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A bill to be entitled

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2 An act relating to public health; amending s. 17.41, F.S.; authorizing the Department of Financial Services to 3 disburse funds into the Biomedical Research Trust Fund in 4 5 the Department of Health; amending s. 20.43, F.S.; б revising the names of certain divisions of the Department 7 of Health; creating the Division of Disability 8 Determinations; creating the Office of Minority Health; 9 amending and renumbering s. 216.341, F.S.; providing an exemption from legislative funding for certain authorized 10 11 Department of Health positions; amending s. 381.0011, 12 F.S.; deleting a requirement that the Department of Health 13 work with other departments to develop and implement a 14 statewide injury control program; requiring the department 15 to maintain a statewide injury prevention program; creating s. 381.0033, F.S.; requiring hospitals to 16 17 implement a program to offer immunizations against the 18 influenza virus and pneumococcal bacteria; amending s. 381.006, F.S.; authorizing each county to expend funds to 19 20 conduct elevated blood lead level investigations; amending s. 381.0065, F.S.; revising a definition; deleting a 21 22 requirement that the Department of Health make a certain report to the Legislature; specifying a certain annual 23 flood line; authorizing the department to require the 24 submission of certain onsite sewage treatment and disposal 25 system construction plans; requiring the department to 26 27 establish rules for submission of such plans; amending s. 381.0066, F.S.; extending the period in which a certain 28 29 fee is collected; amending s. 381.0072, F.S.; providing

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2004 30 limitations on a certain exemption from food service 31 protection requirements; removing a license exemption; creating s. 381.0409, F.S.; requiring the department to 32 establish a comprehensive tobacco prevention program; 33 specifying components of the program; requiring the 34 35 department to act as a clearinghouse; allowing the 36 department to accept private funds; requiring evaluations; 37 allowing for contracting; creating s. 381.86, F.S.; creating the Department of Health Institutional Review 38 39 Board; authorizing the secretary of the department to appoint members and a chair; authorizing the board to 40 serve as the institutional review board for other agencies 41 42 at the department secretary's discretion; providing for 43 per diem and travel expenses for members of the board; 44 requiring the department to charge for review costs 45 incurred; providing an exception; authorizing rulemaking; 46 amending s. 381.7353, F.S.; providing an additional 47 program for department coordination; amending s. 381.7355, F.S.; providing an additional priority area; amending s. 48 49 381.89, F.S.; providing for late payment fees for tanning facility licenses; deleting the minimum license fee; 50 51 authorizing a maximum total fee for each facility to be set by rule; revising the annual renewal fees to be 52 prorated quarterly; amending s. 381.90, F.S.; revising the 53 membership of the Health Information Systems Council; 54 55 revising the date by which the council must develop and 56 approve its strategic plan; deleting a requirement to provide copies of such plan to the Governor and 57 58 Legislature; amending s. 383.14, F.S.; revising references

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2004 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; providing additional members on the Genetics and Newborn Screening Advisory Council; amending s. 383.402, F.S.; requiring child abuse or neglect to be verified before inclusion in a certain assessment; amending s. 391.021, F.S.; revising a definition; amending s. 391.025, F.S.; limiting the applicability and scope of Children's Medical Services program components; amending s. 391.029, F.S.; limiting certain services for availability of funds under such program; providing an additional eligibility requirement; amending s. 391.035, F.S.; allowing the program to contract with providers licensed in other states; amending s. 391.055, F.S.; requiring newborn screening results to be reported to the department if abnormal; amending ss. 391.301 and 391.305, F.S., deleting provisions for screening hearing impaired infants; amending s. 391.302, F.S.; deleting definitions relating to hearing-impaired infants; amending s. 391.303, F.S.; removing risk of hearing impairment as a condition that requires referrals to an intervention program; creating s. 391.308, F.S.; providing that the Department of Health may implement and administer certain federal programs as part of the Infants and Toddlers Early Intervention program; requiring the department to apply for federal funding for the program in conjunction with the Department of Education; amending s. 395.1027, F.S.; requiring licensed facilities to release to a regional

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2004 88 poison control center certain patient information upon 89 request; amending s. 395.404, F.S.; requiring trauma 90 centers to report to a central registry; requiring the reporting of certain information to the department's brain 91 92 and spinal cord injury central registry; amending s. 93 400.9905, F.S.; revising and providing definitions; 94 amending s. 400.991, F.S.; revising health care clinic 95 licensing requirements; requiring separate licenses for each mobile clinic; providing licensing requirements for 96 portable equipment providers; amending s. 400.9935, F.S.; 97 providing that a chief financial officer may assume 98 99 responsibility for clinic billings under certain 100 circumstances; providing that an exemption is not 101 transferable; authorizing a fee for a certificate of 102 exemption; allowing the agency to deny or revoke a 103 license; amending s. 400.995, F.S.; allowing the agency to deny the renewal of a license or to revoke or suspend a 104 105 license; prohibiting extension of a temporary license 106 under certain circumstances; requiring the Agency for Health Care Administration to refund certain application 107 fees; providing exceptions for certain late filed 108 109 applications and providing for contingent effect; amending s. 401.211, F.S.; specifying legislative intent with 110 respect to a comprehensive statewide injury prevention 111 112 program; creating s. 401.243, F.S.; requiring the department to establish an injury prevention program; 113 114 specifying the duties of the program; allowing the 115 department to obtain and expend funds from grants, 116 donations, or contributions; authorizing rulemaking;

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2004 amending s. 404.056, F.S.; changing mandatory radon 117 118 testing criteria; amending s. 468.302, F.S.; specifying the use of medical radiation; specifying persons that may 119 use a nuclear medicine-computed tomography device; 120 121 specifying the authority of a nuclear medicine technologist; amending s. 468.304, F.S.; providing 122 123 additional certification requirements; amending s. 124 468.306, F.S.; authorizing the department to require 125 additional education of certain applicants; amending s. 468.3065, F.S.; specifying that the fee for certification 126 127 by endorsement is nonrefundable; amending s. 468.307, 128 F.S.; specifying the expiration date of a certificate; 129 amending s. 468.309, F.S.; requiring notification of 130 mailing address and place of practice; revising continuing education provider, course, and program approval 131 132 provisions; providing for expired status and prohibiting 133 practice under such status; specifying the process of 134 certificate resignation; amending s. 468.3095, F.S.; 135 providing the process to reactivate an expired or inactive 136 certificate; specifying a timeframe for the automatic 137 nullification of a certificate; specifying the expiration 138 date of a reactivated certificate; amending s. 468.3101, F.S.; authorizing the department to investigate or compel 139 document production to determine compliance; revising and 140 providing grounds for disciplinary action; providing 141 disciplinary actions; providing for actions against 142 143 continuing education providers and courses; amending s. 489.553, F.S.; setting criteria to register as a master 144 145 septic tank contractor; amending s. 489.554, F.S.;

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2004 146 revising the registration renewal process; providing when 147 certificates of registration shall become inactive; allowing a master septic tank contractor to revert to 148 registered status; requiring the department to deny 149 150 certain applications for renewal; amending s. 784.081, 151 F.S.; providing additional officials covered under 152 penalties for assault and battery on specified officials; repealing s. 381.0098(9), F.S., relating to transition 153 154 provisions involving regulation of biomedical waste; 155 repealing s. 385.103(2)(f), F.S., relating to authority to 156 adopt rules to govern the operation of community 157 intervention programs; repealing s. 393.064(5), F.S., 158 relating to authority to contract for supervision and 159 management of the Raymond C. Philips Research and 160 Education Unit; repealing s. 445.033(7), F.S., relating to 161 an exemption for evaluations of TANF-funded programs; 162 repealing ss. 381.85, 385.205, and 385.209, F.S., relating 163 to biomedical and social research, care and assistance of 164 persons suffering from chronic renal diseases and 165 establishment of programs in kidney disease control, and 166 dissemination of information on cholesterol health risks, 167 respectively; providing an effective date. 168 Be It Enacted by the Legislature of the State of Florida: 169 170 171 Section 1. Subsection (5) of section 17.41, Florida 172 Statutes, is amended to read: 173 17.41 Department of Financial Services Tobacco Settlement

174 Clearing Trust Fund. --

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HB 1927 2004 175 The department shall disburse funds, by nonoperating (5) 176 transfer, from the Tobacco Settlement Clearing Trust Fund to the 177 tobacco settlement trust funds of the various agencies or the Biomedical Research Trust Fund in the Department of Health, as 178 179 appropriate, in amounts equal to the annual appropriations made from those agencies' trust funds in the General Appropriations 180 181 Act. 182 Section 2. Paragraphs (f), (i), and (j) of subsection (3) 183 of section 20.43, Florida Statutes, are amended, paragraph (k) is added to said subsection, and subsection (9) is added to said 184 185 section, to read: 186 20.43 Department of Health.--There is created a Department of Health. 187 188 (3) The following divisions of the Department of Health 189 are established: 190 (f) Division of Emergency Medical Operations Services and 191 Community Health Resources. 192 (i) Division of Information Technology Resource 193 Management. 194 (j) Division of Health Access Awareness and Tobacco. 195 (k) Division of Disability Determinations. 196 (9) There is hereby established within the Department of 197 Health the Office of Minority Health. 198 Section 3. Section 216.341, Florida Statutes, is 199 renumbered as section 216.2625, Florida Statutes, and amended to 200 read: 201 216.2625 216.341 Disbursement of Department of Health 202 county health department trust funds; appropriation of 203 authorized positions .--

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	HB 1927 2004
204	(1) County health department trust funds may be expended
205	by the Department of Health for the respective county health
206	departments in accordance with budgets and plans agreed upon by
207	the county authorities of each county and the Department of
208	Health.
209	(2) The requirement limitations on appropriations provided
210	in s. 216.262(1) that the number of authorized positions must be
211	appropriated shall not apply to Department of Health positions
212	funded by:
213	(a) County health department trust funds; or
214	(b) The United States Trust Fund.
215	Section 4. Subsection (12) of section 381.0011, Florida
216	Statutes, is amended to read:
217	381.0011 Duties and powers of the Department of
218	HealthIt is the duty of the Department of Health to:
219	(12) <u>Maintain</u> Cooperate with other departments, local
220	officials, and private organizations in developing and
221	implementing a statewide injury prevention control program.
222	Section 5. Section 381.0033, Florida Statutes, is created
223	to read:
224	381.0033 Influenza virus and pneumococcal bacteria
225	vaccinationsHospitals licensed pursuant to chapter 395 shall
226	implement a program to offer immunizations against the influenza
227	virus and pneumococcal bacteria to all patients 65 years of age
228	or older between October 1, or earlier if the vaccination is
229	available, and February 1 of every year, subject to the
230	availability of an adequate supply of the necessary vaccine, in
231	accordance with the recommendations of the Advisory Committee on
232	Immunization Practices of the United States Centers of Disease

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HB 1927 2004 233 Control and Prevention and subject to the clinical judgment of 234 the responsible practitioner. 235 Section 6. Subsection (17) is added to section 381.006, 236 Florida Statutes, to read: 237 381.006 Environmental health. -- The department shall 238 conduct an environmental health program as part of fulfilling 239 the state's public health mission. The purpose of this program 240 is to detect and prevent disease caused by natural and manmade factors in the environment. The environmental health program 241 242 shall include, but not be limited to: (17) An elevated blood lead level investigation function. 243 244 Each participating county health department may expend funds for 245 federally mandated certification or recertification fees related 246 to elevated blood lead level investigations. 247 248 The department may adopt rules to carry out the provisions of 249 this section. 250 Section 7. Paragraph (k) of subsection (2) and paragraphs (d) and (e) of subsection (4) of section 381.0065, Florida 251 252 Statutes, are amended, and paragraph (v) is added to subsection 253 (4) of said section, to read: 254 381.0065 Onsite sewage treatment and disposal systems; 255 regulation.--256 DEFINITIONS.--As used in ss. 381.0065-381.0067, the (2) 257 term: "Permanent nontidal surface water body" means a 258 (k) 259 perennial stream, a perennial river, an intermittent stream, a 260 perennial lake, a submerged marsh or swamp, a submerged wooded 261 marsh or swamp, a spring, or a seep, as identified on the most Page 9 of 69

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262 recent quadrangle map, 7.5 minute series (topographic), produced 263 by the United States Geological Survey, or products derived from such series. "Permanent nontidal surface water body" shall also 264 mean an artificial surface water body that does not have an 265 266 impermeable bottom and side and that is designed to hold, or 267 does hold, visible standing water for at least 180 days of the 268 year. However, a nontidal surface water body that is drained, 269 either naturally or artificially, where the intent or the result 270 is that such drainage be temporary, shall be considered a permanent nontidal surface water body. A nontidal surface water 271 body that is drained of all visible surface water, where the 272 273 lawful intent or the result of such drainage is that such 274 drainage will be permanent, shall not be considered a permanent 275 nontidal surface water body. The boundary of a permanent 276 nontidal surface water body shall be the mean annual flood line.

277 PERMITS; INSTALLATION; AND CONDITIONS. -- A person may (4) not construct, repair, modify, abandon, or operate an onsite 278 sewage treatment and disposal system without first obtaining a 279 280 permit approved by the department. The department may issue 281 permits to carry out this section, but shall not make the issuance of such permits contingent upon prior approval by the 282 283 Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended 284 by the department for one 90-day period under rules adopted by 285 the department. A repair permit is valid for 90 days from the 286 date of issuance. An operating permit must be obtained prior to 287 288 the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use 289 290 an aerobic treatment unit or generate commercial waste shall be

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291 inspected by the department at least annually to assure 292 compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year 293 from the date of issuance and must be renewed annually. The 294 295 operating permit for an aerobic treatment unit is valid for 2 296 years from the date of issuance and must be renewed every 2 297 years. If all information pertaining to the siting, location, 298 and installation conditions or repair of an onsite sewage 299 treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal 300 301 system may be transferred to another person, if the transferee 302 files, within 60 days after the transfer of ownership, an 303 amended application providing all corrected information and 304 proof of ownership of the property. There is no fee associated 305 with the processing of this supplemental information. A person 306 may not contract to construct, modify, alter, repair, service, 307 abandon, or maintain any portion of an onsite sewage treatment 308 and disposal system without being registered under part III of 309 chapter 489. A property owner who personally performs 310 construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from 311 312 registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all 313 permitting requirements. A municipality or political subdivision 314 315 of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and 316 317 disposal system unless the owner or builder has received a construction permit for such system from the department. A 318 319 building or structure may not be occupied and a municipality,

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HB 1927 2004 320 political subdivision, or any state or federal agency may not 321 authorize occupancy until the department approves the final 322 installation of the onsite sewage treatment and disposal system. 323 A municipality or political subdivision of the state may not 324 approve any change in occupancy or tenancy of a building that 325 uses an onsite sewage treatment and disposal system until the 326 department has reviewed the use of the system with the proposed 327 change, approved the change, and amended the operating permit.

(d) Paragraphs (a) and (b) do not apply to any proposed 328 329 residential subdivision with more than 50 lots or to any 330 proposed commercial subdivision with more than 5 lots where a 331 publicly owned or investor-owned sewerage system is available. 332 It is the intent of this paragraph not to allow development of 333 additional proposed subdivisions in order to evade the 334 requirements of this paragraph. The department shall report to the Legislature by February 1 of each odd-numbered year 335 336 concerning the success in meeting this intent.

337 (e) Onsite sewage treatment and disposal systems must not338 be placed closer than:

339

1. Seventy-five feet from a private potable well.

340 2. Two hundred feet from a public potable well serving a
341 residential or nonresidential establishment having a total
342 sewage flow of greater than 2,000 gallons per day.

343 3. One hundred feet from a public potable well serving a
344 residential or nonresidential establishment having a total
345 sewage flow of less than or equal to 2,000 gallons per day.

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4. Fifty feet from any nonpotable well.

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HB 1927 2004 347 5. Ten feet from any storm sewer pipe, to the maximum 348 extent possible, but in no instance shall the setback be less 349 than 5 feet. 350 6. Seventy-five feet from the mean high-water line of a 351 tidally influenced surface water body. 352 Seventy-five feet from the mean normal annual flood 7. 353 line of a permanent nontidal surface water body. 354 8. Fifteen feet from the design high-water line of 355 retention areas, detention areas, or swales designed to contain 356 standing or flowing water for less than 72 hours after a 357 rainfall or the design high-water level of normally dry drainage 358 ditches or normally dry individual lot stormwater retention 359 areas. 360 (v) The department may require the submission of detailed system construction plans prepared by a professional engineer 361 362 registered in this state. The department shall establish by rule 363 the criteria for determining when such submissions are required. 364 Section 8. Paragraph (k) of subsection (2) of section 381.0066, Florida Statutes, is amended to read: 365 366 381.0066 Onsite sewage treatment and disposal systems; fees.--367 368 (2)The minimum fees in the following fee schedule apply 369 until changed by rule by the department within the following 370 limits: (k) Research: An additional \$5 fee shall be added to each 371 372 new system construction permit issued during fiscal years 1996-373 2004 to be used for onsite sewage treatment and disposal system 374 research, demonstration, and training projects. Five dollars 375 from any repair permit fee collected under this section shall be

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HB 1927 2004 376 used for funding the hands-on training centers described in s. 377 381.0065(3)(j). 378 379 The funds collected pursuant to this subsection must be 380 deposited in a trust fund administered by the department, to be 381 used for the purposes stated in this section and ss. 381.0065 382 and 381.00655. 383 Section 9. Paragraph (a) of subsection (2), paragraph (a) 384 of subsection (3), and paragraph (a) of subsection (4) of 385 section 381.0072, Florida Statutes, are amended to read: 381.0072 Food service protection.--It shall be the duty of 386

387 the Department of Health to adopt and enforce sanitation rules 388 consistent with law to ensure the protection of the public from 389 food-borne illness. These rules shall provide the standards and 390 requirements for the storage, preparation, serving, or display 391 of food in food service establishments as defined in this 392 section and which are not permitted or licensed under chapter 393 500 or chapter 509.

394

(2) DUTIES.--

395 The department shall adopt rules, including (a) 396 definitions of terms which are consistent with law prescribing 397 minimum sanitation standards and manager certification requirements as prescribed in s. 509.039, and which shall be 398 enforced in food service establishments as defined in this 399 400 section. The sanitation standards must address the construction, 401 operation, and maintenance of the establishment; lighting, 402 ventilation, laundry rooms, lockers, use and storage of toxic 403 materials and cleaning compounds, and first-aid supplies; plan 404 review; design, construction, installation, location,

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HB 1927 2004 405 maintenance, sanitation, and storage of food equipment and 406 utensils; employee training, health, hygiene, and work 407 practices; food supplies, preparation, storage, transportation, and service, including access to the areas where food is stored 408 409 or prepared; and sanitary facilities and controls, including 410 water supply and sewage disposal; plumbing and toilet 411 facilities; garbage and refuse collection, storage, and 412 disposal; and vermin control. Public and private schools, provided that the food service is operated by school employees, 413 hospitals licensed under chapter 395, nursing homes licensed 414 under part II of chapter 400, child care facilities as defined 415 416 in s. 402.301, and residential facilities colocated with a 417 nursing home or hospital if all food is prepared in a central 418 kitchen that complies with nursing or hospital regulations, and 419 bars and lounges, as defined by rule of the department, shall be 420 exempt from the rules developed for manager certification. The 421 department shall administer a comprehensive inspection, 422 monitoring, and sampling program to ensure such standards are 423 maintained. With respect to food service establishments 424 permitted or licensed under chapter 500 or chapter 509, the 425 department shall assist the Division of Hotels and Restaurants 426 of the Department of Business and Professional Regulation and 427 the Department of Agriculture and Consumer Services with 428 rulemaking by providing technical information.

429

(3) LICENSES REQUIRED.--

430 (a) Licenses; annual renewals.--Each food service
431 establishment regulated under this section shall obtain a
432 license from the department annually. Food service establishment
433 licenses shall expire annually and shall not be transferable

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2004 434 from one place or individual to another. However, those 435 facilities licensed by the department's Office of Licensure and Certification, the Child Care Services Program Office, 436 or the 437 Developmental Disabilities Program Office are exempt from this subsection. It shall be a misdemeanor of the second degree, 438 439 punishable as provided in s. 381.0061, s. 775.082, or s. 440 775.083, for such an establishment to operate without this 441 license. The department may refuse a license, or a renewal 442 thereof, to any establishment that is not constructed or maintained in accordance with law and with the rules of the 443 444 department. Annual application for renewal shall not be 445 required. 446 (4) LICENSE; INSPECTION; FEES.--447 (a) The department is authorized to collect fees from 448 establishments licensed under this section and from those 449 facilities exempted from licensure under paragraph (3)(a). It is 450 the intent of the Legislature that the total fees assessed under 451 this section be in an amount sufficient to meet the cost of 452 carrying out the provisions of this section. 453 Section 10. Section 381.0409, Florida Statutes, is created 454 to read:

455 381.0409 Tobacco prevention program.--The Department of 456 Health shall establish a comprehensive tobacco prevention 457 program designed to reduce premature mortality, reduce 458 morbidity, and increase the life expectancy of people in the 459 state through public health interventions at the state and local 460 levels. Implementation of this program is contingent upon the 461 department's receiving a specific appropriation for this 462 purpose.

FLORIDA HOUSE OF REPRESEN

	HB 1927 2004
463	(1) The comprehensive tobacco prevention program shall
464	include the following components:
465	(a) Program elements based on the best practices for
466	comprehensive tobacco control programs identified by the United
467	States Centers for Disease Control and Prevention and on the
468	peer-reviewed scientific literature on tobacco prevention.
469	(b) Advocacy organizations of middle, high school, and
470	college students.
471	(c) Cessation programs for youth and adults through
472	schools, county health departments, and local providers,
473	including a toll-free telephone "quit line."
474	(d) Partnerships with local communities and schools to
475	prevent and reduce tobacco use, including reducing disparities
476	in tobacco use among different population groups.
477	(e) Local and statewide media campaigns separately
478	targeted to youth and adults.
479	(f) Implementation of the provisions of the Florida Clean
480	Indoor Air Act under part II of chapter 386 that are applicable
481	to the department.
482	(2) The department shall act as a clearinghouse for
483	information on best practices and shall provide technical
484	assistance and training to state and local entities on tobacco
485	prevention activities.
486	(3) The department may accept funds from the private
487	sector to implement this section.
488	(4) The department shall conduct surveillance and
489	evaluations to measure program performance and improve
490	implementation strategies.

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491	HB 1927 (5) The department may contract for any of the activities
491 492	
	specified in this section.
493	Section 11. Section 381.86, Florida Statutes, is created
494	to read:
495	381.86 Department of Health Institutional Review Board
496	(1) The Department of Health Institutional Review Board is
497	hereby created to satisfy federal requirements under 45 C.F.R.
498	part 46 and 21 C.F.R. parts 50 and 56 for an institutional
499	review board to review all biomedical and behavioral research on
500	human subjects that the department funds or supports in any
501	manner, including the permitting of access to department data or
502	department resources.
503	(2) Consistent with federal requirements, the Secretary of
504	Health shall determine and appoint the membership on the board
505	and designate the chair.
506	(3) The department's institutional review board may serve
507	as an institutional review board for other agencies at the
508	discretion of the secretary.
509	(4) Each board member shall be entitled to per diem and
510	travel expenses as provided in s. 112.061 while carrying out the
511	official business of the board.
512	(5) The department shall charge for reasonable costs it
513	incurs for the research oversight it provides according to a fee
514	schedule, except that students who are candidates for degrees in
515	universities located in this state shall have fees waived. The
516	fee schedule shall provide for fees for initial review,
517	amendments, and continuing review. The department may adopt
518	rules as necessary to comply with federal requirements and this

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HB 1927 2004 519 section. Such rules shall also prescribe procedures to apply for 520 review by the institutional review board. 521 Section 12. Paragraph (e) of subsection (2) of section 522 381.7353, Florida Statutes, is amended to read: 523 381.7353 Reducing Racial and Ethnic Health Disparities: 524 Closing the Gap grant program; administration; department 525 duties. --526 (2) The department shall: 527 Coordinate with existing community-based programs, (e) 528 such as chronic disease community intervention programs, cancer 529 prevention and control programs, diabetes control programs, oral 530 health care programs, the Healthy Start program, the Florida 531 KidCare Program, the HIV/AIDS program, immunization programs, 532 and other related programs at the state and local levels, to 533 avoid duplication of effort and promote consistency. 534 Section 13. Paragraph (a) of subsection (2) of section 535 381.7355, Florida Statutes, is amended to read: 536 381.7355 Project requirements; review criteria.--537 A proposal must include each of the following (2) 538 elements: 539 The purpose and objectives of the proposal, including (a) 540 identification of the particular racial or ethnic disparity the project will address. The proposal must address one or more of 541 542 the following priority areas: 543 Decreasing racial and ethnic disparities in maternal 1. 544 and infant mortality rates. 545 2. Decreasing racial and ethnic disparities in morbidity 546 and mortality rates relating to cancer.

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HB 1927 2004 547 Decreasing racial and ethnic disparities in morbidity 3. 548 and mortality rates relating to HIV/AIDS. 549 Decreasing racial and ethnic disparities in morbidity 4. and mortality rates relating to cardiovascular disease. 550 551 Decreasing racial and ethnic disparities in morbidity 5. 552 and mortality rates relating to diabetes. 553 Increasing adult and child immunization rates in 6. 554 certain racial and ethnic populations. 555 Decreasing racial and ethnic disparities in oral health 7. 556 care. Section 14. Paragraphs (b) and (c) of subsection (3) of 557 558 section 381.89, Florida Statutes, are amended to read: 559 381.89 Regulation of tanning facilities .--560 (3) 561 (b) The department shall establish procedures for the issuance and annual renewal of licenses and shall establish 562 563 annual license and renewal fees and late payment fees in an 564 amount necessary to cover the expenses of administering this 565 section. Annual license and renewal fees shall be not be less 566 than \$125 nor more than \$250 per tanning device, and a maximum 567 total fee per individual tanning facility may be set by rule. Effective October 1, 1991, the fee amount shall be the minimum 568 569 fee proscribed in this paragraph and such fee amount shall 570 remain in effect until the effective date of a fee schedule 571 adopted by the department. 572 The department may adopt a system under which licenses (C) 573 expire on staggered dates and the annual renewal fees are 574 prorated quarterly monthly to reflect the actual number of months the license is valid. 575

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	HB 1927 2004
576	Section 15. Subsection (3) and paragraph (a) of subsection
577	(7) of section 381.90, Florida Statutes, are amended to read:
578	381.90 Health Information Systems Council; legislative
579	intent; creation, appointment, duties
580	(3) The council shall be composed of the following members
581	or their senior executive-level designees:
582	(a) The Secretary of the Department of Health;
583	(b) The <u>Executive Director</u> secretary of the Department of
584	Veterans' Affairs Business and Professional Regulation;
585	(c) The Secretary of the Department of Children and Family
586	Services;
587	(d) The Secretary of Health Care Administration;
588	(e) The Secretary of the Department of Corrections;
589	(f) The Attorney General;
590	(g) The executive director of the Correctional Medical
591	Authority;
592	(h) Two members representing county health departments,
593	one from a small county and one from a large county, appointed
594	by the Governor;
595	(i) A representative from the Florida Association of
596	Counties;
597	(j) The Chief Financial Officer;
598	(k) A representative from the Florida Healthy Kids
599	Corporation;
600	(1) A representative from a school of public health chosen
601	by the <u>Commissioner of Education</u> Board of Regents;
602	(m) The Commissioner of Education;
603	(n) The Secretary of the Department of Elderly Affairs;
604	and

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HB 1927 2004 605 The Secretary of the Department of Juvenile Justice. (0) 606 607 Representatives of the Federal Government may serve without 608 voting rights. 609 The council's duties and responsibilities include, but (7) 610 are not limited to, the following: 611 By June March 1 of each year, to develop and approve a (a) 612 strategic plan pursuant to the requirements set forth in s. 186.022(9). Copies of the plan shall be transmitted 613 614 electronically or in writing to the Executive Office of the 615 Governor, the Speaker of the House of Representatives, and the President of the Senate. 616 Section 16. Subsections (1), (2), and (5) and paragraphs 617 618 (f) and (g) of subsection (3) of section 383.14, Florida 619 Statutes, are amended to read: 383.14 Screening for metabolic disorders, other hereditary 620 and congenital disorders, and environmental risk factors .--621 622 SCREENING REQUIREMENTS. -- To help ensure access to the (1)maternal and child health care system, the Department of Health 623 624 shall promote the screening of all newborns infants born in 625 Florida for phenylketonuria and other metabolic, hereditary, and 626 congenital disorders known to result in significant impairment 627 of health or intellect, as screening programs accepted by current medical practice become available and practical in the 628 judgment of the department. The department shall also promote 629 630 the identification and screening of all newborns infants born in 631 this state and their families for environmental risk factors 632 such as low income, poor education, maternal and family stress, 633 emotional instability, substance abuse, and other high-risk

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634 conditions associated with increased risk of newborn infant 635 mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited 636 637 to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and 638 639 intervention efforts shall begin prior to and immediately 640 following the birth of the child by the attending health care 641 provider. Such efforts shall be conducted in hospitals, 642 perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and 643 reported to the Office of Vital Statistics. 644

645 (a) Prenatal screening.--The department shall develop a 646 multilevel screening process that includes a risk assessment 647 instrument to identify women at risk for a preterm birth or 648 other high-risk condition. The primary health care provider 649 shall complete the risk assessment instrument and report the 650 results to the Office of Vital Statistics so that the woman may 651 immediately be notified and referred to appropriate health, education, and social services. 652

653 (b) Postnatal screening. -- A risk factor analysis using the 654 department's designated risk assessment instrument shall also be 655 conducted as part of the medical screening process upon the 656 birth of a child and submitted to the department's Office of 657 Vital Statistics for recording and other purposes provided for 658 in this chapter. The department's screening process for risk 659 assessment shall include a scoring mechanism and procedures that 660 establish thresholds for notification, further assessment, 661 referral, and eligibility for services by professionals or 662 paraprofessionals consistent with the level of risk. Procedures

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HB 1927 2004 663 for developing and using the screening instrument, notification, 664 referral, and care coordination services, reporting 665 requirements, management information, and maintenance of a computer-driven registry in the Office of Vital Statistics which 666 667 ensures privacy safequards must be consistent with the 668 provisions and plans established under chapter 411, Pub. L. No. 669 99-457, and this chapter. Procedures established for reporting 670 information and maintaining a confidential registry must include a mechanism for a centralized information depository at the 671 672 state and county levels. The department shall coordinate with 673 existing risk assessment systems and information registries. The 674 department must ensure, to the maximum extent possible, that the 675 screening information registry is integrated with the 676 department's automated data systems, including the Florida On-677 line Recipient Integrated Data Access (FLORIDA) system. Tests 678 and screenings must be performed by the State Public Health 679 Laboratory, in coordination with Children's Medical Services, at 680 such times and in such manner as is prescribed by the department 681 after consultation with the Genetics and Newborn Infant 682 Screening Advisory Council and the State Coordinating Council for School Readiness Programs. 683

(c) Release of screening results.--Notwithstanding any
 other provision of law, the State Public Health Laboratory may
 release, directly or through Children's Medical Services, a
 newborn's hearing or metabolic test and screening results to the
 newborn's primary care physician.

(2) RULES.--After consultation with the Genetics and
 <u>Newborn</u> Infant Screening Advisory Council, the department shall
 adopt and enforce rules requiring that every <u>newborn</u> infant born

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692 in this state shall, prior to becoming 1 week 2 weeks of age, be 693 subjected to a test for phenylketonuria and, at the appropriate 694 age, be tested for such other metabolic diseases and hereditary 695 or congenital disorders as the department may deem necessary from time to time. After consultation with the State 696 Coordinating Council for School Readiness Programs, the 697 698 department shall also adopt and enforce rules requiring every 699 newborn infant born in this state to be screened for 700 environmental risk factors that place children and their 701 families at risk for increased morbidity, mortality, and other 702 negative outcomes. The department shall adopt such additional 703 rules as are found necessary for the administration of this 704 section, including rules for processing requests and releasing 705 test and screening results, rules providing definitions of 706 terms, rules relating to the methods used and time or times for 707 testing as accepted medical practice indicates, rules relating 708 to charging and collecting fees for screenings authorized by 709 this section, and rules requiring mandatory reporting of the 710 results of tests and screenings for these conditions to the 711 department.

(3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.--The
department shall administer and provide certain services to
implement the provisions of this section and shall:

(f) Promote the availability of genetic studies and counseling in order that the parents, siblings, and affected <u>newborns</u> infants may benefit from available knowledge of the condition.

(g) Have the authority to charge and collect fees forscreenings authorized in this section, as follows:

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721 A fee of \$20 will be charged for each live birth, as 1. 722 recorded by the Office of Vital Statistics, occurring in a hospital licensed under part I of chapter 395 or a birth center 723 licensed under s. 383.305, up to 3,000 live births per licensed 724 725 hospital per year or over 60 births per birth center per year. The department shall calculate the annual assessment for each 726 727 hospital and birth center, and this assessment must be paid in 728 equal amounts quarterly. Quarterly, the department shall 729 generate and mail to each hospital and birth center a statement 730 of the amount due.

731 As part of the department's legislative budget request 2. 732 prepared pursuant to chapter 216, the department shall submit a 733 certification by the department's inspector general, or the 734 director of auditing within the inspector general's office, of 735 the annual costs of the uniform testing and reporting procedures 736 of the newborn infant screening program. In certifying the 737 annual costs, the department's inspector general or the director 738 of auditing within the inspector general's office shall 739 calculate the direct costs of the uniform testing and reporting 740 procedures, including applicable administrative costs. 741 Administrative costs shall be limited to those department costs 742 which are reasonably and directly associated with the 743 administration of the uniform testing and reporting procedures 744 of the newborn infant screening program.

All provisions of this subsection must be coordinated with the
provisions and plans established under this chapter, chapter
411, and Pub. L. No. 99-457.

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2004 749 ADVISORY COUNCIL. -- There is established a Genetics and (5) Newborn Infant Screening Advisory Council made up of 15 12 750 751 members appointed by the Secretary of Health. The council shall 752 be composed of two consumer members, three practicing 753 pediatricians, at least one of whom must be a pediatric hematologist, one representative from each of the four medical 754 755 schools in the state, the Secretary of Health or his or her 756 designee, one representative from the Department of Health 757 representing Children's Medical Services, one representative 758 from the Florida Hospital Association, one representative with 759 experience in newborn screening programs, one representative 760 representing audiologists, and one representative from the 761 Developmental Disabilities Program Office of the Department of 762 Children and Family Services. All appointments shall be for a 763 term of 4 years. The chairperson of the council shall be elected 764 from the membership of the council and shall serve for a period 765 of 2 years. The council shall meet at least semiannually or upon 766 the call of the chairperson. The council may establish ad hoc or 767 temporary technical advisory groups to assist the council with 768 specific topics which come before the council. Council members 769 shall serve without pay. Pursuant to the provisions of s. 770 112.061, the council members are entitled to be reimbursed for 771 per diem and travel expenses. It is the purpose of the council 772 to advise the department about: Conditions for which testing should be included under 773

(a) 774 the screening program and the genetics program.+

775 (b) Procedures for collection and transmission of 776 specimens and recording of results. ; and

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(c) Methods whereby screening programs and genetics services for children now provided or proposed to be offered in the state may be more effectively evaluated, coordinated, and consolidated.

781 Section 17. Subsection (1) of section 383.402, Florida782 Statutes, is amended to read:

783383.402Child abuse death review; State Child Abuse Death784Review Committee; local child abuse death review committees.--

785 It is the intent of the Legislature to establish a (1)statewide multidisciplinary, multiagency child abuse death 786 787 assessment and prevention system that consists of state and 788 local review committees. The state and local review committees 789 shall review the facts and circumstances of all deaths of 790 children from birth through age 18 which occur in this state as 791 the result of verified child abuse or neglect and for whom at 792 least one report of abuse or neglect was accepted by the central 793 abuse hotline within the Department of Children and Family 794 Services. The purpose of the review shall be to:

795 (a) Achieve a greater understanding of the causes and796 contributing factors of deaths resulting from child abuse.

797 (b) Whenever possible, develop a communitywide approach to798 address such cases and contributing factors.

(c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.

803 (d) Make and implement recommendations for changes in law,804 rules, and policies, as well as develop practice standards that

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HB 1927 2004 805 support the safe and healthy development of children and reduce 806 preventable child abuse deaths. 807 Section 18. Subsection (2) of section 391.021, Florida 808 Statutes, is amended to read: 809 391.021 Definitions.--When used in this act, unless the 810 context clearly indicates otherwise: 811 (2) "Children with special health care needs" means those 812 children who have not reached 21 years of age who have chronic physical, developmental, behavioral, or emotional conditions and 813 814 who also require health care and related services of a type or 815 amount beyond that which is generally required by children under 816 age 21 years whose serious or chronic physical or developmental 817 conditions require extensive preventive and maintenance care 818 beyond that required by typically healthy children. Health care 819 utilization by these children exceeds the statistically expected 820 usage of the normal child adjusted for chronological age. These 821 children often need complex care requiring multiple providers, 822 rehabilitation services, and specialized equipment in a number 823 of different settings. 824 Section 19. Section 391.025, Florida Statutes, is amended 825 to read: 826 391.025 Applicability and scope.--(1) This act applies to health services provided to 827 828 eligible individuals who are: 829 (a)1. Enrolled in the Medicaid program; 830 2. Enrolled in the Florida Kidcare program; and 831 3. Uninsured or underinsured, provided that they meet the 832 financial eligibility requirements established in this act, and 833 to the extent that resources are appropriated for their care; or

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834	HB 1927 2004
835	(b) Infants who receive an award of compensation under s. 766.31(1).
836	(1) (2) The Children's Medical Services program consists of
837	the following components:
838	(a) The newborn infant metabolic screening program
839	established in s. 383.14.
840	(b) The regional perinatal intensive care centers program
841	established in ss. 383.15-383.21.
842	(c) A federal or state program authorized by the
843	Legislature.
844	(d) The developmental evaluation and intervention program,
845	including the Infants and Toddlers Early Intervention Program.
846	(e) The Children's Medical Services network.
847	(2)(3) The Children's Medical Services program shall not
848	be deemed an insurer and is not subject to the licensing
849	requirements of the Florida Insurance Code or the rules adopted
850	thereunder, when providing services to children who receive
851	Medicaid benefits, other Medicaid-eligible children with special
852	health care needs, and children participating in the Florida
853	Kidcare program.
854	Section 20. Section 391.029, Florida Statutes, is amended
855	to read:
856	391.029 Program eligibility
857	(1) The department shall establish the medical criteria to
858	determine if an applicant for the Children's Medical Services
859	program is an eligible individual.
860	(2) The following individuals are financially eligible <u>to</u>
861	receive services through for the program:

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HB 1927 862 (a) A high-risk pregnant female who is eligible for 863 Medicaid.

(b) <u>Children A child</u> with special health care needs from
birth to age 21 years <u>of age</u> who <u>are</u> is eligible for Medicaid.
(c) <u>Children A child</u> with special health care needs from
birth to age 19 years <u>of age</u> who <u>are</u> is eligible for a program
under Title XXI of the Social Security Act.

869 (3) Subject to the availability of funds, the following
 870 individuals may receive services through the program:

(a) (d) Children A child with special health care needs 871 872 from birth to age 21 years of age whose family income is above 873 financial eligibility requirements under Title XXI of the Social 874 Security Act and whose projected annual cost of care adjusts the 875 family income to Medicaid financial criteria. In cases where the 876 family income is adjusted based on a projected annual cost of 877 care, the family shall participate financially in the cost of 878 care based on criteria established by the department.

879 (b)(e) Children A child with special health care needs
880 from birth to 21 years of age, as provided defined in Title V of
881 the Social Security Act relating to children with special health
882 care needs.

883 <u>(c)(f) A newborn An infant who receives an award of</u> 884 compensation under s. 766.31(1). The Florida Birth-Related 885 Neurological Injury Compensation Association shall reimburse the 886 Children's Medical Services Network the state's share of 887 funding, which must thereafter be used to obtain matching 888 federal funds under Title XXI of the Social Security Act. 889

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The department may continue to serve certain children with special health care needs who are 21 years of age or older and who were receiving services from the program prior to April 1, 1998. Such children may be served by the department until July 1, 2000.

895 (4) (4) (3) The department shall determine the financial and 896 medical eligibility of children for the program. The department 897 shall also determine the financial ability of the parents, or persons or other agencies having legal custody over such 898 899 individuals, to pay the costs of health services under the 900 program. The department may pay reasonable travel expenses 901 related to the determination of eligibility for or the provision 902 of health services.

903 (5)(4) Any child who has been provided with surgical or 904 medical care or treatment under this act prior to being adopted 905 shall continue to be eligible to be provided with such care or 906 treatment after his or her adoption, regardless of the financial 907 ability of the persons adopting the child.

908 Section 21. Subsection (4) is added to section 391.035, 909 Florida Statutes, to read:

910

391.035 Provider qualifications.--

911 (4) Notwithstanding any other provision of law, the 912 department may contract with health care providers licensed in 913 another state to provide health services to participants in the 914 Children's Medical Services program when necessary due to an 915 emergency, the availability of specialty services, or a greater 916 convenience to the participant for receiving timely and 917 effective health care services. The department may adopt rules 918 to administer this subsection.

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919	Section 22. Subsection (4) is added to section 391.055,
920	Florida Statutes, to read:
921	391.055 Service delivery systems
922	(4) If a newborn has an abnormal screening result for
923	metabolic or other hereditary and congenital disorders which is
924	identified through the newborn screening program pursuant to s.
925	383.14, the newborn shall be referred to Children's Medical
926	Services for additional testing, medical management, early
927	intervention services, or medical referral.
928	Section 23. Subsection (4) of section 391.301, Florida
929	Statutes, is renumbered as subsection (3), and present
930	subsection (3) of said section is amended to read:
931	391.301 Developmental evaluation and intervention
932	programs; legislative findings and intent
933	(3) It is the intent of the Legislature to provide a
934	statewide coordinated program to screen, diagnose, and manage
935	high-risk infants identified as hearing-impaired. The program
936	shall develop criteria to identify infants who are at risk of
937	having hearing impairments, and shall ensure that all parents or
938	guardians of newborn infants are provided with materials
939	regarding hearing impairments prior to discharge of the newborn
940	infants from the hospital.
941	Section 24. Subsections (4) , (5) , and (6) of section
942	391.302, Florida Statutes, are renumbered as subsections (2),
943	(3), and (4) , respectively, and present subsections (2) and (3)
944	of said section are amended to read:
945	391.302 DefinitionsAs used in ss. 391.301-391.307, the
946	term:

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947	HB 1927 (2) "Hearing-impaired infant" means an infant who is born
948	with or who has acquired prelingually a hearing loss so severe
949	that, unaided, the infant cannot learn speech and language
950	through normal means.
951	(3) "High-risk hearing-impaired infant" means an infant
952	who exhibits conditions and factors that include, but are not
953	limited to, a family history of hearing impairment or anatomic
954	malformation which place the infant at an increased risk for
955	hearing impairment.
956	Section 25. Section 391.303, Florida Statutes, is amended
957	to read:
958	391.303 Program requirements
959	(1) Developmental evaluation and intervention services
960	shall be established at each hospital that provides Level II or
961	Level III neonatal intensive care services. Program services
962	shall be made available to an infant or toddler identified as
963	being at risk for developmental disabilities, or identified as
964	medically involved, who, along with his or her family, would
965	benefit from program services. Program services shall be made
966	available to infants or toddlers in a Level II or Level III
967	neonatal intensive care unit or in a pediatric intensive care
968	unit, infants who are identified as being at high risk for
969	hearing impairment or who are hearing-impaired, or infants who
970	have a metabolic or genetic disorder or condition identified
971	through the newborn screening program. The developmental
972	evaluation and intervention programs are subject to the
973	availability of moneys and the limitations established by the
974	General Appropriations Act or chapter 216. Hearing screening,
975	Evaluation and referral services $ au$ and initial developmental

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976 assessments services shall be provided to each infant or 977 toddler. Other program services may be provided to an infant or 978 toddler, and the family of the infant or toddler, who do not 979 meet the financial eligibility criteria for the Children's 980 Medical Services program based on the availability of funding, 981 including insurance and fees.

982 (2) Each developmental evaluation and intervention program 983 shall have a program director, a medical director, and necessary 984 staff to carry out the program. The program director shall 985 establish and coordinate the developmental evaluation and 986 intervention program. The program shall include, but is not 987 limited to:

988 (a) In-hospital evaluation and intervention services,
989 parent support and training, and family support planning and
990 case management.

991 (b) Screening and evaluation services to identify each 992 infant at risk of hearing impairment, and a medical and 993 educational followup and care management program for an infant 994 who is identified as hearing-impaired, with management beginning 995 as soon after birth as practicable. The medical management 996 program must include the genetic evaluation of an infant 997 suspected to have genetically determined deafness and an 998 evaluation of the relative risk.

999 <u>(b)(c)</u> Regularly held multidisciplinary team meetings to 1000 develop and update the family support plan. In addition to the 1001 family, a multidisciplinary team may include a physician, 1002 physician assistant, psychologist, psychotherapist, educator, 1003 social worker, nurse, physical or occupational therapist, speech 1004 pathologist, developmental evaluation and intervention program

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director, case manager, others who are involved with the inhospital and posthospital discharge care plan, and anyone the family wishes to include as a member of the team. The family support plan is a written plan that describes the infant or toddler, the therapies and services the infant or toddler and his or her family need, and the intended outcomes of the services.

1012 (c)(d) Discharge planning by the multidisciplinary team, 1013 including referral and followup to primary medical care and 1014 modification of the family support plan.

1015 <u>(d)(e)</u> Education and training for neonatal and pediatric 1016 intensive care services staff, volunteers, and others, as 1017 needed, in order to expand the services provided to high-risk, 1018 developmentally disabled, <u>or</u> medically involved, or hearing-1019 impaired infants and toddlers and their families.

1020 <u>(e)(f)</u> Followup intervention services after hospital 1021 discharge, to aid the family and the high-risk, developmentally 1022 disabled, <u>or</u> medically involved, <u>or hearing-impaired</u> infant's or 1023 toddler's transition into the community. Support services shall 1024 be coordinated at the request of the family and within the 1025 context of the family support plan.

1026 (f)(g) Referral to and coordination of services with 1027 community providers.

1028 (g)(h) Educational materials about infant care, infant 1029 growth and development, community resources, medical conditions 1030 and treatments, and family advocacy. Materials regarding hearing 1031 impairments shall be provided to each parent or guardian of a 1032 hearing-impaired infant or toddler.

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1033	HB 1927 (h) (i) Involvement of the parents and guardians of each
1034	identified high-risk, developmentally disabled, or medically
1035	involved, or hearing-impaired infant or toddler.
1036	Section 26. Subsections (3) through (6) of section
1037	391.305, Florida Statutes, are renumbered as subsections (2)
1038	through (5), respectively, and present subsection (2) of said
1039	section is amended to read:
1040	391.305 Program standards; rules
1041	(2) Criteria and procedures for screening, identifying,
1042	and diagnosing hearing-impaired infants.
1043	Section 27. Section 391.308, Florida Statutes, is created
1044	to read:
1045	391.308 Infants and Toddlers Early Intervention
1046	programThe Department of Health may implement and administer
1047	Part C of the federal Individuals with Disabilities Education
1048	Act (IDEA).
1049	(1) The department, jointly with the Department of
1050	Education, shall annually prepare a grant application to the
1051	United States Department of Education for funding early
1052	intervention services for infants and toddlers with
1053	disabilities, ages birth through 36 months, and their families
1054	pursuant to Part C of the federal Individuals with Disabilities
1055	Education Act.
1056	(2) The department, jointly with the Department of
1057	Education, shall include a reading initiative as an early
1058	intervention service for infants and toddlers.
1059	Section 28. Subsections (3) and (4) of section 395.1027,
1060	Florida Statutes, are renumbered as subsections (4) and (5) ,

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HB 1927 2004 1061 respectively, and a new subsection (3) is added to said section 1062 to read: 1063 395.1027 Regional poison control centers. --1064 (3) Upon request, a licensed facility shall release to a 1065 regional poison control center any patient information that is 1066 necessary for case management of poison cases. 1067 Section 29. Section 395.404, Florida Statutes, is amended 1068 to read: 1069 395.404 Review of trauma registry data; report to central 1070 registry; confidentiality and limited release .--1071 (1)(a) Each trauma center shall furnish, and all acute 1072 care hospitals, upon request of the department, shall furnish 1073 for department review, trauma registry data as prescribed by 1074 rule of the department for the purpose of monitoring patient 1075 outcome and ensuring compliance with the standards of approval. 1076 (b) (3) Trauma registry data obtained pursuant to this 1077 subsection section are confidential and exempt from the 1078 provisions of s. 119.07(1) and s. 24(a), Art. I of the State 1079 Constitution. However, the department may provide such trauma 1080 registry data to the person, trauma center, pediatric trauma 1081 referral center, hospital, emergency medical service provider, 1082 local or regional trauma agency, medical examiner, or other 1083 entity from which the data were obtained. The department may 1084 also use or provide trauma registry data for purposes of 1085 research in accordance with the provisions of chapter 405. Each trauma center and acute care hospital shall 1086 (2) 1087 report to the department's brain and spinal cord injury central registry consistent with the procedures and timeframes under s. 1088 1089 381.74 any person who has a moderate to severe brain or spinal

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HB 1927 2004 1090 cord injury and shall include the name, age, residence, and type 1091 of disability of the individual and such additional information 1092 as may be deemed necessary by the department. Notwithstanding the provisions of s. 381.74, each trauma center and acute care 1093 1094 hospital shall submit severe disability and head-injury registry 1095 data to the department as provided by rule. Each trauma center 1096 and acute care hospital shall continue to provide initial 1097 notification of persons who have severe disabilities and head 1098 injuries to the Department of Health within timeframes provided 1099 in chapter 413. Such initial notification shall be made in the 1100 manner prescribed by the Department of Health for the purpose of 1101 providing timely vocational rehabilitation services to the 1102 severely disabled or head-injured person.

Section 30. Subsections (3) and (4) of section 400.9905, Florida Statutes, are renumbered as subsections (4) and (5), respectively, and amended, and new subsections (3), (6), and (7) are added to said section, to read:

1107

400.9905 Definitions.--

1108 <u>(3) "Chief financial officer" means an individual who has</u> 1109 <u>a bachelor's degree from an accredited university in accounting</u> 1110 <u>or finance, or a related field, and who is the person</u> 1111 <u>responsible for the preparation of a clinic's billing.</u>

1112 (4)(3) "Clinic" means an entity at which health care 1113 services are provided to individuals and which tenders charges 1114 for reimbursement for such services, including a mobile clinic 1115 and a portable equipment provider. For purposes of this part, 1116 the term does not include and the licensure requirements of this 1117 part do not apply to:

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HB 1927 2004 1118 Entities licensed or registered by the state that (a) 1119 provide only health care services within the scope of services authorized under their respective licenses granted under s. 1120 383.30, chapter 390, chapter 394, chapter 395, chapter 397, this 1121 chapter except part XIII, chapter 463, chapter 465, chapter 466, 1122 1123 chapter 478, part I of chapter 483 chapter 480, chapter 484, or 1124 chapter 651; end-stage renal disease providers authorized under 1125 42 C.F.R. part 405, subpart U; or providers certified under 42 1126 C.F.R. part 485, subpart B or H. Entities that own, directly or indirectly, entities 1127 (b) 1128 licensed or registered by the state and providing only health care services within the scope of services authorized pursuant 1129 1130 to their respective licenses granted under s. 383.30, chapter 1131 390, chapter 394, chapter 395, chapter 397, this chapter except 1132 part XIII, chapter 463, chapter 465, chapter 466, chapter 478, 1133 part I of chapter 483 chapter 480, chapter 484, or chapter 651, 1134 or end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers certified under 42 C.F.R. part 1135 1136 485, subpart B or H. 1137 Entities that are owned, directly or indirectly, by an (C) 1138 entity licensed or registered by the state and that provide only 1139 health care services within the scope of services authorized pursuant to their respective licenses granted under s. 383.30, 1140 chapter 390, chapter 394, chapter 395, chapter 397, this chapter 1141 except part XIII, chapter 463, chapter 465, chapter 466, chapter 1142 478, part I of chapter 483 chapter 480, chapter 484, or chapter 1143 1144 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 1145 1146 C.F.R. part 485, subpart B or H.

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HB 1927 2004 1147 Entities that are under common ownership, directly or (d) 1148 indirectly, with an entity licensed or registered by the state and that provide only health care services within the scope of 1149 services authorized pursuant to their respective licenses 1150 granted under s. 383.30, chapter 390, chapter 394, chapter 395, 1151 1152 chapter 397, this chapter except part XIII, chapter 463, chapter 1153 465, chapter 466, chapter 478, part I of chapter 483 chapter 1154 480, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or 1155 providers certified under 42 C.F.R. part 485, subpart B or H. 1156 1157 (e) An entity that is exempt from federal taxation under 1158 26 U.S.C. s. 501(c)(3) or s. 501(c)(4) and any community college 1159 or university clinic or any entity owned or operated by federal 1160 or state government, including agencies, subdivisions, or municipalities thereof. 1161 1162 A sole proprietorship, group practice, partnership, or (f) 1163 corporation that provides health care services by licensed 1164 health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, 1165 1166 chapter 466, chapter 467, chapter 480 chapter 484, chapter 486, 1167 chapter 490, chapter 491, or part I, part III, part X, part 1168 XIII, or part XIV of chapter 468, or s. 464.012, which are wholly owned by one or more a licensed health care practitioners 1169

1170 <u>set forth in this paragraph</u> practitioner, or the licensed health 1171 care practitioner and the spouse, parent, or child of a licensed 1172 health care practitioner, so long as one of the owners who is a 1173 licensed health care practitioner is supervising the <u>business</u> 1174 <u>activities</u> services performed therein and is legally responsible 1175 for the entity's compliance with all federal and state laws.

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1176 <u>Violation of any federal or state law by an employee, owner,</u> 1177 <u>partner, or shareholder providing health care services at the</u> 1178 <u>entity shall constitute a violation of s. 456.072(1)(k) by the</u> 1179 <u>licensee violating the federal or state law and by the</u> 1180 <u>supervising owner However, a health care practitioner may not</u> 1181 <u>supervise services beyond the scope of the practitioner's</u> 1182 <u>license</u>.

(g) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.

1186 (5)(4) "Medical director" means a physician who is 1187 employed or under contract with a clinic and who maintains a full and unencumbered physician license in accordance with 1188 1189 chapter 458, chapter 459, chapter 460, or chapter 461. However, 1190 if the clinic does not provide services pursuant to the 1191 respective physician practices acts listed in this subsection, 1192 it is limited to providing health care services pursuant to 1193 chapter 457, chapter 484, chapter 486, chapter 490, or chapter 1194 491 or part I, part III, part X, part XIII, or part XIV of 1195 chapter 468, the clinic may appoint a Florida-licensed health 1196 care practitioner who does not provide services pursuant to the 1197 respective physician practices acts listed in this subsection 1198 licensed under that chapter to serve as a clinic director who is 1199 responsible for the clinic's activities. A health care 1200 practitioner may not serve as the clinic director if the 1201 services provided at the clinic are beyond the scope of that 1202 practitioner's license, except that a licensee specified in s. 1203 456.053(3)(b) who provides only services authorized pursuant to

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<pre>s. 456.053(3)(b) may serve as clinic director of an entity providing services as specified in s. 456.053(3)(b). (6) "Mobile clinic" means a movable or detached self- contained health care unit within or from which direct health care services are provided to individuals and which otherwise meets the definition of a clinic in subsection (3).</pre>
contained health care unit within or from which direct health care services are provided to individuals and which otherwise
care services are provided to individuals and which otherwise
meets the definition of a clinic in subsection (3).
(7) "Portable equipment provider" means an entity that
contracts with or employs persons to provide portable equipment
to multiple locations performing treatment or diagnostic testing
of individuals, that bills third-party payors for those
services, and that otherwise meets the definition of a clinic in
subsection (3).
Section 31. Subsection (1) and paragraph (a) of subsection
(7) of section 400.991, Florida Statutes, are amended to read:
400.991 License requirements; background screenings;
prohibitions
(1) <u>(a)</u> Each clinic, as defined in s. 400.9905, must be
licensed and shall at all times maintain a valid license with
the agency. Each clinic location shall be licensed separately
regardless of whether the clinic is operated under the same
business name or management as another clinic.
(b) Each mobile clinic must obtain a separate health care
<u>clinic license and</u> clinics must provide to the agency, at least
quarterly, its their projected street locations to enable the
agency to locate and inspect such clinics. Portable equipment
providers must obtain a health care clinic license for a single
administrative office and are not required to submit quarterly
projected street locations.

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HB 1927 1232 (7) Each applicant for licensure shall comply with the 1233 following requirements:

(a) As used in this subsection, the term "applicant" means 1234 individuals owning or controlling, directly or indirectly, 5 1235 1236 percent or more of an interest in a clinic; the medical or 1237 clinic director, or a similarly titled person who is responsible 1238 for the day-to-day operation of the licensed clinic; the 1239 financial officer or similarly titled individual who is 1240 responsible for the financial operation of the clinic; and 1241 licensed health care practitioners medical providers at the clinic. 1242

1243 Section 32. Paragraph (g) of subsection (1), subsection 1244 (9), and paragraph (b) of subsection (11) of section 400.9935, 1245 Florida Statutes, are amended to read:

1246

400.9935 Clinic responsibilities.--

1247 (1) Each clinic shall appoint a medical director or clinic
1248 director who shall agree in writing to accept legal
1249 responsibility for the following activities on behalf of the
1250 clinic. The medical director or the clinic director shall:

1251 (g) Conduct systematic reviews of clinic billings to 1252 ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic 1253 1254 director shall take immediate corrective action. If the clinic 1255 performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron 1256 emission tomography and provides the professional interpretation 1257 1258 of such services, in a fixed facility that is accredited by the 1259 Joint Commission on Accreditation of Healthcare Organizations or 1260 the Accreditation Association for Ambulatory Health Care and the

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HB 1927 2004 1261 American College of Radiology, and if, in the preceding quarter, 1262 the percentage of scans performed by that clinic that were 1263 billed to a personal injury protection insurance carrier was 1264 less than 15 percent, the chief financial officer of the clinic 1265 may, in a written acknowledgment provided to the agency, assume 1266 the responsibility for the conduct of the systematic reviews of 1267 clinic billings to ensure that the billings are not fraudulent 1268 or unlawful. With regard to clinics that share majority 1269 ownership, the percentage of the scans performed that were 1270 billed to a personal injury protection insurance carrier may be 1271 calculated on a consolidated basis.

1272 Any person or entity providing health care services (9) 1273 which is not a clinic, as defined under s. 400.9905, may 1274 voluntarily apply for a certificate of exemption from licensure 1275 under its exempt status with the agency on a form that sets 1276 forth its name or names and addresses, a statement of the reasons why it cannot be defined as a clinic, and other 1277 1278 information deemed necessary by the agency. An exemption is not transferable. The agency is authorized to charge all applicants 1279 1280 for certificates of exemption an amount equal to \$100 or the 1281 actual cost of processing the certificate, whichever is less. 1282 (11)

(b) The agency may <u>deny</u> disallow the application <u>or revoke</u> <u>the license</u> of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this subsection and whose principals were previously principals of an entity that was unable to meet the accreditation requirements within the specified timeframes. The agency may adopt rules as to the accreditation of magnetic resonance imaging clinics.

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HB 1927 2004 1290 Section 33. Subsections (1) and (3) of section 400.995, 1291 Florida Statutes, are amended, and a new subsection (10) is 1292 added to said section, to read: 400.995 Agency administrative penalties .--1293 1294 The agency may deny the application for a license (1)1295 renewal or revoke or suspend the license and may impose 1296 administrative fines penalties against clinics of up to \$5,000 1297 per violation for violations of the requirements of this part or 1298 rules of the agency. In determining if a penalty is to be imposed and in fixing the amount of the fine, the agency shall 1299 1300 consider the following factors: The gravity of the violation, including the 1301 (a) 1302 probability that death or serious physical or emotional harm to 1303 a patient will result or has resulted, the severity of the 1304 action or potential harm, and the extent to which the provisions 1305 of the applicable laws or rules were violated. 1306 Actions taken by the owner, medical director, or (b) 1307 clinic director to correct violations. 1308 Any previous violations. (C) 1309 (d) The financial benefit to the clinic of committing or 1310 continuing the violation. Any action taken to correct a violation shall be 1311 (3) 1312 documented in writing by the owner, medical director, or clinic 1313 director of the clinic and verified through followup visits by 1314 agency personnel. The agency may impose a fine and, in the case of an owner-operated clinic, revoke or deny a clinic's license 1315 1316 when a clinic medical director or clinic director knowingly fraudulently misrepresents actions taken to correct a violation. 1317

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1318	(10) If the agency issues a notice of intent to deny a
1319	license application after a temporary license has been issued
1320	pursuant to s. 400.991(3), the temporary license shall expire on
1321	the date of the notice and may not be extended during any
1322	proceeding for administrative or judicial review pursuant to
1323	chapter 120.
1324	Section 34. The Agency for Health Care Administration is
1325	directed to make refunds to applicants that submitted their
1326	health care clinic licensure fees and applications but were
1327	subsequently exempted from licensure by this act as follows:
1328	(1) Seventy-five percent of the application fee if the
1329	temporary license has not been issued;
1330	(2) Fifty percent of the application fee if the temporary
1331	license has been issued but the inspection has not been
1332	completed; or
1333	(3) No refund if the inspection has been completed.
1334	Section 35. Any person or entity defined as a clinic under
1335	s. 400.9905, Florida Statutes, shall not be in violation of part
1336	XIII of chapter 400, Florida Statutes, due to failure to apply
1337	for a clinic license by March 1, 2004. Payment to any such
1338	person or entity by an insurer or other person liable for
1339	payment to such person or entity may not be denied on the
1340	grounds that the person or entity failed to apply for or obtain
1341	a clinic license before July 1, 2004. This section is contingent
1342	upon Senate Bill 2380 or similar legislation becoming law.
1343	Section 36. Section 401.211, Florida Statutes, is amended
1344	to read:
1345	401.211 Legislative intentThe Legislature recognizes
1346	that the systematic provision of emergency medical services
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HB 1927 2004 1347 saves lives and reduces disability associated with illness and 1348 injury. In addition, that system of care must be equally capable of assessing, treating, and transporting children, adults, and 1349 frail elderly persons. Further, it is the intent of the 1350 Legislature to encourage the development and maintenance of 1351 1352 emergency medical services because such services are essential 1353 to the health and well-being of all citizens of the state. The 1354 Legislature also recognizes that the establishment of a 1355 comprehensive statewide injury prevention program supports state and community health systems by further enhancing the total 1356 1357 delivery system of emergency medical services and reduces 1358 injuries for all persons. The purpose of this part is to protect 1359 and enhance the public health, welfare, and safety through the 1360 establishment of an emergency medical services state plan, an 1361 advisory council, a comprehensive statewide injury prevention 1362 program, minimum standards for emergency medical services 1363 personnel, vehicles, services and medical direction, and the 1364 establishment of a statewide inspection program created to 1365 monitor the quality of patient care delivered by each licensed 1366 service and appropriately certified personnel.

1367Section 37. Section 401.243, Florida Statutes, is created1368to read:

1369 <u>401.243</u> Injury prevention.--The department shall establish 1370 <u>an injury prevention program which shall be responsible for the</u> 1371 <u>statewide coordination and expansion of injury prevention</u> 1372 <u>activities. The duties of the program may include, but are not</u> 1373 <u>limited to, data collection, surveillance, education, and the</u> 1374 promotion of interventions. In addition, the program may:

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1375	(1) Provide communities, county health departments, and
1376	other state agencies with injury prevention expertise and
1377	guidance.
1378	(2) Seek, receive, and expend funds received from grants,
1379	donations, or contributions from public or private sources for
1380	program purposes.
1381	(3) Develop, and revise as necessary, a comprehensive
1382	state plan for injury prevention.
1383	(4) Adopt rules governing the implementation of grant
1384	programs. Rules may include, but need not be limited to,
1385	criteria regarding the application process, the selection of
1386	grantees, the implementation of injury prevention activities,
1387	data collection, surveillance, education, and the promotion of
1388	interventions.
1389	Section 38. Subsection (4) of section 404.056, Florida
1390	Statutes, is amended to read:
1391	404.056 Environmental radiation standards and projects;
1392	certification of persons performing measurement or mitigation
1393	services; mandatory testing; notification on real estate
1394	documents; rules
1395	(4) MANDATORY TESTINGAll public and private school
1396	buildings or school sites housing students in kindergarten
1397	through grade 12; all state-owned, state-operated, state-
1398	regulated, or state-licensed 24-hour care facilities; and all
1399	state-licensed day care centers for children or minors which are
1400	located in counties designated within the Department of
1401	Community Affairs' Florida Radon Protection Map Categories as
1402	"Intermediate" or "Elevated Radon Potential" shall be measured
1403	to determine the level of indoor radon, using measurement
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1404 procedures established by the department. Initial measurements 1405 Testing shall be conducted completed within the first year of construction in 20 percent of the habitable first floor spaces 1406 within any of the regulated buildings and. Initial measurements 1407 1408 shall be completed and reported to the department within 1 by 1409 July 1 of the year after the date the building is opened for 1410 occupancy or within 1 year after license approval for the entity 1411 residing in the existing building. Followup testing must be 1412 completed in 5 percent of the habitable first floor spaces 1413 within any of the regulated buildings after the building has 1414 been occupied for 5 years, and results must be reported to the department by the 1st day July 1 of the 6th 5th year of 1415 1416 occupancy. After radon measurements have been made twice, 1417 regulated buildings need not undergo further testing unless 1418 significant structural changes occur. No funds collected 1419 pursuant to s. 553.721 shall be used to carry out the provisions 1420 of this subsection.

1421Section 39.Subsection (1) and paragraph (g) of subsection1422(3) of section 468.302, Florida Statutes, are amended to read:

1423 468.302 Use of radiation; identification of certified 1424 persons; limitations; exceptions.--

1425 (1) Except as hereinafter provided, no person shall use
1426 radiation <u>or otherwise practice radiologic technology</u> on a human
1427 being unless he or she:

1428

(a) Is a licensed practitioner; or

(b) Is the holder of a certificate, as provided in this
part, and is operating under the direct supervision or general
supervision of a licensed practitioner in each particular case.
(3)

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HB 1927 2004 1433 (g)1. A person holding a certificate as a nuclear medicine 1434 technologist may only: 1435 a. Conduct in vivo and in vitro measurements of 1436 radioactivity and administer radiopharmaceuticals to human 1437 beings for diagnostic and therapeutic purposes. 1438 b. Administer X-radiation from a combination nuclear 1439 medicine-computed tomography device if that radiation is 1440 administered as an integral part of a nuclear medicine procedure 1441 that uses an automated computed tomography protocol for the purposes of attenuation correction and anatomical localization 1442 1443 and the person has received device-specific training on the 1444 combination device. 1445 2. However, The authority of a nuclear medicine technologist under this paragraph excludes: 1446 1447 Radioimmunoassay and other clinical laboratory testing a. 1448 regulated pursuant to chapter 483. 1449 b. Creating or modifying automated computed tomography 1450 protocols. 1451 c. Any other operation of a computed tomography device, 1452 especially for the purposes of stand-alone diagnostic imaging, 1453 which must be performed by a general radiographer certified under this part. 1454 1455 Section 40. Section 468.304, Florida Statutes, is amended 1456 to read: 468.304 Certification examination; admission.--The 1457 department shall certify admit to examination for certification 1458 1459 any applicant who meets the following criteria:

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HB 1927 2004 1460 (1) Pays to the department a nonrefundable fee not to 1461 exceed \$100 plus the actual per-applicant cost to the department 1462 for purchasing the examination from a national organization. 1463 (2) Submits a completed application on a form specified by 1464 the department. An incomplete application shall expire 6 months 1465 after initial filing. The application shall require the social 1466 security number of the applicant. Each applicant shall notify 1467 the department in writing of his or her current mailing address. 1468 Notwithstanding the provisions of any other statute, service by 1469 regular mail to an applicant's last reported mailing address constitutes adequate and sufficient notice of any official 1470 1471 department communication to the applicant. 1472 (3) and Submits satisfactory evidence, verified by oath or 1473 affirmation, that she or he: 1474 (a) (1) Is at least 18 years of age at the time of 1475 application; 1476 (b)(2) Is a high school, vocational school, technical 1477 school, or college graduate or has successfully completed the 1478 requirements for a graduate equivalency diploma (GED) or its 1479 equivalent; 1480 (c)(3) Is of good moral character; and 1481 (d) Has passed an examination as specified in s. 468.306 1482 or meets the requirements specified in s. 468.3065; and 1483 (e)1.(4)(a) Has successfully completed an educational 1484 program, which program may be established in a hospital licensed 1485 pursuant to chapter 395 or in an accredited postsecondary 1486 academic institution which is subject to approval by the 1487 department as maintaining a satisfactory standard; or

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1488 <u>2.a.(b)1.</u> With respect to an applicant for a basic X-ray 1489 machine operator's certificate, has completed a course of study 1490 approved by the department with appropriate study material 1491 provided the applicant by the department;

1492 <u>b.2.</u> With respect to an applicant for a basic X-ray 1493 machine operator-podiatric medicine certificate, has completed a 1494 course of study approved by the department, provided that such 1495 course of study shall be limited to that information necessary 1496 to perform radiographic procedures within the scope of practice 1497 of a podiatric physician licensed pursuant to chapter 461;

1498 <u>c.3.</u> With respect only to an applicant for a general 1499 radiographer's certificate who is a basic X-ray machine operator 1500 certificateholder, has completed an educational program or a 2-1501 year training program that takes into account the types of 1502 procedures and level of supervision usually and customarily 1503 practiced in a hospital, which educational or training program 1504 complies with the rules of the department; or

<u>d.4.</u> With respect only to an applicant for a nuclear medicine technologist's certificate who is a general radiographer certificateholder, has completed an educational program or a 2-year training program that takes into account the types of procedures and level of supervision usually and customarily practiced in a hospital, which educational or training program complies with the rules of the department.

1512 (4) Submits complete documentation of any criminal offense
1513 in any jurisdiction of which the applicant has been found
1514 guilty, regardless of whether adjudication of guilt was
1515 withheld, or to which the applicant has pled guilty or nolo
1516 contendere.

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1517	HB 1927 2004
	(5) Submits complete documentation of any final
1518	disciplinary action taken against the applicant by a licensing
1519	or regulatory body in any jurisdiction, by a national
1520	organization, or by a specialty board that is recognized by the
1521	department. Disciplinary action includes revocation, suspension,
1522	probation, reprimand, or being otherwise acted against,
1523	including being denied certification, or resigning from or
1524	nonrenewal of membership taken in lieu of or in settlement of a
1525	pending disciplinary case.
1526	
1527	The department may not certify any applicant who has committed
1528	an offense that would constitute a violation of any of the
1529	provisions of s. 468.3101 or the rules adopted thereunder if the
1530	applicant had been certified by the department at the time of
1531	the offense. In addition, no application for a limited computed
1532	tomography certificate shall be accepted <u>, and</u> - all persons
1533	holding valid computed tomography certificates as of October 1,
1534	1984, are subject to the provisions of s. 468.309.
1535	Section 41. Section 468.306, Florida Statutes, is amended
1536	to read:
1537	468.306 ExaminationsAll applicants, except those
1538	certified pursuant to s. 468.3065, shall be required to pass an
1539	examination. The department is authorized to develop or use
1540	examinations for each type of certificate. The department may
1541	require an applicant who does not pass an examination after five
1542	attempts to complete additional remedial education, as specified
1543	by rule of the department, before admitting the applicant to
1544	subsequent examinations.

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HB 192720041545(1) The department shall have the authority to contract1546with organizations that develop such test examinations.1547Examinations may be administered by the department or the1548contracting organization.

(2) Examinations shall be given for each type of certificate at least twice a year at such times and places as the department may determine to be advantageous for applicants. If an applicant applies less than 75 days before an examination, the department may schedule the applicant for a later examination.

(3) All examinations shall be written and include positioning, technique, and radiation protection. The department shall either pass or fail each applicant on the basis of his or her final grade. The examination for a basic X-ray machine operator shall include basic positioning and basic techniques directly related to the skills necessary to safely operate radiographic equipment.

(4) A nonrefundable fee not to exceed \$75 plus the actual per-applicant cost for purchasing the examination from a national organization shall be charged for any subsequent examination.

1566 Section 42. Section 468.3065, Florida Statutes, is amended 1567 to read:

1568 468.3065 Certification by endorsement.--The department may 1569 issue a certificate by endorsement to practice radiologic 1570 technology to an applicant who, upon applying to the department 1571 and remitting a <u>nonrefundable</u> fee not to exceed \$50, 1572 demonstrates to the department that he or she holds a current 1573 certificate, license, or registration to practice radiologic

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HB 1927 2004 1574 technology, provided that the requirements for such certificate, 1575 license, or registration are deemed by the department to be substantially equivalent to those established under this part 1576 1577 and rules adopted hereunder. 1578 Section 43. Subsection (1) of section 468.307, Florida 1579 Statutes, is amended to read: 1580 468.307 Certificate; issuance; display.--1581 The department shall issue a certificate to each (1)1582 candidate who has met the requirements of ss. 468.304 and 1583 468.306 or has qualified under s. 468.3065. The department may 1584 by rule establish a subcategory of a certificate issued under 1585 this part limiting the certificateholder to a specific procedure 1586 or specific type of equipment. The first regular certificate 1587 issued to a new certificateholder shall expire on the last day 1588 of the certificateholder's birth month and shall be at least 12 1589 months but no more than 24 months in duration. However, if the 1590 new certificateholder already holds a regular, active certificate in a different category under this part, the new 1591 1592 certificate shall be combined with and expire on the same date 1593 as the existing certificate.

1594 Section 44. Section 468.309, Florida Statutes, is amended 1595 to read:

1596468.309Certificate; duration; renewal; reversion to1597inactive status; members of Armed Forces and spouses.--

(1)(a) A radiologic technologist's certificate issued in accordance with this part expires as specified in rules adopted by the department which establish a procedure for the biennial renewal of certificates. A certificate shall be renewed by the department for a period of 2 years upon payment of a renewal fee

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1603 in an amount not to exceed \$75 and upon submission of a renewal 1604 application containing such information as the department deems 1605 necessary to show that the applicant for renewal is a radiologic 1606 technologist in good standing and has completed any continuing 1607 education requirements that the department establishes.

(b) Sixty days before the end of the biennium, the
department shall mail a notice of renewal to the last known
address of the certificateholder.

1611 (c) Each certificateholder shall notify the department in 1612 writing of his or her current mailing address and place of 1613 practice. Notwithstanding the provisions of any other statute, 1614 service by regular mail to a certificateholder's last reported 1615 mailing address constitutes adequate and sufficient notice of 1616 any official department communication to the certificateholder.

1617 (2) The department shall adopt rules establishing a1618 procedure for the biennial renewal of certificates.

1619 (3) The department may, by rule, prescribe continuing 1620 education requirements, not to exceed 24 hours each licensure period, as a condition for renewal of a certificate. The 1621 1622 criteria for approval of continuing education providers, 1623 courses, and programs shall be as specified approved by the 1624 department. Continuing education, which may be required for 1625 persons certified under this part, may be obtained through home 1626 study courses approved by the department.

1627 (4) Any certificate which is not renewed by its expiration
1628 date at the end of the biennium prescribed by the department
1629 shall automatically be placed in an expired status and the
1630 certificateholder shall not practice radiologic technology until
1631 the certificate has been reactivated revert to an inactive

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HB 1927 1632 status. Such certificate may be reactivated only if the 1633 certificateholder meets the other qualifications for reactivation in s. 468.3095. 1634

1635 (5) A certificateholder in good standing remains in good 1636 standing when he or she becomes a member of the Armed Forces of 1637 the United States on active duty without paying renewal fees or 1638 accruing continuing education credits as long as he or she is a 1639 member of the Armed Forces on active duty and for a period of 6 1640 months after discharge from active duty, if he or she is not 1641 engaged in practicing radiologic technology in the private 1642 sector for profit. The certificateholder must pay a renewal fee and complete continuing education not to exceed 12 classroom 1643 hours to renew the certificate. 1644

1645 (6) A certificateholder who is in good standing remains in 1646 good standing if he or she is absent from the state because of 1647 his or her spouse's active duty with the Armed Forces of the 1648 United States. The certificateholder remains in good standing 1649 without paying renewal fees or completing continuing education 1650 as long as his or her spouse is a member of the Armed Forces on 1651 active duty and for a period of 6 months after the spouse's discharge from active duty, if the certificateholder is not 1652 1653 engaged in practicing radiologic technology in the private 1654 sector for profit. The certificateholder must pay a renewal fee 1655 and complete continuing education not to exceed 12 classroom 1656 hours to renew the certificate.

1657 (7) A certificateholder may resign his or her 1658 certification by submitting to the department a written, notarized resignation on a form specified by the department. The 1659 1660 resignation shall automatically become effective upon the

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1661	HB 1927 department's receipt of the resignation form, at which time the
1662	certificateholder's certification automatically becomes null and
1663	void and cannot be reactivated or renewed or used to practice
1664	radiologic technology. A certificateholder who has resigned may
1665	become certified again only by reapplying to the department for
1666	certification as a new applicant and meeting the certification
1667	requirements pursuant to s. 468.304 or s. 468.3065. Any
1668	disciplinary action that had been imposed on the
1669	certificateholder prior to his or her resignation shall be
1670	tolled until he or she again becomes certified. Any disciplinary
1671	action proposed at the time of the certificateholder's
1672	resignation shall be tolled until he or she again becomes
1673	certified.
1674	Section 45. Subsection (2) of section 468.3095, Florida
1675	Statutes, is amended to read:
1676	468.3095 Expired or inactive status; reactivation;
1677	automatic suspension; reinstatement
1678	(2)(a) A certificate which has been <u>expired</u> inactive for
1679	less than <u>10 years</u> 1 year after the end of the biennium
1680	prescribed by the department may be reactivated renewed pursuant
1681	to s. 468.309 upon payment of the biennial renewal fee and a
1682	late renewal fee not to exceed \$100 and submission of a
1683	reactivation application containing such information as the
1684	department deems necessary to show that the applicant is a
1685	radiologic technologist in good standing and has met the
1686	continuing education requirements. The renewed certificate shall
1687	expire 2 years after the date the certificate automatically
1688	reverted to inactive status.

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HB 1927 2004 1689 A certificate which has been inactive for less that 10 (b) 1690 years more than 1 year may be reactivated by meeting all of the 1691 requirements of s. 468.3095(2)(a) for expired certificates 1692 except for payment of the late renewal fee upon application to 1693 the department. The department shall prescribe, by rule, 1694 continuing education requirements as a condition of reactivating 1695 a certificate. The continuing education requirements for 1696 reactivating a certificate shall not exceed 10 classroom hours 1697 for each year the certificate was inactive and shall in no event 1698 exceed 100 classroom hours for all years in which the 1699 certificate was inactive. 1700 (c) A certificate which has been inactive or expired for 1701 more than 10 years or more shall automatically become void and 1702 cannot be reactivated, renewed, or used to practice radiologic 1703 technology be suspended. One year before the suspension, the 1704 department shall give notice to the certificateholder. A 1705 suspended certificate may be reinstated as provided for original 1706 issuance in s. 468.307. A certificateholder whose certificate 1707 has become null and void may only become certified again by 1708 reapplying to the department as a new applicant and meeting the 1709 requirements pursuant to s. 468.304 or s. 468.3065. 1710 (d) When an expired or inactive certificate is 1711 reactivated, the reactivated certificate shall expire on the 1712 last day of the certificateholder's birth month and shall be at 1713 least 12 months but no more than 24 months in duration. However, 1714 if the reactivating certificateholder already holds a regular, 1715 active certificate in a different category under this part, then 1716 the reactivated certificate shall be combined with and expire on

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CODING: Words stricken are deletions; words underlined are additions.

the same date as the existing certificate.

HB 1927 2004 1718 Section 46. Subsection (1) of section 468.3101, Florida 1719 Statutes, is amended, and subsections (5) and (6) are added to said section, to read: 1720 1721 468.3101 Disciplinary grounds and actions.--1722 The department may make or require to be made such (1)investigations, inspections, evaluations, and tests, and require 1723 1724 the submission of such documents and statements, as it deems 1725 necessary to determine whether a violation of this part has 1726 occurred. The following acts shall be grounds for disciplinary action as set forth in this section: 1727 (a) Procuring, attempting to procure, or renewing a 1728 1729 certificate to practice radiologic technology by bribery, by 1730 fraudulent misrepresentation, or through an error of the 1731 department. 1732 (b) Having a voluntary or mandatory certificate to 1733 practice radiologic technology revoked, suspended, or otherwise 1734 acted against, including being denied certification, by a national organization, by a specialty board recognized by the 1735 1736 department, or by a the certification authority of another 1737 state, territory, or country. 1738 (C) Being convicted or found guilty, regardless of 1739 adjudication, in any jurisdiction of a crime which directly 1740 relates to the practice of radiologic technology or to the ability to practice radiologic technology. Pleading A plea of 1741

1742 nolo contendere shall be considered a conviction for the purpose 1743 of this provision.

1744 (d) Being convicted or found guilty, regardless of1745 adjudication, in any jurisdiction of a crime against a person.

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HB 1927 1746 <u>Pleading</u> A plea of nolo contendere shall be considered a 1747 conviction for the purposes of this provision.

(e) Making or filing a false report or record which the
certificateholder knows to be false, intentionally or
negligently failing to file a report or record required by state
or federal law, or willfully impeding or obstructing such filing
or inducing another to do so. Such reports or records include
only those reports or records which are signed in the capacity
as a radiologic technologist.

(f) Engaging in unprofessional conduct, which includes, but is not limited to, any departure from, or the failure to conform to, the standards of practice of radiologic technology as established by the department, in which case actual injury need not be established.

1760 (q) Being unable to practice radiologic technology with 1761 reasonable skill and safety to patients by reason of illness+ 1762 drunkenness; or use of alcohol, drugs, narcotics, chemicals, or 1763 other materials or as a result of any mental or physical 1764 condition. A radiologic technologist affected under this 1765 paragraph shall, at reasonable intervals, be afforded an 1766 opportunity to demonstrate that he or she can resume the 1767 competent practice of radiologic technology with reasonable skill and safety. 1768

(h) Failing to report to the department any person who the
certificateholder knows is in violation of this part or of the
rules of the department.

(i) Violating any provision of this part, any rule of thedepartment, or any lawful order of the department previously

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HB 1927 2004 1774 entered in a disciplinary proceeding or failing to comply with a 1775 lawfully issued subpoena of the department. 1776 Employing, for the purpose of applying ionizing (j) 1777 radiation or otherwise practicing radiologic technology on to 1778 any human being, any individual who is not certified under the 1779 provisions of this part. (k) Testing positive for any drug, as defined in s. 1780 1781 112.0455, on any confirmed preemployment or employer-required 1782 drug screening when the radiologic technologist does not have a 1783 lawful prescription and legitimate medical reason for using such 1784 drug. 1785 (1) Failing to report to the department in writing within 30 days after the certificateholder has had a voluntary or 1786 1787 mandatory certificate to practice radiologic technology revoked, 1788 suspended, or otherwise acted against, including being denied 1789 certification, by a national organization, by a specialty board 1790 recognized by the department, or by a certification authority of 1791 another state, territory, or country. (m) Having been found guilty of, regardless of 1792 1793 adjudication, or pleading nolo contendere or guilty to, any offense prohibited under s. 435.03 or under any similar statute 1794 1795 of another jurisdiction. 1796 (n) Failing to comply with the recommendations of the 1797 department's impaired practitioner program for treatment, evaluation, or monitoring. A letter from the director of the 1798 1799 impaired practitioner program that the certificateholder is not 1800 in compliance shall be considered conclusive proof under this 1801 part.

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1802	(5) A final disciplinary action taken against a radiologic
1803	technologist in another jurisdiction, whether voluntary or
1804	mandatory, shall be considered conclusive proof of grounds for a
1805	disciplinary proceeding under this part.
1806	(6) The department may revoke a continuing education
1807	provider and its approved courses if the provider has been
1808	revoked, suspended, or otherwise acted against by a national
1809	organization, by a specialty board recognized by the department,
1810	or by a certification authority of another state, territory, or
1811	country. The department may, by rule, establish additional
1812	guidelines and criteria for the discipline of continuing
1813	education providers, including, but not limited to, revocation
1814	of a continuing education provider or continuing education
1815	course and the refusal to approve a continuing education
1816	provider or continuing education course.
1817	Section 47. Paragraph (a) of subsection (5) of section
1818	489.553, Florida Statutes, is amended to read:
1819	489.553 Administration of part; registration
1820	qualifications; examination
1821	(5) To be eligible for registration by the department as a
1822	master septic tank contractor, the applicant must:
1823	(a) Have been a registered septic tank contractor in
1824	Florida for at least 3 years or a plumbing contractor certified
1825	under part I of this chapter who has provided septic tank
1826	contracting services for at least 3 years. The 3 years must
1827	immediately precede the date of application and may not be
1828	interrupted by any probation, suspension, or revocation imposed
1829	by the licensing agency.

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HB 1927 1830 Section 48. Section 489.554, Florida Statutes, is amended 1831 to read:

1832

489.554 Registration renewal. --

1833 (1) The department shall prescribe by rule the method for 1834 approval of continuing education courses, and for renewal of 1835 annual registration, for inactive status for late filing of 1836 renewal applications, for allowing contractors to hold their 1837 registration in inactive status for a specified time period, and 1838 for reactivating licenses.

1839 (2) At a minimum, annual renewal shall include continuing 1840 education requirements of not less than 6 classroom hours annually for septic tank contractors and not less than 12 1841 1842 classroom hours annually for master septic tank contractors. The 1843 12 classroom hours of continuing education required for master 1844 septic tank contractors may include the 6 classroom hours 1845 required for septic tank contractors, but at a minimum must include 6 classroom hours of approved master septic tank 1846 1847 contractor coursework.

1848 (3) Certificates of registration shall become inactive 1849 when a renewal application is not filed in a timely manner. A 1850 certificate that has become inactive may be reactivated under 1851 this section by application to the department. A licensed 1852 contractor may apply to the department for voluntary inactive 1853 status at any time during the period of registration.

1854(4) Master septic tank contractors may elect to revert to1855registered septic tank contractor status at any time during the1856period of registration. The department shall prescribe by rule1857the method for a master septic tank contractor who has reverted

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1858	to registered septic tank contractor status to reapply for	
1859	master septic tank contractor status.	
1860	(5) The department shall deny an application for renewal	
1861	if there is any outstanding administrative penalty with the	
1862	department when the penalty is final agency action and all	
1863	judicial reviews are exhausted.	
1864	Section 49. Section 784.081, Florida Statutes, is amended	£

1865 to read:

784.081 Assault or battery on specified officials or 1866 1867 employees; reclassification of offenses.--Whenever a person is 1868 charged with committing an assault or aggravated assault or a 1869 battery or aggravated battery upon any elected official or 1870 employee of: a school district; a private school; the Florida 1871 School for the Deaf and the Blind; a university developmental 1872 research school; a state university or any other entity of the 1873 state system of public education, as defined in s. 1000.04; an 1874 employee or protective investigator of the Department of 1875 Children and Family Services; or an employee of a lead 1876 community-based provider and its direct service contract 1877 providers; or an employee of the Department of Health or its direct service contract providers, when the person committing 1878 1879 the offense knows or has reason to know the identity or position or employment of the victim, the offense for which the person is 1880 1881 charged shall be reclassified as follows:

1882 (1) In the case of aggravated battery, from a felony of1883 the second degree to a felony of the first degree.

1884 (2) In the case of aggravated assault, from a felony of1885 the third degree to a felony of the second degree.

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HB 1927 2004 1886 In the case of battery, from a misdemeanor of the (3) 1887 first degree to a felony of the third degree. 1888 In the case of assault, from a misdemeanor of the (4) 1889 second degree to a misdemeanor of the first degree. 1890 Section 50. Subsection (9) of section 381.0098, Florida 1891 Statutes, is repealed: 1892 381.0098 Biomedical waste.--1893 (9) TRANSITION.--1894 (a) Nothing in this act is intended to repeal or modify 1895 any existing rules of the Department of Environmental Protection 1896 relating to biomedical waste unless such rule or part thereof is 1897 in direct conflict with this act. Rules of the Department of 1898 Environmental Protection relating to transport, storage, or 1899 treatment of biomedical waste existing on the effective date of 1900 this act shall remain in effect and be enforceable by the 1901 department until comparable rules are adopted by the department, 1902 and no judicial or administrative proceeding pending on the 1903 effective date of this act shall be abated as a result of the 1904 provisions of this act. 1905 (b) Any person operating or in the process of constructing 1906 a biomedical storage or treatment facility, or any person transporting biomedical waste, in accordance with a permit or 1907 1908 registration issued by the Department of Environmental Protection on the effective date of this act, may continue to 1909 1910 operate under that permit or registration until that permit or registration expires, or until December 31, 1996, whichever is 1911 1912 later. The department's rules concerning the permitting or 1913 registering of biomedical waste storage facilities, treatment 1914 facilities, and transporters shall be designed to accomplish a

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1915	HB 1927 smooth transition between permitting or registration
1916	authorities.
1917	(c) A permit application which is received after or which
1918	is pending on the effective date of this act, which would have
1919	been considered a renewal application if submitted to the
1920	Department of Environmental Protection, will be considered a
	-
1921	renewal application for purposes of s. 120.60 when submitted to
1922	the department.
1923	(d) Prior to implementing the change in the regulation of
1924	offsite treatment facilities described in this act, and after
1925	full consultation with affected persons, the department and the
1926	Department of Environmental Protection shall establish an
1927	interagency agreement to streamline the permitting and
1928	inspection of these treatment facilities. The agreement also
1929	shall be designed to avoid any duplicative or overlapping
1930	regulation of these treatment facilities. Such agreement shall
1931	at least provide:
1932	1. That the Department of Environmental Protection will
1933	continue to accept and act on permit applications for these
1934	facilities;
1935	2. That the department will review these permit
1936	applications with respect to those matters within its
1937	jurisdiction;
1938	3. That these permits will be consolidated with other
1939	required Department of Environmental Protection permits, where
1940	possible; and
1941	4. That any inspections will be consolidated to avoid
1942	duplicate inspections, where possible.

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	HB 1927 2004
1943	Section 51. Paragraph (f) of subsection (2) of section
1944	385.103, Florida Statutes, is repealed:
1945	385.103 Community intervention programs
1946	(2) OPERATION OF COMMUNITY INTERVENTION PROGRAMS
1947	(f) The department shall adopt rules governing the
1948	operation of the community intervention programs.
1949	Section 52. Subsection (5) of section 393.064, Florida
1950	Statutes, is repealed:
1951	393.064 Prevention
1952	(5) The Department of Children and Family Services shall
1953	have the authority, within available resources, to contract for
1954	the supervision and management of the Raymond C. Philips
1955	Research and Education Unit, and such contract shall include
1956	specific program objectives.
1957	Section 53. Subsection (7) of section 445.033, Florida
1958	Statutes, is repealed:
1959	445.033 EvaluationThe board of directors of Workforce
1960	Florida, Inc., and the Department of Children and Family
1961	Services shall arrange for evaluation of TANF-funded programs
1962	operated under this chapter, as follows:
1963	(7) Evaluations described in this section are exempt from
1964	the provisions of s. 381.85.
1965	Section 54. <u>Sections 381.85, 385.205, and 385.209, Florida</u>
1966	Statutes, are repealed.
1967	Section 55. This act shall take effect upon becoming a
1968	law.

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