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A bill to be entitled An act relating to public health; amending s. 17.41, F.S.; authorizing funds from the Tobacco Settlement Clearing Trust Fund to be disbursed to the Biomedical Trust Fund in the Department of Health; amending s. 20.43, F.S.; designating the Division of Emergency Medical Services and Community Health Resources as the "Division of Emergency Medical Operations"; designating the Division of Information Resource Management as the "Division of Information Technology"; designating the Division of Health Awareness and Tobacco as the "Division of Health Access and Tobacco"; creating the Division of Disability Determinations; amending s. 216.2625, F.S.; providing that certain positions within the Department of Health are exempt from a limitation on the number of authorized positions; amending s. 381.0011, F.S.; revising duties of the Department of Health; providing for a statewide injury prevention program; amending s. 381.006, F.S.; including within the department's environmental health program the function of investigating elevated levels of lead in blood; amending s. 381.0065, F.S., relating to onsite sewage treatment and disposal systems; revising a definition; deleting a requirement that the department make certain biennial reports to the Legislature; authorizing the department to require the submission of certain construction

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plans pursuant to adopted rule; amending s. 381.0066, F.S.; continuing a requirement imposing a permit fee on new construction; amending s. 381.0072, F.S.; exempting certain schools, bars, and lounges from certification requirements for food service managers; removing a licensure exemption for certain food service establishments licensed by the Office of Licensure and Certification, the Child Care Services Program Office, or the Developmental Disabilities Program Office; creating s. 381.0409, F.S.; requiring the department to establish a tobacco prevention program, contingent upon a specific appropriation; specifying components of the program; providing for the department to provide technical assistance and training to state and local entities; authorizing the department to contract for program activities; creating s. 381.86, F.S.; establishing the Institutional Review Board within the Department of Health to review certain biomedical and behavioral research; providing for the membership of the board; authorizing board members to be reimbursed for per diem and travel expenses; authorizing the department to charge fees for the research oversight performed by the board; authorizing the department to adopt rules; amending s. 381.89, F.S.; authorizing the Department of Health to impose certain licensure fees on tanning facilities; amending

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s. 381.90, F.S.; revising the membership and reporting requirements of the Health Information Systems Council; amending s. 383.14, F.S.; authorizing the State Public Health Laboratory to release certain test results to a newborn's primary care physician; revising certain testing requirements for newborns; increasing the membership of the Genetics and Newborn Screening Advisory Council; amending s. 383.402, F.S.; revising the criteria under which the state and local child abuse death review committees are required to review the death of a child; amending s. 391.021, F.S.; redefining the term "children with special health care needs" for purposes of the Children's Medical Services Act; amending ss. 391.025, 391.029, 391.035, and 391.055, F.S., relating to the Children's Medical Services program; revising the application requirements for the program; revising requirements for eligibility for services under the program; authorizing the department to contract with out-of-state health care providers to provide services to program participants; authorizing the department to adopt rules; requiring that certain newborns with abnormal screening results be referred to the program; amending s. 391.302, F.S.; revising certain definitions relating to developmental evaluation and intervention 31 services; amending s. 391.303, F.S.; revising

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certain requirements for providing those services; amending s. 391.308, F.S.; creating the Infants and Toddlers Early Intervention Program within the Department of Health; requiring the department, jointly with the Department of Education, to prepare grant applications and to include certain services under the program; amending s. 395.1027, F.S.; authorizing certain licensed facilities to release patient information to regional poison control centers; amending s. 395.404, F.S.; requiring trauma centers and acute care hospitals to notify the Department of Health of persons with certain brain or spinal cord injuries; amending s. 401.211, F.S.; providing legislative intent with respect to a statewide injury-prevention program; creating s. 401.243, F.S.; providing duties of the department for establishing such a program; authorizing the department to adopt rules; amending s. 404.056, F.S.; revising the radon testing requirements for schools and certain state-operated or state-licensed facilities; amending s. 409.814, F.S.; providing certain eligibility requirements for the Florida Healthy Kids and Medikids programs; amending s. 468.302, F.S.; revising certain requirements for administering radiation and performing certain other procedures; amending s. 468.304, F.S.; revising requirements for obtaining certification from the department as an X-ray machine operator, a

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radiographer, or a nuclear medicine technologist; amending s. 468.306, F.S.; requiring remedial education for certain applicants for certification; amending s. 468.3065, F.S.; providing that the application fee is nonrefundable; amending s. 468.307, F.S.; revising the expiration date of a certificate; amending s. 468.309, F.S.; revising requirements for certification as a radiologic technologist; providing for a certificateholder to resign a certification; amending s. 468.3095, F.S.; revising requirements for reactivating an expired certificate; amending s. 468.3101, F.S.; authorizing the department to conduct investigations and inspections; clarifying certain grounds for disciplinary actions; amending s. 489.553, F.S.; providing requirements for registration as a master septic tank contractor; amending s. 489.554, F.S.; authorizing inactive registration as a septic tank contractor; providing for renewing a certification of registration following a period of inactive status; amending s. 784.081, F.S.; increasing certain penalties for an assault or battery that is committed against an employee of the Department of Health or against a direct service provider of the department; repealing ss. 381.0098(9), 385.103(2)(f), 385.205, 385.209, 391.301(3), 391.305(2), 393.064(5), and 445.033(7), F.S., relating to

obsolete provisions governing the handling of biomedical waste, rulemaking authority with respect to community intervention programs, programs covering chronic renal disease, information on cholesterol, intervention programs for certain hearing-impaired infants, contract authority over the Raymond C. Philips Research and Education Unit, and an exemption from the Florida Biomedical and Social Research Act for certain evaluations; providing an effective date.

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

 Section 1. Subsection (5) of section 17.41, Florida Statutes, is amended to read:

- 17.41 Department of Financial Services Tobacco Settlement Clearing Trust Fund.--
- (5) The department shall disburse funds, by nonoperating transfer, from the Tobacco Settlement Clearing Trust Fund to the tobacco settlement trust funds of the various agencies or the Biomedical Trust Fund in the Department of Health, as appropriate, in amounts equal to the annual appropriations made from those agencies' trust funds in the General Appropriations Act.
- Section 2. Paragraphs (f), (i), and (j) of subsection (3) of section 20.43, Florida Statutes, are amended, and paragraph (k) is added to that subsection, to read:
- 20.43 Department of Health.--There is created a Department of Health.

1	(3) The following divisions of the Department of
2	Health are established:
3	(f) Division of Emergency Medical Operations Services
4	and Community Health Resources.
5	(i) Division of Information <u>Technology</u> Resource
6	Management.
7	(j) Division of Health $\underline{ ext{Access}}$ $\underline{ ext{Awareness}}$ and Tobacco.
8	(k) Division of Disability Determinations.
9	Section 3. Section 216.341, Florida Statutes, is
10	transferred, renumbered as section 216.2625, Florida Statutes,
11	and amended to read:
12	216.2625 216.341 Disbursement of county health
13	department trust funds of the Department of Health; authorized
14	positions
15	$\underline{(1)}$ County health department trust funds may be
16	expended by the Department of Health for the respective county
17	health departments in accordance with budgets and plans agreed
18	upon by the county authorities of each county and the
19	Department of Health.
20	(2) The limitations on the number of authorized
21	positions appropriations provided in s. 216.262(1) do shall
22	not apply to positions within the Department of Health which
23	are funded by:
24	$\underline{(a)}$ County health department trust funds; or $\overline{\cdot}$
25	(b) The United States Trust Fund.
26	Section 4. Subsection (12) of section 381.0011,
27	Florida Statutes, is amended to read:
28	381.0011 Duties and powers of the Department of
29	HealthIt is the duty of the Department of Health to:
30	(12) <u>Maintain</u> Cooperate with other departments, local
31	officials, and private organizations in developing and

implementing a statewide injury-prevention injury control program.

Section 5. Subsection (17) is added to section 381.006, Florida Statutes, to read:

381.006 Environmental health.--The department shall conduct an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. The environmental health program shall include, but not be limited to:

(17) A function for investigating elevated levels of lead in blood. Each participating county health department may expend funds for federally mandated certification or recertification fees related to conducting investigations of elevated levels of lead in blood.

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> The department may adopt rules to carry out the provisions of this section.

> Section 6. Paragraph (k) of subsection (2) and paragraphs (d) and (e) of subsection (4) of section 381.0065, Florida Statutes, are amended, and paragraph (v) is added to subsection (4) of that section, to read:

381.0065 Onsite sewage treatment and disposal systems; regulation. --

- (2) DEFINITIONS.--As used in ss. 381.0065-381.0067, the term:
- "Permanent nontidal surface water body" means a perennial stream, a perennial river, an intermittent stream, a perennial lake, a submerged marsh or swamp, a submerged wooded marsh or swamp, a spring, or a seep, as identified on the most 31 recent quadrangle map, 7.5 minute series (topographic),

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produced by the United States Geological Survey, or products derived from that series. "Permanent nontidal surface water body" shall also mean an artificial surface water body that does not have an impermeable bottom and side and that is designed to hold, or does hold, visible standing water for at least 180 days of the year. However, a nontidal surface water body that is drained, either naturally or artificially, where the intent or the result is that such drainage be temporary, shall be considered a permanent nontidal surface water body. A nontidal surface water body that is drained of all visible surface water, where the lawful intent or the result of such drainage is that such drainage will be permanent, shall not be considered a permanent nontidal surface water body. The boundary of a permanent nontidal surface water body shall be the mean annual flood line.

(4) PERMITS; INSTALLATION; AND CONDITIONS. -- A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the department. The department may issue permits to carry out this section, but shall not make the issuance of such permits contingent upon prior approval by the Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected 31 by the department at least annually to assure compliance with

the terms of the operating permit. The operating permit for a 2 commercial wastewater system is valid for 1 year from the date 3 of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the 4 5 date of issuance and must be renewed every 2 years. If all 6 information pertaining to the siting, location, and installation conditions or repair of an onsite sewage 7 8 treatment and disposal system remains the same, a construction 9 or repair permit for the onsite sewage treatment and disposal 10 system may be transferred to another person, if the transferee 11 files, within 60 days after the transfer of ownership, an amended application providing all corrected information and 12 13 proof of ownership of the property. There is no fee associated with the processing of this supplemental 14 15 information. A person may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an 16 17 onsite sewage treatment and disposal system without being 18 registered under part III of chapter 489. A property owner 19 who personally performs construction, maintenance, or repairs 20 to a system serving his or her own owner-occupied single-family residence is exempt from registration 21 requirements for performing such construction, maintenance, or 22 repairs on that residence, but is subject to all permitting 23 24 requirements. A municipality or political subdivision of the 25 state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment 26 and disposal system unless the owner or builder has received a 27 28 construction permit for such system from the department. A 29 building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not 30 31 authorize occupancy until the department approves the final

installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.

- (d) Paragraphs (a) and (b) do not apply to any proposed residential subdivision with more than 50 lots or to any proposed commercial subdivision with more than 5 lots where a publicly owned or investor-owned sewerage system is available. It is the intent of this paragraph not to allow development of additional proposed subdivisions in order to evade the requirements of this paragraph. The department shall report to the Legislature by February 1 of each odd-numbered year concerning the success in meeting this intent.
- (e) Onsite sewage treatment and disposal systems must not be placed closer than:
 - 1. Seventy-five feet from a private potable well.
- 2. Two hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of greater than 2,000 gallons per day.
- 3. One hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of less than or equal to 2,000 gallons per day.
 - 4. Fifty feet from any nonpotable well.
- 5. Ten feet from any storm sewer pipe, to the maximum extent possible, but in no instance shall the setback be less than 5 feet.

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- 6. Seventy-five feet from the mean high-water line of a tidally influenced surface water body.
- 7. Seventy-five feet from the $\underline{\text{mean}}$ $\underline{\text{normal}}$ annual flood line of a permanent nontidal surface water body.
- 8. Fifteen feet from the design high-water line of retention areas, detention areas, or swales designed to contain standing or flowing water for less than 72 hours after a rainfall or the design high-water level of normally dry drainage ditches or normally dry individual lot stormwater retention areas.
- (v) The department may require the submission of detailed system construction plans that are prepared by a professional engineer registered in this state. The department shall establish by rule criteria for determining when such a submission is required.

Section 7. Paragraph (k) of subsection (2) of section 381.0066, Florida Statutes, is amended to read:

381.0066 Onsite sewage treatment and disposal systems; fees.--

- (2) The minimum fees in the following fee schedule apply until changed by rule by the department within the following limits:
- (k) Research: An additional \$5 fee shall be added to each new system construction permit issued during fiscal years 1996-2004 to be used for onsite sewage treatment and disposal system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this section shall be used for funding the hands-on training centers described in s. 381.0065(3)(j).

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The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to be used for the purposes stated in this section and ss. 381.0065 and 381.00655.

Section 8. Paragraph (a) of subsection (2), paragraph (a) of subsection (3), and paragraph (a) of subsection (4) of section 381.0072, Florida Statutes, are amended to read:

381.0072 Food service protection. -- It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

- (2) DUTIES.--
- (a) The department shall adopt rules, including definitions of terms which are consistent with law prescribing minimum sanitation standards and manager certification requirements as prescribed in s. 509.039, and which shall be enforced in food service establishments as defined in this section. The sanitation standards must address the construction, operation, and maintenance of the establishment; lighting, ventilation, laundry rooms, lockers, use and storage of toxic materials and cleaning compounds, and first-aid supplies; plan review; design, construction, installation, location, maintenance, sanitation, and storage of food equipment and utensils; employee training, health, hygiene, and work practices; food supplies, preparation, storage, transportation, and service, including access to the areas 31 where food is stored or prepared; and sanitary facilities and

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controls, including water supply and sewage disposal; plumbing and toilet facilities; garbage and refuse collection, storage, and disposal; and vermin control. Public and private schools, if the food service is operated by school employees; hospitals licensed under chapter 395; nursing homes licensed under part II of chapter 400;7child care facilities as defined in s. 402.301; , and residential facilities colocated with a nursing home or hospital, if all food is prepared in a central kitchen that complies with nursing or hospital regulations; and bars and lounges, as defined by department rule, are shall be exempt from the rules developed for manager certification. The department shall administer a comprehensive inspection, monitoring, and sampling program to ensure such standards are maintained. With respect to food service establishments permitted or licensed under chapter 500 or chapter 509, the department shall assist the Division of Hotels and Restaurants of the Department of Business and Professional Regulation and the Department of Agriculture and Consumer Services with rulemaking by providing technical information.

- (3) LICENSES REQUIRED. --
- establishment regulated under this section shall obtain a license from the department annually. Food service establishment licenses shall expire annually and shall not be transferable from one place or individual to another. However, those facilities licensed by the department's Office of Licensure and Certification, the Child Care Services Program Office, or the Developmental Disabilities Program Office are exempt from this subsection. It shall be a misdemeanor of the second degree, punishable as provided in s. 381.0061, s. 775.082, or s. 775.083, for such an establishment to operate

without this license. The department may refuse a license, or a renewal thereof, to any establishment that is not constructed or maintained in accordance with law and with the rules of the department. Annual application for renewal shall not be required.

- (4) LICENSE; INSPECTION; FEES. --
- (a) The department is authorized to collect fees from establishments licensed under this section and from those facilities exempted from licensure under paragraph (3)(a). It is the intent of the Legislature that the total fees assessed under this section be in an amount sufficient to meet the cost of carrying out the provisions of this section.

Section 9. Section 381.0409, Florida Statutes, is created to read:

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

- (1) The comprehensive tobacco prevention program shall include the following components:
- (a) Program elements based on "Best Practices for Comprehensive Tobacco Control Programs" identified by the Centers for Disease Control and Prevention and on the peer-reviewed scientific literature on tobacco prevention.
- (b) Advocacy organizations of middle, high school, and college students.

1	(c) Cessation programs for youth and adults through
2	schools, county health departments, and local providers,
3	including a toll-free telephone quit line.
4	(d) Partnerships with local communities and schools to
5	prevent and reduce tobacco use, including reducing disparities
6	in tobacco use among different population groups.
7	(e) Local and statewide media campaigns separately
8	directed to youth and adults.
9	(f) Implementation of the provisions of the Florida
10	Clean Indoor Air Act under part II of chapter 386 which are
11	applicable to the department.
12	(2) The department shall act as a clearinghouse for
13	information on best practices and shall provide technical
14	assistance and training to state and local entities on tobacco
15	prevention activities.
16	(3) The department may accept funds from the private
17	sector to implement this section.
18	(4) The department shall conduct surveillance and
19	evaluations to measure program performance and improve
20	implementation strategies.
21	(5) The department may contract for any of the
22	activities specified in this section.
23	Section 10. Section 381.86, Florida Statutes, is
24	created to read:
25	381.86 Institutional Review Board
26	(1) The Institutional Review Board is created within
27	the Department of Health in order to satisfy federal
28	requirements under 45 C.F.R. part 46 and 21 C.F.R. parts 50
29	and 56 that an institutional review board review all

biomedical and behavioral research on human subjects which is

31 funded or supported in any manner by the department, including

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the permitting of access to data or resources of the department.

- (2) Consistent with federal requirements, the Secretary of Health shall determine and appoint the membership of the board and designate its chair.
- (3) The department's Institutional Review Board may serve as an institutional review board for other agencies at the discretion of the secretary.
- (4) Each board member is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061 while carrying out the official business of the board.
- (5) The department shall charge for costs it incurs for the research oversight it provides according to a fee schedule, except that fees shall be waived for any student who is a candidate for a degree at a university located in this state. The fee schedule shall provide fees for initial review, amendments, and continuing review. The department may adopt any rules necessary to comply with federal requirements and this section. The rules must also prescribe procedures for submitting an application $\underline{\text{for the Institutional Review Board's}}$ review.

Section 11. Paragraphs (b) and (c) of subsection (3) of section 381.89, Florida Statutes, are amended to read:

381.89 Regulation of tanning facilities. --

(3)

The department shall establish procedures for the issuance and annual renewal of licenses and shall establish annual license and renewal fees and late-payment fees in an amount necessary to cover the expenses of administering this section. Annual license and renewal fees may not shall be not 31 less than \$125 nor more than \$250 per tanning device and a

31 Counties;

maximum total fee per individual tanning facility may be set Effective October 1, 1991, the fee amount shall be 2 3 the minimum fee proscribed in this paragraph and such fee amount shall remain in effect until the effective date of a 4 5 fee schedule adopted by the department. 6 (c) The department may adopt a system under which 7 licenses expire on staggered dates and the annual renewal fees are prorated quarterly monthly to reflect the actual number of 9 months the license is valid. 10 Section 12. Subsection (3) and paragraph (a) of 11 subsection (7) of section 381.90, Florida Statutes, are amended to read: 12 381.90 Health Information Systems Council; legislative 13 14 intent; creation, appointment, duties. --15 (3) The council shall be composed of the following members or their senior executive-level designees: 16 17 The Secretary of the Department of Health; (a) The Executive Director secretary of the Department 18 (b) 19 of Veterans' Affairs Business and Professional Regulation; 20 The Secretary of the Department of Children and 21 Family Services; The Secretary of Health Care Administration; 22 (d) (e) 23 The Secretary of the Department of Corrections; 24 (f) The Attorney General; The Executive Director of the Correctional Medical 25 (g)26 Authority; 27 (h) Two members representing county health 28 departments, one from a small county and one from a large 29 county, appointed by the Governor; 30 (i) A representative from the Florida Association of

1	(j) The Chief Financial Officer;
2	(k) A representative from the Florida Healthy Kids
3	Corporation;
4	(1) A representative from a school of public health
5	chosen by the Commissioner of Education Board of Regents;
6	(m) The Commissioner of Education;
7	(n) The Secretary of the Department of Elderly
8	Affairs; and
9	(o) The Secretary of the Department of Juvenile
10	Justice.
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12	Representatives of the Federal Government may serve without
13	voting rights.
14	(7) The council's duties and responsibilities include,
15	but are not limited to, the following:
16	(a) By <u>June</u> March 1 of each year, to develop and
17	approve a strategic plan pursuant to the requirements set
18	forth in <u>s. 186.022</u> s. 186.022(9). Copies of the plan shall be
19	transmitted electronically or in writing to the Executive
20	Office of the Governor, the Speaker of the House of
21	Representatives, and the President of the Senate.
22	Section 13. Subsections (1) and (2), paragraphs (f)
23	and (g) of subsection (3), and subsection (5) of section
24	383.14, Florida Statutes, are amended to read:
25	383.14 Screening for metabolic disorders, other
26	hereditary and congenital disorders, and environmental risk
27	factors
28	(1) SCREENING REQUIREMENTS To help ensure access to
29	the maternal and child health care system, the Department of
30	Health shall promote the screening of all newborns infants
31	born in Florida for phenylketonuria and other metabolic,

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

- (a) Prenatal screening. -- The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition. The primary health care provider shall complete the risk assessment instrument and report the results to the Office of Vital Statistics so that the woman may immediately be notified and referred to appropriate health, education, and social services.
- (b) Postnatal screening. -- A risk factor analysis using 31 | the department's designated risk assessment instrument shall

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also be conducted as part of the medical screening process upon the birth of a child and submitted to the department's Office of Vital Statistics for recording and other purposes provided for in this chapter. The department's screening process for risk assessment shall include a scoring mechanism and procedures that establish thresholds for notification, further assessment, referral, and eliqibility for services by professionals or paraprofessionals consistent with the level of risk. Procedures for developing and using the screening instrument, notification, referral, and care coordination services, reporting requirements, management information, and maintenance of a computer-driven registry in the Office of 12 Vital Statistics which ensures privacy safequards must be 14 consistent with the provisions and plans established under chapter 411, Pub. L. No. 99-457, and this chapter. Procedures established for reporting information and maintaining a confidential registry must include a mechanism for a centralized information depository at the state and county levels. The department shall coordinate with existing risk assessment systems and information registries. The department 20 must ensure, to the maximum extent possible, that the screening information registry is integrated with the department's automated data systems, including the Florida On-line Recipient Integrated Data Access (FLORIDA) system. Tests and screenings must be performed by the State Public Health Laboratory, in coordination with Children's Medical 26 Services, at such times and in such manner as is prescribed by 28 the department after consultation with the Genetics and Infant Screening Advisory Council and the State Coordinating Council for School Readiness Programs.

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- (c) Release of screening results.--Notwithstanding any other law to the contrary, the State Public Health Laboratory may release, directly or through the Children's Medical Services program, the results of a newborn's hearing and metabolic tests or screening to the newborn's primary care physician.
- (2) RULES.--After consultation with the Genetics and Newborn Infant Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn infant born in this state shall, prior to becoming 1 week 2 weeks of age, be subjected to a test for phenylketonuria and, at the appropriate age, be tested for such other metabolic diseases and hereditary or congenital disorders as the department may deem necessary from time to time. After consultation with the State Coordinating Council for School Readiness Programs, the department shall also adopt and enforce rules requiring every newborn in this state to be screened for environmental risk factors that place children and their families at risk for increased morbidity, mortality, and other negative outcomes. The department shall adopt such additional rules as are found necessary for the administration of this section, including rules providing definitions of terms, rules relating to the methods used and time or times for testing as accepted medical practice indicates, rules relating to charging and collecting fees for screenings authorized by this section, rules for processing requests and releasing test and screening results, and rules requiring mandatory reporting of the results of tests and screenings for these conditions to the 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 newborns infants may benefit from available knowledge of the condition.
- (g) Have the authority to charge and collect fees for screenings authorized in this section, as follows:
- 1. A fee of \$20 will be charged for each live birth, as recorded by the Office of Vital Statistics, occurring in a hospital licensed under part I of chapter 395 or a birth center licensed under s. 383.305, up to 3,000 live births per licensed hospital per year or over 60 births per birth center per year. The department shall calculate the annual assessment for each hospital and birth center, and this assessment must be paid in equal amounts quarterly. Quarterly, the department shall generate and mail to each hospital and birth center a statement of the amount due.
- 2. As part of the department's legislative budget request prepared pursuant to chapter 216, the department shall submit a certification by the department's inspector general, or the director of auditing within the inspector general's office, of the annual costs of the uniform testing and reporting procedures of the newborn infant screening program. In certifying the annual costs, the department's inspector general or the director of auditing within the inspector general's office shall calculate the direct costs of the uniform testing and reporting procedures, including applicable administrative costs. Administrative costs shall be limited to those department costs which are reasonably and directly

associated with the administration of the uniform testing and reporting procedures of the newborn infant screening program.

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30 31 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.

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

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(a) Conditions for which testing should be included under the screening program and the genetics program.+

- Procedures for collection and transmission of specimens and recording of results. ; and
- (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.

Section 14. Subsection (1) of section 383.402, Florida Statutes, is amended to read:

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

- (1) It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency child abuse death assessment and prevention system that consists of state and local review committees. The state and local review committees shall review the facts and circumstances of all deaths of children from birth through age 18 which occur in this state as the result of verified child abuse or neglect and for whom at least one report of abuse or neglect was accepted by the central abuse hotline within the Department of Children and Family Services. The purpose of the review shall be to:
- (a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.
- (b) Whenever possible, develop a communitywide approach to 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.

1 (d) Make and implement recommendations for changes in law, rules, and policies, as well as develop practice 2 3 standards that support the safe and healthy development of children and reduce preventable child abuse deaths. 4 5 Section 15. Subsection (2) of section 391.021, Florida 6 Statutes, is amended to read: 7 391.021 Definitions.--When used in this act, unless the context clearly indicates otherwise: 8 9 (2) "Children with special health care needs" means 10 those children younger than under age 21 years of age who have 11 chronic physical, developmental, behavioral, or emotional conditions and who also require health care and related 12 services of a type or amount beyond that which is generally 13 required by children whose serious or chronic physical or 14 developmental conditions require extensive preventive and 15 maintenance care beyond that required by typically healthy 16 17 children. Health care utilization by these children exceeds the statistically expected usage of the normal child adjusted 18 19 for chronological age. These children often need complex care 20 requiring multiple providers, rehabilitation services, and specialized equipment in a number of different settings. 21 22 Section 16. Section 391.025, Florida Statutes, is 23 amended to read: 24 391.025 Applicability and scope. --25 (1) This act applies to health services provided to 26 eligible individuals who are: 27 (a)1. Enrolled in the Medicaid program; 28 2. Enrolled in the Florida Kidcare program; and 29 3. Uninsured or underinsured, provided that they meet 30 the financial eligibility requirements established in this 31

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act, and to the extent that resources are appropriated for their care; or

- (b) Infants who receive an award of compensation under s. 766.31(1).
- $\underline{(1)}$ The Children's Medical Services program consists of the following components:
- (a) The <u>newborn</u> infant metabolic screening program established in s. 383.14.
- (b) The regional perinatal intensive care centers program established in ss. 383.15-383.21.
- (c) A federal or state program authorized by the Legislature.
- (d) The developmental evaluation and intervention program, including the Florida Infants and Toddlers Early Intervention Program.
 - (e) The Children's Medical Services network.
- (2)(3) The Children's Medical Services program shall not be deemed an insurer and is not subject to the licensing requirements of the Florida Insurance Code or the rules adopted thereunder, when providing services to children who receive Medicaid benefits, other Medicaid-eligible children with special health care needs, and children participating in the Florida Kidcare program.
- Section 17. Section 391.029, Florida Statutes, is amended to read:
 - 391.029 Program eligibility.--
- (1) The department shall establish the medical criteria to determine if an applicant for the Children's Medical Services program is an eligible individual.
- 30 (2) The following individuals are financially eligible 31 to receive services through for the program:

- (a) A high-risk pregnant female who is eligible for Medicaid.
- (b) <u>Children</u> A child with special health care needs from birth to age 21 years of age who are is eligible for Medicaid.
- (c) <u>Children</u> A child with special health care needs from birth to age 19 years of age who are is eligible for a program under Title XXI of the Social Security Act.
- (3) Subject to the availability of funds, the following individuals may receive services through the program:
- (a) (d) Children A child with special health care needs from birth to age 21 years of age whose family income is above the requirements for financial eligibility under Title XXI of the Social Security Act and whose projected annual cost of care adjusts the family income to Medicaid financial criteria. In cases where the family income is adjusted based on a projected annual cost of care, the family shall participate financially in the cost of care based on criteria established by the department.
- (b)(e) Children A child with special health care needs from birth to 21 years of age, as provided defined in Title V of the Social Security Act relating to children with special health care needs.
- $\underline{(c)(f)}$ An infant who receives an award of compensation under s. 766.31(1). The Florida Birth-Related Neurological Injury Compensation Association shall reimburse the Children's Medical Services Network the state's share of funding, which must thereafter be used to obtain matching federal funds under Title XXI of the Social Security Act.

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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.

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

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

Section 18. Subsection (4) is added to section 391.035, Florida Statutes, to read:

391.035 Provider qualifications.--

(4) Notwithstanding any other law, the department may contract with health care providers licensed in another state to provide health services to participants in the Children's Medical Services program when necessary due to an emergency or in order to provide specialty services or greater convenience to the participants for receiving timely and effective health care services. The department may adopt rules to administer this subsection.

Section 19. Subsection (4) is added to section 31 391.055, Florida Statutes, to read:

 391.055 Service delivery systems.--

(4) If a newborn has an abnormal screening result for metabolic or other hereditary and congenital disorders which is identified through the newborn screening program pursuant to s. 383.14, the newborn shall be referred to the Children's Medical Services program for additional testing, medical management, early intervention services, or medical referral.

Section 20. Section 391.302, Florida Statutes, is amended to read:

391.302 Definitions.--As used in ss. 391.301-391.307, the term:

- (1) "Developmental intervention" means individualized therapies and services needed to enhance both the infant's or toddler's growth and development and family functioning.
- (2) "Hearing-impaired infant" means an infant who is born with or who has acquired prelingually a hearing loss so severe that, unaided, the infant cannot learn speech and language through normal means.
- (3) "High-risk hearing-impaired infant" means an infant who exhibits conditions and factors that include, but are not limited to, a family history of hearing impairment or anatomic malformation which place the infant at an increased risk for hearing impairment.
- (2)(4) "Infant or toddler" means a child from birth until the child's third birthday.
- (3)(5) "In-hospital intervention services" means the provision of assessments; the provision of individualized services therapies; monitoring and modifying the delivery of medical interventions; and enhancing the environment for the high-risk, developmentally disabled, or medically involved, or

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hearing-impaired infant or toddler in order to achieve optimum growth and development.

(4)(6) "Parent support and training" means a range of services to families of high-risk, developmentally disabled, or medically involved, or hearing-impaired infants or toddlers, including family counseling; financial planning; agency referral; development of parent-to-parent support groups; education concerning growth, development, and developmental intervention and objective measurable skills, including abuse avoidance skills; training of parents to advocate for their child; and bereavement counseling.

Section 21. Section 391.303, Florida Statutes, is amended to read:

391.303 Program requirements.--

(1) Developmental evaluation and intervention services shall be established at each hospital that provides Level II or Level III neonatal intensive care services. Program services shall be made available to an infant or toddler identified as being at risk for developmental disabilities, or identified as medically involved, who, along with his or her family, would benefit from program services. Program services shall be made available to infants or toddlers in a Level II or Level III neonatal intensive care unit or in a pediatric intensive care unit, infants who are identified as being at high risk for hearing impairment or who are hearing-impaired, or infants who have a metabolic or genetic disorder or a condition identified through the newborn screening program. The developmental evaluation and intervention programs are subject to the availability of moneys and the limitations established by the General Appropriations Act or chapter 216. 31 | Hearing screening, Evaluation and referral services, and

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

- (2) Each developmental evaluation and intervention program shall have a program director, a medical director, and necessary staff to carry out the program. The program director shall establish and coordinate the developmental evaluation and intervention program. The program shall include, but is not limited to:
- (a) In-hospital evaluation and intervention services, parent support and training, and family support planning and case management.
- (b) Screening and evaluation services to identify each infant at risk of hearing impairment, and a medical and educational followup and care management program for an infant who is identified as hearing-impaired, with management beginning as soon after birth as practicable. The medical management program must include the genetic evaluation of an infant suspected to have genetically determined deafness and an evaluation of the relative risk.
- (b)(c) Regularly held multidisciplinary team meetings to develop and update the family support plan. In addition to the family, a multidisciplinary team may include a physician, physician assistant, psychologist, psychotherapist, educator, social worker, nurse, physical or occupational therapist, speech pathologist, developmental evaluation and intervention program director, case manager, others who are involved with the in-hospital 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.

(c)(d) Discharge planning by the multidisciplinary

 $\underline{\text{(c)}}$ Discharge planning by the multidisciplinary team, including referral and followup to primary medical care and modification of the family support plan.

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

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

 $\underline{\text{(f)}}$ Referral to and coordination of services with community providers.

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

 $\underline{\text{(h)}(\text{i)}}$ Involvement of the parents and guardians of each identified high-risk, developmentally disabled, $\underline{\text{or}}$ medically involved, or hearing-impaired infant or toddler.

1 Section 22. Section 391.308, Florida Statutes, is 2 created to read: 3 391.308 Infants and Toddlers Early Intervention 4 Program. -- The Department of Health may implement and 5 administer Part C of the federal Individuals with Disabilities 6 Education Act (IDEA). 7 (1) The department, jointly with the Department of 8 Education, shall annually prepare a grant application to the United States Department of Education for funding early 9 10 intervention services for infants and toddlers with 11 disabilities, from birth through 36 months of age, and their families pursuant to Part C of the federal Individuals with 12 13 Disabilities Education Act. 14 (2) The department, jointly with the Department of 15 Education, shall include a reading initiative as an early intervention service for infants and toddlers. 16 Section 23. Present subsections (3) and (4) of section 17 395.1027, Florida Statutes, are redesignated as subsections 18 19 (4) and (5), respectively, and a new subsection (3) is added to that section, to read: 20 395.1027 Regional poison control centers.--21 (3) Upon request, a licensed facility shall release to 22 a regional poison control center any patient information that 23 is necessary for case management of poison cases. 24 25 Section 24. Section 395.404, Florida Statutes, is amended to read: 26 27 395.404 Review of trauma registry data; report to 28 central registry; confidentiality and limited release .--29 (1)(a) Each trauma center shall furnish, and all acute 30 care hospitals shall, upon the request of the department, 31 | furnish for department review, trauma registry data as

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prescribed by rule of the department for the purpose of monitoring patient outcome and ensuring compliance with the standards of approval.

trauma center and acute care hospital shall submit severe disability and head-injury registry data to the department as provided by rule. Each trauma center and acute care hospital shall continue to provide initial notification of persons who have severe disabilities and head injuries to the Department of Health within timeframes provided in chapter 413. Such initial notification shall be made in the manner prescribed by the Department of Health for the purpose of providing timely vocational rehabilitation services to the severely disabled or head-injured person.

 $\underline{(b)(3)}$ Trauma registry data obtained pursuant to this section are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. However, the department may provide such trauma registry data to the person, trauma center, pediatric trauma referral center, hospital, emergency medical service provider, local or regional trauma agency, medical examiner, or other entity from which the data were obtained. The department may also use or provide trauma registry data for purposes of research in accordance with the provisions of chapter 405.

(2) Each trauma center and acute care hospital shall report to the department's brain and spinal cord injury central registry, consistent with the procedures and timeframes of s. 381.74, any person who has a moderate-to-severe brain or spinal cord injury, and shall include the name, age, residence, and type of disability of

the individual and any additional information that the 2 department finds necessary. 3 Section 25. Section 401.211, Florida Statutes, is amended to read: 4 5 401.211 Legislative intent.--The Legislature 6 recognizes that the systematic provision of emergency medical 7 services saves lives and reduces disability associated with 8 illness and injury. In addition, that system of care must be 9 equally capable of assessing, treating, and transporting 10 children, adults, and frail elderly persons. Further, it is 11 the intent of the Legislature to encourage the development and maintenance of emergency medical services because such 12 services are essential to the health and well-being of all 13 citizens of the state. The Legislature also recognizes that 14 the establishment of a comprehensive statewide 15 injury-prevention program supports state and community health 16 17 systems by further enhancing the total delivery system of 18 emergency medical services and reduces injuries for all 19 persons. The purpose of this part is to protect and enhance 20 the public health, welfare, and safety through the establishment of an emergency medical services state plan, an 21 22 advisory council, a comprehensive statewide injury-prevention program, minimum standards for emergency medical services 23 24 personnel, vehicles, services and medical direction, and the 25 establishment of a statewide inspection program created to monitor the quality of patient care delivered by each licensed 26 service and appropriately certified personnel. 27 28 Section 26. Section 401.243, Florida Statutes, is 29 created to read: 30 401.243 Injury prevention. -- The department shall 31 establish an injury-prevention program with responsibility for

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the statewide coordination and expansion of injury-prevention activities. The duties of the department under the program may include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. In addition, the department may:

- (1) Provide communities, county health departments, and other state agencies with expertise and guidance in injury prevention.
- (2) Seek, receive, and expend funds received from grants, donations, or contributions from public or private sources for program purposes.
- (3) Develop, and revise as necessary, a comprehensive state plan for injury prevention.
- (4) Adopt rules governing the implementation of grant programs. The rules may include, but need not be limited to, criteria regarding the application process, the selection of grantees, the implementation of injury-prevention activities, data collection, surveillance, education, and the promotion of interventions.

Section 27. Subsection (4) of section 404.056, Florida Statutes, is amended to read:

- 404.056 Environmental radiation standards and projects; certification of persons performing measurement or mitigation services; mandatory testing; notification on real estate documents; rules. --
- (4) MANDATORY TESTING. -- All public and private school buildings or school sites housing students in kindergarten through grade 12; all state-owned, state-operated, state-regulated, or state-licensed 24-hour care facilities; and all state-licensed day care centers for children or minors 31 | which are located in counties designated within the Department

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of Community Affairs' Florida Radon Protection Map Categories as "Intermediate" or "Elevated Radon Potential" shall be measured to determine the level of indoor radon, using measurement procedures established by the department. Initial measurements Testing shall be conducted completed within the first year of construction in 20 percent of the habitable first floor spaces within any of the regulated buildings and-Initial measurements shall be completed and reported to the department within 1 by July 1 of the year after the date the building is opened for occupancy or within 1 year after license approval for the entity residing in the existing building. Followup testing must be completed in 5 percent of the habitable first floor spaces within any of the regulated buildings after the building has been occupied for 5 years, and results must be reported to the department by the first day July 1 of the 6th 5th year of occupancy. After radon measurements have been made twice, regulated buildings need not undergo further testing unless significant structural changes occur. No funds collected pursuant to s. 553.721 shall be used to carry out the provisions of this subsection.

Section 28. Subsection (5) of section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.--A child whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. In determining the eligibility of such a child, an assets test is not required. An applicant under 19 years of age who, based on a complete application, appears to be eligible for the Medicaid component of the Florida Kidcare program is presumed eligible for coverage under Medicaid, subject to federal rules. A child who has been deemed

presumptively eligible for Medicaid shall not be enrolled in a 2 managed care plan until the child's full eligibility 3 determination for Medicaid has been completed. The Florida Healthy Kids Corporation may, subject to compliance with 4 5 applicable requirements of the Agency for Health Care 6 Administration and the Department of Children and Family 7 Services, be designated as an entity to conduct presumptive 8 eliqibility determinations. An applicant under 19 years of age who, based on a complete application, appears to be eligible 9 10 for the Medikids, Florida Healthy Kids, or Children's Medical 11 Services network program component, who is screened as ineligible for Medicaid and prior to the monthly verification 12 13 of the applicant's enrollment in Medicaid or of eligibility for coverage under the state employee health benefit plan, may 14 be enrolled in and begin receiving coverage from the 15 appropriate program component on the first day of the month 16 17 following the receipt of a completed application. enrollment in the Children's Medical Services network, a 18 19 complete application includes the medical or behavioral health screening. If, after verification, an individual is determined 20 to be ineligible for coverage, he or she must be disenrolled 21 from the respective Title XXI-funded Kidcare program 22 23 component.

(5) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida Healthy Kids program or the Medikids Kidcare program, excluding the Medicaid program, but is subject to the following provisions:

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- (a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.
- (b) The agency is authorized to place limits on enrollment in Medikids by these children in order to avoid adverse selection. The number of children participating in Medikids whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Medikids program.
- (c) The board of directors of the Florida Healthy Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In addition, the board is authorized to offer a reduced benefit package to these children in order to limit program costs for such families. The number of children participating in the Florida Healthy Kids program whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Florida Healthy Kids program.
- (d) Children described in this subsection are not counted in the annual enrollment ceiling for the Florida Kidcare program.
- Section 29. Subsection (1) and paragraph (g) of subsection (3) of section 468.302, Florida Statutes, are amended to read:
- 468.302 Use of radiation; identification of certified persons; limitations; exceptions.--
- (1) Except as hereinafter provided in this section, a no person may not shall use radiation or otherwise practice radiologic technology on a human being unless he or she:
 - (a) Is a licensed practitioner; or

1 (b) Is the holder of a certificate, as provided in 2 this part, and is operating under the direct supervision or 3 general supervision of a licensed practitioner in each particular case. 4 5 (3) 6 (q)1. A person holding a certificate as a nuclear 7 medicine technologist may only: a. Conduct in vivo and in vitro measurements of 8 9 radioactivity and administer radiopharmaceuticals to human 10 beings for diagnostic and therapeutic purposes. 11 b. Administer X radiation from a combination nuclear medicine-computed tomography device if that radiation is 12 administered as an integral part of a nuclear medicine 13 procedure that uses an automated computed tomography protocol 14 for the purposes of attenuation correction and anatomical 15 localization and the person has received device-specific 16 17 training on the combination device. However, 18 2. The authority of a nuclear medicine technologist 19 under this paragraph excludes: 20 a. Radioimmunoassay and other clinical laboratory testing regulated pursuant to chapter 483;-21 22 b. Creating or modifying automated computed tomography 23 protocols; and 24 c. Any other operation of a computed tomography 25 device, especially for the purposes of stand-alone diagnostic imaging, which must be performed by a general radiographer 26 27 certified under this part. 28 Section 30. Section 468.304, Florida Statutes, is 29 amended to read: 30 468.304 Certification examination; admission. -- The

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certification any applicant who meets the following criteria pays to the department a nonrefundable fee not to exceed \$100 plus the actual per-applicant cost to the department for purchasing the examination from a national organization and submits satisfactory evidence, verified by oath or affirmation, that she or he:

- (1) Pays to the department a nonrefundable fee that may not exceed \$100, plus the actual per-applicant cost to the department for purchasing the examination from a national organization.
- (2) Submits a completed application on a form specified by the department. An incomplete application expires 6 months after initial filing. The application must include the social security number of the applicant. Each applicant shall notify the department in writing of his or her current mailing address. Notwithstanding any other law, service by regular mail to an applicant's last reported mailing address constitutes adequate and sufficient notice of any official departmental communication to the applicant.
- (3) Submits satisfactory evidence, verified by oath or affirmation, that she or he:
- (a) (1) Is at least 18 years of age at the time of application;
- (b)(2) Is a high school, vocational school, technical school, or college graduate or has successfully completed the requirements for a graduate equivalency diploma (GED) or its equivalent;
 - (c) (3) Is of good moral character; and
- (d) Has passed an examination as specified in s. 468.306 or meets the requirements specified in s. 468.3065; 31 and

 $\underline{(e)1.(4)(a)}$ Has successfully completed an educational program, which program may be established in a hospital licensed pursuant to chapter 395 or in an accredited postsecondary academic institution which is subject to approval by the department as maintaining a satisfactory standard; or

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

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

<u>c.3.</u> With respect only to an applicant for a general radiographer's certificate who is a basic X-ray machine operator 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; or

 $\underline{\text{d.4-}}$ 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.

- (4) Submits complete documentation of any criminal offense in any jurisdiction of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere.
- (5) Submits complete documentation of any final disciplinary action taken against the applicant by a licensing or regulatory body in any jurisdiction, by a national organization, or by a specialty board that is recognized by the department. Disciplinary action includes revocation, suspension, probation, reprimand, or being otherwise acted against, including being denied certification or resigning from or nonrenewal of membership taken in lieu of or in settlement of a pending disciplinary case.

The department may not certify any applicant who has committed an offense that would constitute a violation of any of the provisions of s. 468.3101 or the rules adopted thereunder if the applicant had been certified by the department at the time of the offense. No application for a limited computed tomography certificate shall be accepted. All persons holding valid computed tomography certificates as of October 1, 1984, are subject to the provisions of s. 468.309.

Section 31. Section 468.306, Florida Statutes, is amended to read:

468.306 Examinations.--All applicants, except those certified pursuant to s. 468.3065, shall be required to pass an examination. The department is authorized to develop or use examinations for each type of certificate. The department may require an applicant who does not pass an examination after five attempts to complete additional remedial education,

as specified by rule of the department, before admitting the applicant to subsequent examinations.

- (1) The department shall have the authority to contract with organizations that develop such test examinations. Examinations may be administered by the department or the contracting 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.

Section 32. Section 468.3065, Florida Statutes, is amended to read:

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

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radiologic technology, provided that the requirements for such certificate, license, or registration are deemed by the department to be substantially equivalent to those established under this part and rules adopted under this part hereunder.

Section 33. Subsection (1) of section 468.307, Florida Statutes, is amended to read:

468.307 Certificate; issuance; display.--

(1) The department shall issue a certificate to each candidate who has met the requirements of ss. 468.304 and 468.306 or has qualified under s. 468.3065. The department may by rule establish a subcategory of a certificate issued under this part limiting the certificateholder to a specific procedure or specific type of equipment. The first regular certificate issued to a new certificateholder expires on the last day of the certificateholder's birth month and shall be valid for at least 12 months but no more than 24 months. However, if the new certificateholder already holds a regular, active certificate in a different category under this part, the new certificate shall be combined with and expire on the same date as the existing certificate.

Section 34. Section 468.309, Florida Statutes, is amended to read:

468.309 Certificate; duration; renewal; reversion to inactive 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 in an amount not to exceed \$75 and upon 31 | submission of a renewal application containing such

information as the department deems necessary to show that the applicant for renewal is a radiologic technologist in good standing and has completed any continuing 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.
- (c) Each certificateholder shall notify the department in writing of his or her current mailing address and place of practice. Notwithstanding any other law, service by regular mail to a certificateholder's last reported mailing address constitutes adequate and sufficient notice of any official departmental communication to the certificateholder.
- (2) The department shall adopt rules establishing a procedure for the biennial renewal of certificates.
- (3) The department may, by rule, prescribe continuing education requirements, not to exceed 24 hours each licensure period, as a condition for renewal of a certificate. The criteria for approval of continuing education providers, courses, and programs shall be as specified approved by the department. Continuing education, which may be required for persons certified under this part, may be obtained through home study courses approved by the department.
- expiration date at the end of the biennium prescribed by the department shall automatically be placed in an expired status, and the certificateholder may not practice radiologic technology until the certificate has been reactivated revert to an inactive status. Such certificate may be reactivated only if the certificateholder meets the other qualifications for reactivation in s. 468.3095.

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- (5) A certificateholder in good standing remains in good standing when he or she becomes a member of the Armed Forces of the United States on active duty without paying renewal fees or accruing continuing education credits as long as he or she is a member of the Armed Forces on active duty and for a period of 6 months after discharge from active duty, if he or she is not engaged in practicing radiologic technology in the private sector for profit. The certificateholder must pay a renewal fee and complete continuing education not to exceed 12 classroom hours to renew the certificate.
- (6) A certificateholder who is in good standing remains in good standing if he or she is absent from the state because of his or her spouse's active duty with the Armed Forces of the United States. The certificateholder remains in good standing without paying renewal fees or completing continuing education as long as his or her spouse is a member of the Armed Forces on active duty and for a period of 6 months after the spouse's discharge from active duty, if the certificateholder is not engaged in practicing radiologic technology in the private sector for profit. The certificateholder must pay a renewal fee and complete continuing education not to exceed 12 classroom hours to renew the certificate.
- (7) A certificateholder may resign his or her certification by submitting to the department a written, notarized resignation on a form specified by the department. The resignation automatically becomes effective upon the department's receipt of the resignation form, at which time the certificateholder's certification automatically becomes null and void and may not be reactivated or renewed or used to

practice radiologic technology. A certificateholder who has resigned may become certified again only by reapplying to the 2 3 department for certification as a new applicant and meeting the certification requirements pursuant to s. 468.304 or s. 4 5 468.3065. Any disciplinary action that had been imposed on the 6 certificateholder prior to his or her resignation shall be tolled until he or she again becomes certified. Any 7 8 disciplinary action proposed at the time of the certificateholder's resignation shall be tolled until he or 9 10 she again becomes certified. 11 Section 35. Subsection (2) of section 468.3095, Florida Statutes, is amended to read: 12 468.3095 Inactive status; reactivation; automatic 13 suspension; reinstatement.--14 (2)(a) A certificate that which has been expired 15 inactive for less than 10 years 1 year after the end of the 16 17 biennium prescribed by the department may be reactivated renewed pursuant to s. 468.309 upon payment of the biennial 18 19 renewal fee and a late renewal fee, not to exceed \$100, and 20 submission of a reactivation application containing any 21 information that the department deems necessary to show that the applicant is a radiologic technologist in good standing 22 and has met the requirements for continuing education. The 23 24 renewed certificate shall expire 2 years after the date the 25 certificate automatically reverted to inactive status. (b) A certificate which has been inactive for more 26 27 than 1 year may be reactivated upon application to the 28 department. The department shall prescribe, by rule, 29 continuing education requirements as a condition of 30 reactivating a certificate. The continuing education

31 requirements for reactivating a certificate may shall not

 exceed 10 classroom hours for each year the certificate was expired inactive and may not shall in no event exceed 100 classroom hours for all years in which the certificate was expired inactive.

- (b) A certificate that has been inactive for less than

 10 years may be reactivated by meeting all of the requirements
 of paragraph (a) for expired certificates, except for payment
 of the fee for late renewal.
- (c) A certificate that which has been inactive for more than 10 years or more shall automatically becomes null and void and may not be reactivated, renewed, or used to practice radiologic technology be suspended. A certificateholder whose certificate has become null and void may become certified again only by reapplying to the department as a new applicant and meeting the requirements of s. 468.304 or s. 468.3065.
- (d) When an expired or inactive certificate is reactivated, the reactivated certificate expires on the last day of the certificateholder's birth month and shall be valid for at least 12 months but no more than 24 months. However, if the reactivating certificateholder already holds a regular, active certificate in a different category under this part, the reactivated certificate shall be combined with and expire on the same date as the existing certificate. One year before the suspension, the department shall give notice to the certificateholder. A suspended certificate may be reinstated as provided for original issuance in s. 468.307.

Section 36. Subsection (1) of section 468.3101, Florida Statutes, is amended, and subsections (5) and (6) are added to that section, to read:

468.3101 Disciplinary grounds and actions.--

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- The department may make or require to be made any investigations, inspections, evaluations, and tests, and require the submission of any documents and statements, which it considers necessary to determine whether a violation of this part has occurred. The following acts shall be grounds for disciplinary action as set forth in this section:
- (a) Procuring, attempting to procure, or renewing a certificate to practice radiologic technology by bribery, by fraudulent misrepresentation, or through an error of the department.
- (b) Having a voluntary or mandatory certificate to practice radiologic technology revoked, suspended, or otherwise acted against, including being denied certification, by a national organization; by a specialty board recognized by the department; or by a the certification authority of another state, territory, or country.
- (c) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime that which directly relates to the practice of radiologic technology or to the ability to practice radiologic technology. Pleading A plea of nolo contendere shall be considered a conviction for the purpose of this provision.
- (d) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime against a person. Pleading A plea of nolo contendere shall be considered a conviction for the purposes of this provision.
- (e) Making or filing a false report or record that 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 31 such filing or inducing another to do so. Such reports or

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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.
- (g) Being unable to practice radiologic technology with reasonable skill and safety to patients by reason of illness; drunkenness; or use of alcohol, drugs, narcotics, chemicals, or other materials or as a result of any mental or physical condition. A radiologic technologist affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that he or she can resume the competent practice of radiologic technology with reasonable skill and safety.
- (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 the department, or any lawful order of the department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.
- (j) Employing, for the purpose of applying ionizing radiation or otherwise practicing radiologic technology on a to any human being, any individual who is not certified under the provisions of this part.
- (k) Testing positive for any drug, as defined in s. 112.0455, on any confirmed preemployment or employer-required drug screening when the radiologic technologist does not have

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<u>a lawful prescription and legitimate medical reason for using</u> such drug.

- (1) Failing to report to the department in writing within 30 days after the certificateholder has had a voluntary or mandatory certificate to practice radiologic technology revoked, suspended, or otherwise acted against, including being denied certification, by a national organization, by a specialty board recognized by the department, or by a certification authority of another state, territory, or country.
- (m) Having been found guilty of, regardless of adjudication, or pleading guilty or nolo contendere to, any offense prohibited under s. 435.03 or under any similar statute of another jurisdiction.
- (n) Failing to comply with the recommendations of the department's impaired practitioner program for treatment, evaluation, or monitoring. A letter from the director of the impaired practitioner program that the certificateholder is not in compliance shall be considered conclusive proof under this part.
- (5) A final disciplinary action taken against a radiologic technologist in another jurisdiction, whether voluntary or mandatory, shall be considered conclusive proof of grounds for a disciplinary proceeding under this part.
- (6) The department may revoke approval of a continuing education provider and its approved courses if the provider's certification has been revoked, suspended, or otherwise acted against by a national organization; by a specialty board recognized by the department; or by a certification authority of another state, territory, or country. The department may establish by rule additional guidelines and criteria for the

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discipline of continuing education providers, including, but not limited to, revoking approval of a continuing education provider or a continuing education course and refusing to approve a continuing education provider or continuing education course.

Section 37. Paragraph (a) of subsection (5) of section 489.553, Florida Statutes, is amended to read:

489.553 Administration of part; registration qualifications; examination .--

- (5) To be eligible for registration by the department as a master septic tank contractor, the applicant must:
- (a) Have been a registered septic tank contractor in Florida for at least 3 years or a plumbing contractor certified under part I of this chapter who has provided septic tank contracting services for at least 3 years. The 3 years must immediately precede the date of application and may not be interrupted by any probation, suspension, or revocation imposed by the licensing agency.

Section 38. Section 489.554, Florida Statutes, is amended to read:

489.554 Registration renewal.--

- (1) The department shall prescribe by rule the method for approving approval of continuing education courses, and for renewing renewal of annual registration, for approving inactive status for the late filing of a renewal application, for allowing a contractor to hold a registration in inactive status for a specified period, and for reactivating a registration.
- (2) At a minimum, annual renewal shall include continuing education requirements of not less than 6 classroom 31 hours annually for septic tank contractors and not less than

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12 classroom hours annually for master septic tank contractors. The 12 classroom hours of continuing education required for master septic tank contractors may include the 6 classroom hours required for septic tank contractors, but at a minimum must include 6 classroom hours of approved master septic tank contractor coursework.

- (3) A certificate of registration becomes inactive when a renewal application is not filed in a timely manner. A certificate that has become inactive may be reactivated under this section by application to the department. A licensed contractor may apply to the department for voluntary inactive status at any time during the period of registration.
- (4) A master septic tank contractor may elect to revert to the status of a registered septic tank contractor at any time during the period of registration. The department shall prescribe by rule the method for a master septic tank contractor who has reverted to the status of a registered septic tank contractor to apply for status as a master septic tank contractor.
- (5) The department shall deny an application for renewal if the applicant has failed to pay any administrative penalty imposed by the department if the penalty is final agency action and all judicial reviews have been exhausted.

Section 39. Section 784.081, Florida Statutes, is amended to read:

784.081 Assault or battery on specified officials or employees; reclassification of offenses. -- Whenever a person is charged with committing an assault or aggravated assault or a battery or aggravated battery upon any elected official or employee of: a school district; a private school; the Florida 31 | School for the Deaf and the Blind; a university developmental

research school; a state university or any other entity of the state system of public education, as defined in s. 1000.04; an employee or protective investigator of the Department of Children and Family Services; or an employee of a lead community-based provider and its direct service contract providers; or an employee of the Department of Health or its direct service contract providers, when the person committing the offense knows or has reason to know the identity or position or employment of the victim, the offense for which the person is charged shall be reclassified as follows:

- (1) In the case of aggravated battery, from a felony of the second degree to a felony of the first degree.
- (2) In the case of aggravated assault, from a felony of the third degree to a felony of the second degree.
- (3) In the case of battery, from a misdemeanor of the first degree to a felony of the third degree.
- (4) In the case of assault, from a misdemeanor of the second degree to a misdemeanor of the first degree.

Section 40. Subsection (9) of section 381.0098, paragraph (f) of subsection (2) of section 385.103, sections 385.205 and 385.209, subsection (3) of section 391.301, subsection (2) of section 391.305, subsection (5) of section 393.064, and subsection (7) of section 445.033, Florida Statutes, are repealed.

Section 41. This act shall take effect July 1, 2004.

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SENATE SUMMARY Revises various provisions of law relating to duties and functions of the Department of Health. Renames specified divisions within the department and creates the Division of Dischilling Patron Paradocarthe Theorem Patron Patro of Disability Determinations. Requires the department's environmental health program to investigate elevated levels of lead in blood. Requires the department to establish a tobacco prevention program. Creates the Institutional Review Board within the department. Authorizes the board to charge fees for its research oversight. Authorizes the State Public Health Laboratory to release test results to a newborn's physician. Revises various requirements of the Children's Medical Services Program. Creates the Infants and Toddlers Early Intervention Program. Provides for a statewide injury-prevention program. Revises the certification requirements for technologists that administer radiation and perform other procedures. Revises requirements for sentic tank contractors. Increases penalties imposed for septic tank contractors. Increases penalties imposed for committing an assault or battery against an employee of the department or a direct service provider of the department. (See bill for details.)