Health; the establishment of a comprehensive injury prevention program; or the establishment of a comprehensive tobacco prevention program. The Department of Health indicates that the costs associated with the increased regulatory activities pertaining to onsite sewage treatment and disposal systems are already captured in the registration and certification.

The Agency for Health Care Administration (AHCA) estimates that the refunds that will be permissible under the changes to the definitions of exempt clinics may be as high as \$800,000. Specifically, to date, there have been an estimated 400 applications received from providers that will be exempt from clinic licensure if the changes pass. This means that estimated full refunds of \$800,000 will be required. Refund processing will also require staff time.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

The bill continues a \$5 research fee that is added to each new system permit issued for onsite sewage treatment and disposal systems that is set to expire at the end of fiscal year 2004. The Department of Health estimates that the continuation of the \$5 research will generate approximately \$200,000 annually to support onsite sewage program research.

The bill establishes a late fee for tanning salons but also gives DOH the authority to reduce licensure fees.

**D. FISCAL COMMENTS:**

The Department of Health is still developing the fiscal analysis for this bill.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

When needed, the bill provides rulemaking authority not already retained in the Department of Health and the Agency for Health Care Administration to implement this bill.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

#### IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 31, 2004, the Committee on Health Care adopted five amendments to the proposed committee bill and then reported the bill favorably. These five amendments include:

**Amendment #1** – Technical amendment removing the words “hearing impaired” from the screen test described in law. Testing requirements for hearing impairment is covered under s. 383.145, Florida Statutes.

**Amendment #2** – Adds a definition of “chief financial officer” under s. 400.9905, Florida Statutes.

**Amendment #3** – Requires the chief financial officer of a diagnostic and imaging center that bills less than 15 percent of its services to a personal injury protection carrier to assume the responsibility for the review of clinic billing.

**Amendment #4** – Allows the agency to bill no more than \$100 for processing an application for an exemption to clinic licensure.

**Amendment #5** – Establishes a sliding reimbursement fee schedule for any licensed clinic that applies and receives an exemption from the licensing requirement after it has paid for a license.