

1
2 An act relating to public health; amending s.
3 17.41, F.S.; authorizing funds from the Tobacco
4 Settlement Clearing Trust Fund to be disbursed
5 to the Biomedical Research Trust Fund in the
6 Department of Health; amending s. 20.43, F.S.;
7 establishing the Officer of Women's Health
8 Strategy in the Department of Health;
9 establishing the Office of Minority Health in
10 the Department of Health; designating the
11 Division of Emergency Medical Services and
12 Community Health Resources as the "Division of
13 Emergency Medical Operations"; designating the
14 Division of Information Resource Management as
15 the "Division of Information Technology";
16 designating the Division of Health Awareness
17 and Tobacco as the "Division of Health Access
18 and Tobacco"; creating the Division of
19 Disability Determinations; creating s.
20 381.04015, F.S.; providing legislative intent;
21 providing the duties of the Officer of Women's
22 Health Strategy; requiring an annual report to
23 the Governor and Legislature with policy
24 recommendations for implementing the Women's
25 Health Strategy; requiring consideration of
26 women's health issues and gender in state
27 policy, planning, and budgeting; providing for
28 responsibility and coordination; transferring
29 and amending s. 216.341, F.S.; providing that
30 certain positions within the Department of
31 Health are exempt from a limitation on the

1 number of authorized positions; amending s.
2 381.0011, F.S.; revising duties of the
3 Department of Health; providing for a statewide
4 injury prevention program; amending s. 381.006,
5 F.S.; including within the department's
6 environmental health program the function of
7 investigating elevated levels of lead in blood;
8 amending s. 381.0065, F.S., relating to onsite
9 sewage treatment and disposal systems; revising
10 a definition; deleting a requirement that the
11 department make certain biennial reports to the
12 Legislature; authorizing the department to
13 require the submission of certain construction
14 plans pursuant to adopted rule; continuing a
15 requirement imposing a permit fee on new
16 construction; amending s. 381.0072, F.S.;
17 exempting certain schools, bars, and lounges
18 from certification requirements for food
19 service managers; creating s. 381.86, F.S.;
20 establishing the Institutional Review Board
21 within the Department of Health to review
22 certain biomedical and behavioral research;
23 providing for the membership of the board;
24 authorizing board members to be reimbursed for
25 per diem and travel expenses; authorizing the
26 department to charge fees for the research
27 oversight performed by the board; authorizing
28 the department to adopt rules; amending s.
29 381.89, F.S.; authorizing the Department of
30 Health to impose certain licensure fees on
31 tanning facilities; amending s. 381.90, F.S.;

1 revising the membership and reporting
2 requirements of the Health Information Systems
3 Council; amending s. 383.14, F.S.; authorizing
4 the State Public Health Laboratory to release
5 certain test results to a newborn's primary
6 care physician; revising certain testing
7 requirements for newborns; increasing the
8 membership of the Genetics and Newborn
9 Screening Advisory Council; amending s.
10 383.402, F.S.; revising the criteria under
11 which the state and local child abuse death
12 review committees are required to review the
13 death of a child; amending s. 391.021, F.S.;
14 redefining the term "children with special
15 health care needs" for purposes of the
16 Children's Medical Services Act; amending ss.
17 391.025, 391.029, 391.035, and 391.055, F.S.,
18 relating to the Children's Medical Services
19 program; revising the application requirements
20 for the program; revising requirements for
21 eligibility for services under the program;
22 authorizing the department to contract with
23 out-of-state health care providers to provide
24 services to program participants; authorizing
25 the department to adopt rules; requiring that
26 certain newborns with abnormal screening
27 results be referred to the program; amending s.
28 391.302, F.S.; revising certain definitions
29 relating to developmental evaluation and
30 intervention services; amending s. 391.303,
31 F.S.; revising certain requirements for

1 providing those services; amending s. 391.308,
2 F.S.; creating the Infants and Toddlers Early
3 Intervention Program within the Department of
4 Health; requiring the department, jointly with
5 the Department of Education, to prepare grant
6 applications and to include certain services
7 under the program; amending s. 395.003, F.S.;
8 requiring a report by the Agency for Health
9 Care Administration regarding the licensure of
10 emergency departments located off the premises
11 of hospitals; prohibiting the issuance of
12 licenses for such departments before July 1,
13 2005; amending s. 395.1027, F.S.; authorizing
14 certain licensed facilities to release patient
15 information to regional poison control centers;
16 amending s. 395.404, F.S.; revising reporting
17 requirements to the trauma registry data system
18 maintained by the Department of Health;
19 providing that hospitals, pediatric trauma
20 referral centers, and trauma centers subject to
21 reporting trauma registry data to the
22 department are required to comply with other
23 duties concerning the moderate-to-severe brain
24 or spinal cord injury registry maintained by
25 the department; correcting references to the
26 term "trauma center"; amending s. 400.9905,
27 F.S.; revising the definitions of "clinic" and
28 "medical director" and defining "chief
29 financial officer," "mobile clinic," and
30 "portable equipment provider" for purposes of
31 the Health Care Clinic Act; providing that

1 certain entities providing oncology or
2 radiation therapy services are exempt from the
3 licensure requirements of part XIII of ch. 400,
4 F.S.; providing legislative intent with respect
5 to such exemption; providing for retroactive
6 application; amending s. 400.991, F.S.;
7 requiring each mobile clinic to obtain a health
8 care clinic license; requiring a portable
9 equipment provider to obtain a health care
10 clinic license for a single office and
11 exempting such a provider from submitting
12 certain information to the Agency for Health
13 Care Administration; revising the date by which
14 an initial application for a health care clinic
15 license must be filed with the agency; revising
16 the definition of "applicant"; amending s.
17 400.9935, F.S.; assigning responsibilities for
18 ensuring billing; providing that an exemption
19 from licensure is not transferable; providing
20 that the agency may charge a fee of applicants
21 for certificates of exemption; providing that
22 the agency may deny an application or revoke a
23 license under certain circumstances; amending
24 s. 400.995, F.S.; providing that the agency may
25 deny, revoke, or suspend specified licenses and
26 impose fines for certain violations; providing
27 that a temporary license expires after a notice
28 of intent to deny an application is issued by
29 the agency; providing that persons or entities
30 made exempt under the act and which have paid
31 the clinic licensure fee to the agency are

1 entitled to a partial refund from the agency;
2 providing that certain persons or entities are
3 not in violation of part XIII of ch. 400, F.S.,
4 due to failure to apply for a clinic license by
5 a specified date; providing that certain
6 payments may not be denied to such persons or
7 entities for failure to apply for or obtain a
8 clinic license before a specified date;
9 amending s. 400.9905, F.S.; providing that
10 certain entities providing oncology or
11 radiation therapy services are exempt from the
12 licensure requirements of part XIII of ch. 400,
13 F.S.; providing legislative intent with respect
14 to such exemption; providing for retroactive
15 application; amending s. 401.211, F.S.;
16 providing legislative intent with respect to a
17 statewide injury-prevention program; creating
18 s. 401.243, F.S.; providing duties of the
19 department for establishing such a program;
20 authorizing the department to adopt rules;
21 amending s. 404.056, F.S.; revising the radon
22 testing requirements for schools and certain
23 state-operated or state-licensed facilities;
24 amending s. 468.302, F.S.; revising certain
25 requirements for administering radiation and
26 performing certain other procedures; amending
27 s. 468.304, F.S.; revising requirements for
28 obtaining certification from the department as
29 an X-ray machine operator, a radiographer, or a
30 nuclear medicine technologist; amending s.
31 468.306, F.S.; requiring remedial education for

1 certain applicants for certification; amending
2 s. 468.3065, F.S.; providing that the
3 application fee is nonrefundable; amending s.
4 468.307, F.S.; revising the expiration date of
5 a certificate; amending s. 468.309, F.S.;
6 revising requirements for certification as a
7 radiologic technologist; providing for a
8 certificateholder to resign a certification;
9 amending s. 468.3095, F.S.; revising
10 requirements for reactivating an expired
11 certificate; amending s. 468.3101, F.S.;
12 authorizing the department to conduct
13 investigations and inspections; clarifying
14 certain grounds for disciplinary actions;
15 amending s. 489.553, F.S.; providing
16 requirements for registration as a master
17 septic tank contractor; amending s. 489.554,
18 F.S.; authorizing inactive registration as a
19 septic tank contractor; providing for renewing
20 a certification of registration following a
21 period of inactive status; amending s. 784.081,
22 F.S.; increasing certain penalties for an
23 assault or battery that is committed against an
24 employee of the Department of Health or against
25 a direct service provider of the department;
26 repealing ss. 381.0098(9), 385.103(2)(f),
27 385.205, 385.209, 391.301(3), 391.305(2),
28 393.064(5), and 445.033(7), F.S., relating to
29 obsolete provisions governing the handling of
30 biomedical waste, rulemaking authority with
31 respect to community intervention programs,

1 programs covering chronic renal disease,
2 information on cholesterol, intervention
3 programs for certain hearing-impaired infants,
4 contract authority over the Raymond C. Philips
5 Research and Education Unit, and an exemption
6 from the Florida Biomedical and Social Research
7 Act for certain evaluations; requiring a report
8 relating to a disciplinary board for the onsite
9 sewage industry; amending s. 381.7355, F.S.;
10 providing an additional priority area; amending
11 s. 381.005, F.S.; requiring hospitals licensed
12 under ch. 395, F.S., to implement a program
13 offering immunizations against the influenza
14 virus and pneumococcal bacteria to all patients
15 who have attained a specified age; amending s.
16 409.907, F.S.; providing criteria for
17 establishing the effective date of approval of
18 certain applications to be a Medicaid provider;
19 preempting the regulation, identification, and
20 packaging of meat, poultry, and fish to the
21 state and the Department of Agriculture and
22 Consumer Services; providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Subsection (5) of section 17.41, Florida
27 Statutes, is amended to read:

28 17.41 Department of Financial Services Tobacco
29 Settlement Clearing Trust Fund.--

30 (5) The department shall disburse funds, by
31 nonoperating transfer, from the Tobacco Settlement Clearing

1 Trust Fund to the tobacco settlement trust funds of the
2 various agencies or the Biomedical Research Trust Fund in the
3 Department of Health, as appropriate, in amounts equal to the
4 annual appropriations made from those agencies' trust funds in
5 the General Appropriations Act.

6 Section 2. Subsection (2) and paragraphs (f), (i), and
7 (j) of subsection (3) of section 20.43, Florida Statutes, are
8 amended, and paragraph (k) is added to that subsection, and
9 subsection (9) is added to that section, to read:

10 20.43 Department of Health.--There is created a
11 Department of Health.

12 (2)(a) The head of the Department of Health is the
13 Secretary of Health and State Health Officer. The secretary
14 must be a physician licensed under chapter 458 or chapter 459
15 who has advanced training or extensive experience in public
16 health administration. The secretary is appointed by the
17 Governor subject to confirmation by the Senate. The secretary
18 serves at the pleasure of the Governor.

19 (b) The Officer of Women's Health Strategy is
20 established within the Department of Health and shall report
21 directly to the secretary.

22 (3) The following divisions of the Department of
23 Health are established:

24 (f) Division of Emergency Medical Operations Services
25 ~~and Community Health Resources.~~

26 (i) Division of Information Technology Resource
27 ~~Management.~~

28 (j) Division of Health Access Awareness and Tobacco.

29 (k) Division of Disability Determinations.

30 (9) There is established within the Department of
31 Health the Office of Minority Health.

1 Section 3. Section 381.04015, Florida Statutes, is
2 created to read:

3 381.04015 Women's Health Strategy; legislative intent;
4 duties of Officer of Women's Health Strategy; other state
5 agency duties.--

6 (1) LEGISLATIVE INTENT.--The Legislature recognizes
7 that the health care needs of women are gender-specific and
8 that public policy must take into account the distinct
9 characteristics of women's health issues. Priority shall be
10 given to improve the overall health status of women through
11 research and education on women's health issues. The
12 Legislature recognizes the importance of understanding why
13 there are such large differences between how women and men
14 experience certain diseases and also recognizes that
15 biomedical research is the key to finding these answers. Such
16 research has important implications for both women and men in
17 terms of clinical practice and disease prevention and
18 manifestation. The Legislature recognizes that as the state's
19 population continues to age and life expectancy for women
20 continues to rise, it is of the utmost importance for the
21 Legislature to encourage effective medical research on
22 long-term health issues for women and to educate elder women
23 about the importance of participating in medical studies. The
24 Legislature finds and declares that the design and delivery of
25 health care services and the medical education of health care
26 practitioners shall be directed by the principle that health
27 care needs are gender-specific.

28 (2) DUTIES.--The Officer of Women's Health Strategy in
29 the Department of Health shall:

30
31

1 (a) Ensure that the state's policies and programs are
2 responsive to sex and gender differences and to women's health
3 needs across the life span.

4 (b) Organize an interagency Committee for Women's
5 Health for the purpose of integrating women's health programs
6 in current operating and service delivery structures and
7 setting priorities for women's health. This committee shall be
8 comprised of the heads or directors of state agencies with
9 programs affecting women's health, including, but not limited
10 to, the Department of Health, the Agency for Health Care
11 Administration, the Department of Education, the Department of
12 Elderly Affairs, the Department of Corrections, the Office of
13 Insurance Regulation of the Department of Financial Services,
14 and the Department of Juvenile Justice.

15 (c) Assess the health status of women in the state
16 through the collection and review of health data and trends.

17 (d) Review the state's insurance code as it relates to
18 women's health issues.

19 (e) Work with medical school curriculum committees to
20 develop course requirements on women's health and promote
21 clinical practice guidelines specific to women.

22 (f) Organize statewide Women's Health Month
23 activities.

24 (g) Coordinate a Governor's statewide conference on
25 women's health, cosponsored by the agencies participating in
26 the Committee for Women's Health and other private
27 organizations and entities impacting women's health in the
28 state.

29 (h) Promote research, treatment, and collaboration on
30 women's health issues at universities and medical centers in
31 the state.

- 1 (i) Promote employer incentives for wellness programs
2 targeting women's health programs.
- 3 (j) Serve as the primary state resource for women's
4 health information.
- 5 (k) Develop a statewide women's health plan
6 emphasizing collaborative approaches to meeting the health
7 needs of women. The plan shall:
- 8 1. Identify activities designed to reduce the number
9 of premature deaths in women, including:
- 10 a. Providing specific strategies for reducing the
11 mortality rate of women.
- 12 b. Listing conditions that may cause or contribute to
13 disease in women and the best methods by which to identify,
14 control, and prevent these conditions from developing.
- 15 c. Identifying the best methods for ensuring an
16 increase in the percentage of women in the state who receive
17 diagnostic and screening testing.
- 18 2. Provide for increasing research and appropriate
19 funding at institutions in the state studying disease in
20 women.
- 21 3. Provide recommendations for the development of
22 practice guidelines for addressing disease in women.
- 23 4. Provide recommendations for reducing health
24 disparities among women in all races and ethnic groups.
- 25 5. Coordinate with existing program plans that address
26 women's health issues.
- 27 (l) Promote clinical practice guidelines specific to
28 women.
- 29 (m) Serve as the state's liaison with other states and
30 federal agencies and programs to develop best practices in
31 women's health.

1 (n) Develop a statewide, web-based clearinghouse on
2 women's health issues and resources.

3 (o) Promote public awareness campaigns and education
4 on the health needs of women.

5 (p) By January 15 of each year, provide the Governor,
6 the President of the Senate, and the Speaker of the House of
7 Representatives a report with policy recommendations for
8 implementing the provisions of this section.

9 (3) DUTIES OF OTHER STATE AGENCIES.--

10 (a) Women's health issues shall be taken into
11 consideration in the annual budget planning of the Department
12 of Health, the Agency for Health Care Administration, and the
13 Department of Elderly Affairs.

14 (b) The inclusion of gender considerations and
15 differential impact shall be one of the criteria when
16 assessing research and demonstration proposals for which state
17 funding is being sought from the Department of Health, the
18 Agency for Health Care Administration, and the Department of
19 Elderly Affairs.

20 (c) Boards or advisory bodies that fall under the
21 purview of the Department of Health, the Agency for Health
22 Care Administration, and the Department of Elderly Affairs
23 shall be encouraged to seek equal representation of women and
24 men and the inclusion of persons who are knowledgeable and
25 sensitive to gender and diversity issues.

26 (4) RESPONSIBILITY AND COORDINATION.--The officer and
27 the department shall direct and carry out the Women's Health
28 Strategy established under this section in accordance with the
29 requirements of this section and may work with the Executive
30 Office of the Governor and other state agencies to carry out
31 their duties and responsibilities under this section.

1 Section 4. Section 216.341, Florida Statutes, is
2 transferred, renumbered as section 216.2625, Florida Statutes,
3 and amended to read:

4 216.2625 ~~216.341~~ Disbursement of ~~county health~~
5 ~~department~~ trust funds of the Department of Health; authorized
6 positions.--

7 (1) County health department trust funds may be
8 expended by the Department of Health for the respective county
9 health departments in accordance with budgets and plans agreed
10 upon by the county authorities of each county and the
11 Department of Health.

12 (2) The limitations on the number of authorized
13 positions ~~appropriations~~ provided in s. 216.262(1) ~~do shall~~
14 not apply to positions within the Department of Health which
15 are funded by:

16 (a) County health department trust funds; ~~or-~~

17 (b) The United States Trust Fund.

18 Section 5. Subsection (12) of section 381.0011,
19 Florida Statutes, is amended to read:

20 381.0011 Duties and powers of the Department of
21 Health.--It is the duty of the Department of Health to:

22 (12) Maintain ~~Cooperate with other departments, local~~
23 ~~officials, and private organizations in developing and~~
24 ~~implementing~~ a statewide injury-prevention ~~injury control~~
25 program.

26 Section 6. Subsection (17) is added to section
27 381.006, Florida Statutes, to read:

28 381.006 Environmental health.--The department shall
29 conduct an environmental health program as part of fulfilling
30 the state's public health mission. The purpose of this program
31 is to detect and prevent disease caused by natural and manmade

1 factors in the environment. The environmental health program
2 shall include, but not be limited to:

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

8
9 The department may adopt rules to carry out the provisions of
10 this section.

11 Section 7. Paragraph (k) of subsection (2) and
12 paragraphs (d) and (e) of subsection (4), of section 381.0065,
13 Florida Statutes, are amended, and paragraph (v) is added to
14 subsection (4) of that section, to read:

15 381.0065 Onsite sewage treatment and disposal systems;
16 regulation.--

17 (2) DEFINITIONS.--As used in ss. 381.0065-381.0067,
18 the term:

19 (k) "Permanent nontidal surface water body" means a
20 perennial stream, a perennial river, an intermittent stream, a
21 perennial lake, a submerged marsh or swamp, a submerged wooded
22 marsh or swamp, a spring, or a seep, as identified on the most
23 recent quadrangle map, 7.5 minute series (topographic),
24 produced by the United States Geological Survey, or products
25 derived from that series. "Permanent nontidal surface water
26 body" shall also mean an artificial surface water body that
27 does not have an impermeable bottom and side and that is
28 designed to hold, or does hold, visible standing water for at
29 least 180 days of the year. However, a nontidal surface water
30 body that is drained, either naturally or artificially, where
31 the intent or the result is that such drainage be temporary,

1 shall be considered a permanent nontidal surface water body. A
2 nontidal surface water body that is drained of all visible
3 surface water, where the lawful intent or the result of such
4 drainage is that such drainage will be permanent, shall not be
5 considered a permanent nontidal surface water body. The
6 boundary of a permanent nontidal surface water body shall be
7 the mean annual flood line.

8 (4) PERMITS; INSTALLATION; AND CONDITIONS.--A person
9 may not construct, repair, modify, abandon, or operate an
10 onsite sewage treatment and disposal system without first
11 obtaining a permit approved by the department. The department
12 may issue permits to carry out this section, but shall not
13 make the issuance of such permits contingent upon prior
14 approval by the Department of Environmental Protection. A
15 construction permit is valid for 18 months from the issuance
16 date and may be extended by the department for one 90-day
17 period under rules adopted by the department. A repair permit
18 is valid for 90 days from the date of issuance. An operating
19 permit must be obtained prior to the use of any aerobic
20 treatment unit or if the establishment generates commercial
21 waste. Buildings or establishments that use an aerobic
22 treatment unit or generate commercial waste shall be inspected
23 by the department at least annually to assure compliance with
24 the terms of the operating permit. The operating permit for a
25 commercial wastewater system is valid for 1 year from the date
26 of issuance and must be renewed annually. The operating permit
27 for an aerobic treatment unit is valid for 2 years from the
28 date of issuance and must be renewed every 2 years. If all
29 information pertaining to the siting, location, and
30 installation conditions or repair of an onsite sewage
31 treatment and disposal system remains the same, a construction

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

1 (d) Paragraphs (a) and (b) do not apply to any
2 proposed residential subdivision with more than 50 lots or to
3 any proposed commercial subdivision with more than 5 lots
4 where a publicly owned or investor-owned sewerage system is
5 available. It is the intent of this paragraph not to allow
6 development of additional proposed subdivisions in order to
7 evade the requirements of this paragraph. ~~The department~~
8 ~~shall report to the Legislature by February 1 of each~~
9 ~~odd numbered year concerning the success in meeting this~~
10 ~~intent.~~

11 (e) Onsite sewage treatment and disposal systems must
12 not be placed closer than:

- 13 1. Seventy-five feet from a private potable well.
- 14 2. Two hundred feet from a public potable well serving
15 a residential or nonresidential establishment having a total
16 sewage flow of greater than 2,000 gallons per day.
- 17 3. One hundred feet from a public potable well serving
18 a residential or nonresidential establishment having a total
19 sewage flow of less than or equal to 2,000 gallons per day.
- 20 4. Fifty feet from any nonpotable well.
- 21 5. Ten feet from any storm sewer pipe, to the maximum
22 extent possible, but in no instance shall the setback be less
23 than 5 feet.
- 24 6. Seventy-five feet from the mean high-water line of
25 a tidally influenced surface water body.
- 26 7. Seventy-five feet from the mean ~~normal~~ annual flood
27 line of a permanent nontidal surface water body.
- 28 8. Fifteen feet from the design high-water line of
29 retention areas, detention areas, or swales designed to
30 contain standing or flowing water for less than 72 hours after
31 a rainfall or the design high-water level of normally dry

1 drainage ditches or normally dry individual lot stormwater
2 retention areas.

3 (v) The department may require the submission of
4 detailed system construction plans that are prepared by a
5 professional engineer registered in this state. The department
6 shall establish by rule criteria for determining when such a
7 submission is required.

8 Section 8. Paragraph (k) of subsection (2) of section
9 381.0066, Florida Statutes, is amended to read:

10 381.0066 Onsite sewage treatment and disposal systems;
11 fees.--

12 (2) The minimum fees in the following fee schedule
13 apply until changed by rule by the department within the
14 following limits:

15 (k) Research: An additional \$5 fee shall be added to
16 each new system construction permit issued ~~during fiscal years~~
17 ~~1996-2004~~ to be used for onsite sewage treatment and disposal
18 system research, demonstration, and training projects. Five
19 dollars from any repair permit fee collected under this
20 section shall be used for funding the hands-on training
21 centers described in s. 381.0065(3)(j).

22
23 The funds collected pursuant to this subsection must be
24 deposited in a trust fund administered by the department, to
25 be used for the purposes stated in this section and ss.
26 381.0065 and 381.00655.

27 Section 9. Paragraph (a) of subsection (2), paragraph
28 (a) of subsection (3), and paragraph (a) of subsection (4) of
29 section 381.0072, Florida Statutes, are amended to read:

30 381.0072 Food service protection.--It shall be the
31 duty of the Department of Health to adopt and enforce

1 sanitation rules consistent with law to ensure the protection
2 of the public from food-borne illness. These rules shall
3 provide the standards and requirements for the storage,
4 preparation, serving, or display of food in food service
5 establishments as defined in this section and which are not
6 permitted or licensed under chapter 500 or chapter 509.

7 (2) DUTIES.--

8 (a) The department shall adopt rules, including
9 definitions of terms which are consistent with law prescribing
10 minimum sanitation standards and manager certification
11 requirements as prescribed in s. 509.039, and which shall be
12 enforced in food service establishments as defined in this
13 section. The sanitation standards must address the
14 construction, operation, and maintenance of the establishment;
15 lighting, ventilation, laundry rooms, lockers, use and storage
16 of toxic materials and cleaning compounds, and first-aid
17 supplies; plan review; design, construction, installation,
18 location, maintenance, sanitation, and storage of food
19 equipment and utensils; employee training, health, hygiene,
20 and work practices; food supplies, preparation, storage,
21 transportation, and service, including access to the areas
22 where food is stored or prepared; and sanitary facilities and
23 controls, including water supply and sewage disposal; plumbing
24 and toilet facilities; garbage and refuse collection, storage,
25 and disposal; and vermin control. Public and private schools,
26 if the food service is operated by school employees; hospitals
27 licensed under chapter 395;7 nursing homes licensed under part
28 II of chapter 400;7 child care facilities as defined in s.
29 402.301;7 ~~and~~ residential facilities colocated with a nursing
30 home or hospital, if all food is prepared in a central kitchen
31 that complies with nursing or hospital regulations; and bars

1 and lounges, as defined by department rule, are ~~shall be~~
2 exempt from the rules developed for manager certification. The
3 department shall administer a comprehensive inspection,
4 monitoring, and sampling program to ensure such standards are
5 maintained. With respect to food service establishments
6 permitted or licensed under chapter 500 or chapter 509, the
7 department shall assist the Division of Hotels and Restaurants
8 of the Department of Business and Professional Regulation and
9 the Department of Agriculture and Consumer Services with
10 rulemaking by providing technical information.

11 Section 10. Section 381.86, Florida Statutes, is
12 created to read:

13 381.86 Institutional Review Board.--

14 (1) The Institutional Review Board is created within
15 the Department of Health in order to satisfy federal
16 requirements under 45 C.F.R. part 46 and 21 C.F.R. parts 50
17 and 56 that an institutional review board review all
18 biomedical and behavioral research on human subjects which is
19 funded or supported in any manner by the department.

20 (2) Consistent with federal requirements, the
21 Secretary of Health shall determine and appoint the membership
22 of the board and designate its chair.

23 (3) The department's Institutional Review Board may
24 serve as an institutional review board for other agencies at
25 the discretion of the secretary.

26 (4) Each board member is entitled to reimbursement for
27 per diem and travel expenses as provided in s. 112.061 while
28 carrying out the official business of the board.

29 (5) The department shall charge for costs it incurs
30 for the research oversight it provides according to a fee
31 schedule, except that fees shall be waived for any student who

1 is a candidate for a degree at a university located in this
2 state. The fee schedule shall provide fees for initial review,
3 amendments, and continuing review. The department may adopt
4 any rules necessary to comply with federal requirements and
5 this section. The rules must also prescribe procedures for
6 submitting an application for the Institutional Review Board's
7 review.

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

10 381.89 Regulation of tanning facilities.--

11 (3)

12 (b) The department shall establish procedures for the
13 issuance and annual renewal of licenses and shall establish
14 annual license and renewal fees and late-payment fees in an
15 amount necessary to cover the expenses of administering this
16 section. Annual license and renewal fees may not ~~shall~~ be ~~not~~
17 ~~less than \$125 nor~~ more than \$250 per tanning device and a
18 maximum total fee per individual tanning facility may be set
19 by rule. ~~Effective October 1, 1991, the fee amount shall be~~
20 ~~the minimum fee proscribed in this paragraph and such fee~~
21 ~~amount shall remain in effect until the effective date of a~~
22 ~~fee schedule adopted by the department.~~

23 (c) The department may adopt a system under which
24 licenses expire on staggered dates and the annual renewal fees
25 are prorated quarterly ~~monthly~~ to reflect the actual number of
26 months the license is valid.

27 Section 12. Subsection (3) and paragraph (a) of
28 subsection (7) of section 381.90, Florida Statutes, are
29 amended to read:

30 381.90 Health Information Systems Council; legislative
31 intent; creation, appointment, duties.--

- 1 (3) The council shall be composed of the following
2 members or their senior executive-level designees:
- 3 (a) The Secretary ~~of the Department~~ of Health;
- 4 (b) The Executive Director ~~secretary~~ of the Department
5 of Veterans' Affairs ~~Business and Professional Regulation~~;
- 6 (c) The Secretary ~~of the Department~~ of Children and
7 Family Services;
- 8 (d) The Secretary of Health Care Administration;
- 9 (e) The Secretary ~~of the Department~~ of Corrections;
- 10 (f) The Attorney General;
- 11 (g) The Executive Director of the Correctional Medical
12 Authority;
- 13 (h) Two members representing county health
14 departments, one from a small county and one from a large
15 county, appointed by the Governor;
- 16 (i) A representative from the Florida Association of
17 Counties;
- 18 (j) The Chief Financial Officer;
- 19 (k) A representative from the Florida Healthy Kids
20 Corporation;
- 21 (l) A representative from a school of public health
22 chosen by the Commissioner of Education ~~Board of Regents~~;
- 23 (m) The Commissioner of Education;
- 24 (n) The Secretary ~~of the Department~~ of Elderly
25 Affairs; and
- 26 (o) The Secretary ~~of the Department~~ of Juvenile
27 Justice.
- 28
- 29 Representatives of the Federal Government may serve without
30 voting rights.
- 31

1 (7) The council's duties and responsibilities include,
2 but are not limited to, the following:

3 (a) By June ~~March~~ 1 of each year, to develop and
4 approve a strategic plan pursuant to the requirements set
5 forth in s. 186.022 ~~s. 186.022(9)~~. ~~Copies of the plan shall be~~
6 ~~transmitted electronically or in writing to the Executive~~
7 ~~Office of the Governor, the Speaker of the House of~~
8 ~~Representatives, and the President of the Senate.~~

9 Section 13. Subsections (1) and (2), paragraphs (f)
10 and (g) of subsection (3), and subsection (5) of section
11 383.14, Florida Statutes, are amended to read:

12 383.14 Screening for metabolic disorders, other
13 hereditary and congenital disorders, and environmental risk
14 factors.--

15 (1) SCREENING REQUIREMENTS.--To help ensure access to
16 the maternal and child health care system, the Department of
17 Health shall promote the screening of all newborns ~~infants~~
18 ~~born in Florida for phenylketonuria and other~~ metabolic,
19 hereditary, and congenital disorders known to result in
20 significant impairment of health or intellect, as screening
21 programs accepted by current medical practice become available
22 and practical in the judgment of the department. The
23 department shall also promote the identification and screening
24 of all newborns ~~infants born~~ in this state and their families
25 for environmental risk factors such as low income, poor
26 education, maternal and family stress, emotional instability,
27 substance abuse, and other high-risk conditions associated
28 with increased risk of infant mortality and morbidity to
29 provide early intervention, remediation, and prevention
30 services, including, but not limited to, parent support and
31 training programs, home visitation, and case management.

1 Identification, perinatal screening, and intervention efforts
2 shall begin prior to and immediately following the birth of
3 the child by the attending health care provider. Such efforts
4 shall be conducted in hospitals, perinatal centers, county
5 health departments, school health programs that provide
6 prenatal care, and birthing centers, and reported to the
7 Office of Vital Statistics.

8 (a) Prenatal screening.--The department shall develop
9 a multilevel screening process that includes a risk assessment
10 instrument to identify women at risk for a preterm birth or
11 other high-risk condition. The primary health care provider
12 shall complete the risk assessment instrument and report the
13 results to the Office of Vital Statistics so that the woman
14 may immediately be notified and referred to appropriate
15 health, education, and social services.

16 (b) Postnatal screening.--A risk factor analysis using
17 the department's designated risk assessment instrument shall
18 also be conducted as part of the medical screening process
19 upon the birth of a child and submitted to the department's
20 Office of Vital Statistics for recording and other purposes
21 provided for in this chapter. The department's screening
22 process for risk assessment shall include a scoring mechanism
23 and procedures that establish thresholds for notification,
24 further assessment, referral, and eligibility for services by
25 professionals or paraprofessionals consistent with the level
26 of risk. Procedures for developing and using the screening
27 instrument, notification, referral, and care coordination
28 services, reporting requirements, management information, and
29 maintenance of a computer-driven registry in the Office of
30 Vital Statistics which ensures privacy safeguards must be
31 consistent with the provisions and plans established under

1 chapter 411, Pub. L. No. 99-457, and this chapter. Procedures
2 established for reporting information and maintaining a
3 confidential registry must include a mechanism for a
4 centralized information depository at the state and county
5 levels. The department shall coordinate with existing risk
6 assessment systems and information registries. The department
7 must ensure, to the maximum extent possible, that the
8 screening information registry is integrated with the
9 department's automated data systems, including the Florida
10 On-line Recipient Integrated Data Access (FLORIDA) system.
11 Tests and screenings must be performed by the State Public
12 Health Laboratory, in coordination with Children's Medical
13 Services, at such times and in such manner as is prescribed by
14 the department after consultation with the Genetics and Infant
15 Screening Advisory Council and the State Coordinating Council
16 for School Readiness Programs.

17 (c) Release of screening results.--Notwithstanding any
18 other law to the contrary, the State Public Health Laboratory
19 may release, directly or through the Children's Medical
20 Services program, the results of a newborn's hearing and
21 metabolic tests or screening to the newborn's primary care
22 physician.

23 (2) RULES.--After consultation with the Genetics and
24 ~~Newborn Infant~~ Screening Advisory Council, the department
25 shall adopt and enforce rules requiring that every newborn
26 ~~infant born~~ in this state shall, prior to becoming 1 week ~~2~~
27 ~~weeks~~ of age, be subjected to a test for phenylketonuria and,
28 at the appropriate age, be tested for such other metabolic
29 diseases and hereditary or congenital disorders as the
30 department may deem necessary from time to time. After
31 consultation with the State Coordinating Council for School

1 Readiness Programs, the department shall also adopt and
2 enforce rules requiring every newborn ~~infant born~~ in this
3 state to be screened for environmental risk factors that place
4 children and their families at risk for increased morbidity,
5 mortality, and other negative outcomes. The department shall
6 adopt such additional rules as are found necessary for the
7 administration of this section, including rules providing
8 definitions of terms, rules relating to the methods used and
9 time or times for testing as accepted medical practice
10 indicates, rules relating to charging and collecting fees for
11 screenings authorized by this section, rules for processing
12 requests and releasing test and screening results, and rules
13 requiring mandatory reporting of the results of tests and
14 screenings for these conditions to the department.

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

18 (f) Promote the availability of genetic studies and
19 counseling in order that the parents, siblings, and affected
20 newborns ~~infants~~ may benefit from available knowledge of the
21 condition.

22 (g) Have the authority to charge and collect fees for
23 screenings authorized in this section, as follows:

24 1. A fee of \$20 will be charged for each live birth,
25 as recorded by the Office of Vital Statistics, occurring in a
26 hospital licensed under part I of chapter 395 or a birth
27 center licensed under s. 383.305, up to 3,000 live births per
28 licensed hospital per year or over 60 births per birth center
29 per year. The department shall calculate the annual
30 assessment for each hospital and birth center, and this
31 assessment must be paid in equal amounts quarterly. Quarterly,

1 the department shall generate and mail to each hospital and
2 birth center a statement of the amount due.

3 2. As part of the department's legislative budget
4 request prepared pursuant to chapter 216, the department shall
5 submit a certification by the department's inspector general,
6 or the director of auditing within the inspector general's
7 office, of the annual costs of the uniform testing and
8 reporting procedures of the newborn ~~infant~~ screening program.

9 In certifying the annual costs, the department's inspector
10 general or the director of auditing within the inspector
11 general's office shall calculate the direct costs of the
12 uniform testing and reporting procedures, including applicable
13 administrative costs. Administrative costs shall be limited to
14 those department costs which are reasonably and directly
15 associated with the administration of the uniform testing and
16 reporting procedures of the newborn ~~infant~~ screening program.

17
18 All provisions of this subsection must be coordinated with the
19 provisions and plans established under this chapter, chapter
20 411, and Pub. L. No. 99-457.

21 (5) ADVISORY COUNCIL.--There is established a Genetics
22 and Newborn ~~Infant~~ Screening Advisory Council made up of 15 ~~12~~
23 members appointed by the Secretary of Health. The council
24 shall be composed of two consumer members, three practicing
25 pediatricians, at least one of whom must be a pediatric
26 hematologist, one representative from each of the four medical
27 schools in the state, the Secretary of Health or his or her
28 designee, one representative from the Department of Health
29 representing Children's Medical Services, one representative
30 from the Florida Hospital Association, one individual with
31 experience in newborn screening programs, one individual

1 representing audiologists, and one representative from the
2 Developmental Disabilities Program Office of the Department of
3 Children and Family Services. All appointments shall be for a
4 term of 4 years. The chairperson of the council shall be
5 elected from the membership of the council and shall serve for
6 a period of 2 years. The council shall meet at least
7 semiannually or upon the call of the chairperson. The council
8 may establish ad hoc or temporary technical advisory groups to
9 assist the council with specific topics which come before the
10 council. Council members shall serve without pay. Pursuant to
11 the provisions of s. 112.061, the council members are entitled
12 to be reimbursed for per diem and travel expenses. It is the
13 purpose of the council to advise the department about:

14 (a) Conditions for which testing should be included
15 under the screening program and the genetics program.~~;~~

16 (b) Procedures for collection and transmission of
17 specimens and recording of results.~~;~~ ~~and~~

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

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

24 383.402 Child abuse death review; State Child Abuse
25 Death Review Committee; local child abuse death review
26 committees.--

27 (1) It is the intent of the Legislature to establish a
28 statewide multidisciplinary, multiagency child abuse death
29 assessment and prevention system that consists of state and
30 local review committees. The state and local review committees
31 shall review the facts and circumstances of all deaths of

1 children from birth through age 18 which occur in this state
2 as the result of verified child abuse or neglect ~~and for whom~~
3 ~~at least one report of abuse or neglect was accepted by the~~
4 ~~central abuse hotline within the Department of Children and~~
5 ~~Family Services~~. The purpose of the review shall be to:

6 (a) Achieve a greater understanding of the causes and
7 contributing factors of deaths resulting from child abuse.

8 (b) Whenever possible, develop a communitywide
9 approach to address such cases and contributing factors.

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

14 (d) Make and implement recommendations for changes in
15 law, rules, and policies, as well as develop practice
16 standards that support the safe and healthy development of
17 children and reduce preventable child abuse deaths.

18 Section 15. Subsection (2) of section 391.021, Florida
19 Statutes, is amended to read:

20 391.021 Definitions.--When used in this act, unless
21 the context clearly indicates otherwise:

22 (2) "Children with special health care needs" means
23 those children younger than ~~under age~~ 21 years of age who have
24 chronic physical, developmental, behavioral, or emotional
25 conditions and who also require health care and related
26 services of a type or amount beyond that which is generally
27 required by children ~~whose serious or chronic physical or~~
28 ~~developmental conditions require extensive preventive and~~
29 ~~maintenance care beyond that required by typically healthy~~
30 ~~children. Health care utilization by these children exceeds~~
31 ~~the statistically expected usage of the normal child adjusted~~

1 ~~for chronological age. These children often need complex care~~
2 ~~requiring multiple providers, rehabilitation services, and~~
3 ~~specialized equipment in a number of different settings.~~

4 Section 16. Section 391.025, Florida Statutes, is
5 amended to read:

6 391.025 Applicability and scope.--

7 ~~(1) This act applies to health services provided to~~
8 ~~eligible individuals who are:~~

9 ~~(a)1. Enrolled in the Medicaid program;~~

10 ~~2. Enrolled in the Florida Kidcare program; and~~

11 ~~3. Uninsured or underinsured, provided that they meet~~
12 ~~the financial eligibility requirements established in this~~
13 ~~act, and to the extent that resources are appropriated for~~
14 ~~their care; or~~

15 ~~(b) Infants who receive an award of compensation under~~
16 ~~s. 766.31(1).~~

17 ~~(1)(2)~~ The Children's Medical Services program
18 consists of the following components:

19 (a) The newborn infant metabolic screening program
20 established in s. 383.14.

21 (b) The regional perinatal intensive care centers
22 program established in ss. 383.15-383.21.

23 (c) A federal or state program authorized by the
24 Legislature.

25 (d) The developmental evaluation and intervention
26 program, including the Florida Infants and Toddlers Early
27 Intervention Program.

28 (e) The Children's Medical Services network.

29 ~~(2)(3)~~ The Children's Medical Services program shall
30 not be deemed an insurer and is not subject to the licensing
31 requirements of the Florida Insurance Code or the rules

1 adopted thereunder, when providing services to children who
2 receive Medicaid benefits, other Medicaid-eligible children
3 with special health care needs, and children participating in
4 the Florida Kidcare program.

5 Section 17. Section 391.029, Florida Statutes, is
6 amended to read:

7 391.029 Program eligibility.--

8 (1) The department shall establish the medical
9 criteria to determine if an applicant for the Children's
10 Medical Services program is an eligible individual.

11 (2) The following individuals are financially eligible
12 to receive services through ~~for~~ the program:

13 (a) A high-risk pregnant female who is eligible for
14 Medicaid.

15 (b) Children ~~A child~~ with special health care needs
16 from birth to ~~age~~ 21 years of age who are ~~is~~ eligible for
17 Medicaid.

18 (c) Children ~~A child~~ with special health care needs
19 from birth to ~~age~~ 19 years of age who are ~~is~~ eligible for a
20 program under Title XXI of the Social Security Act.

21 (3) Subject to the availability of funds, the
22 following individuals may receive services through the
23 program:

24 (a)(d) Children ~~A child~~ with special health care needs
25 from birth to ~~age~~ 21 years of age whose family income is above
26 the requirements for financial eligibility under Title XXI of
27 the Social Security Act and whose projected annual cost of
28 care adjusts the family income to Medicaid financial criteria.
29 In cases where the family income is adjusted based on a
30 projected annual cost of care, the family shall participate
31

1 financially in the cost of care based on criteria established
2 by the department.

3 ~~(b)(e)~~ Children ~~A child~~ with special health care needs
4 from birth to 21 years of age, as provided ~~defined~~ in Title V
5 of the Social Security Act ~~relating to children with special~~
6 ~~health care needs~~.

7 ~~(c)(f)~~ An infant who receives an award of compensation
8 under s. 766.31(1). The Florida Birth-Related Neurological
9 Injury Compensation Association shall reimburse the Children's
10 Medical Services Network the state's share of funding, which
11 must thereafter be used to obtain matching federal funds under
12 Title XXI of the Social Security Act.

13
14 ~~The department may continue to serve certain children with~~
15 ~~special health care needs who are 21 years of age or older and~~
16 ~~who were receiving services from the program prior to April 1,~~
17 ~~1998. Such children may be served by the department until~~
18 ~~July 1, 2000.~~

19 ~~(4)(3)~~ The department shall determine the financial
20 and medical eligibility of children for the program. The
21 department shall also determine the financial ability of the
22 parents, or persons or other agencies having legal custody
23 over such individuals, to pay the costs of health services
24 under the program. The department may pay reasonable travel
25 expenses related to the determination of eligibility for or
26 the provision of health services.

27 ~~(5)(4)~~ Any child who has been provided with surgical
28 or medical care or treatment under this act prior to being
29 adopted shall continue to be eligible to be provided with such
30 care or treatment after his or her adoption, regardless of the
31 financial ability of the persons adopting the child.

1 Section 18. Subsection (4) is added to section
2 391.035, Florida Statutes, to read:

3 391.035 Provider qualifications.--

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

12 Section 19. Subsection (4) is added to section
13 391.055, Florida Statutes, to read:

14 391.055 Service delivery systems.--

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

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

23 391.302 Definitions.--As used in ss. 391.301-391.307,
24 the term:

25 (1) "Developmental intervention" means individualized
26 therapies and services needed to enhance both the infant's or
27 toddler's growth and development and family functioning.

28 ~~(2) "Hearing impaired infant" means an infant who is~~
29 ~~born with or who has acquired prelingually a hearing loss so~~
30 ~~severe that, unaided, the infant cannot learn speech and~~
31 ~~language through normal means.~~

1 ~~(3) "High risk hearing impaired infant" means an~~
2 ~~infant who exhibits conditions and factors that include, but~~
3 ~~are not limited to, a family history of hearing impairment or~~
4 ~~anatomic malformation which place the infant at an increased~~
5 ~~risk for hearing impairment.~~

6 (2)~~(4)~~ "Infant or toddler" means a child from birth
7 until the child's third birthday.

8 (3)~~(5)~~ "In-hospital intervention services" means the
9 provision of assessments; the provision of individualized
10 services ~~therapies~~; monitoring and modifying the delivery of
11 medical interventions; and enhancing the environment for the
12 high-risk, developmentally disabled, or medically involved, ~~or~~
13 ~~hearing impaired~~ infant or toddler in order to achieve optimum
14 growth and development.

15 (4)~~(6)~~ "Parent support and training" means a range of
16 services to families of high-risk, developmentally disabled,
17 or medically involved, ~~or hearing impaired~~ infants or
18 toddlers, including family counseling; financial planning;
19 agency referral; development of parent-to-parent support
20 groups; education concerning growth, development, and
21 developmental intervention and objective measurable skills,
22 including abuse avoidance skills; training of parents to
23 advocate for their child; and bereavement counseling.

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

26 391.303 Program requirements.--

27 (1) Developmental evaluation and intervention services
28 shall be established at each hospital that provides Level II
29 or Level III neonatal intensive care services. Program
30 services shall be made available to an infant or toddler
31 identified as being at risk for developmental disabilities, or

1 identified as medically involved, who, along with his or her
2 family, would benefit from program services. Program services
3 shall be made available to infants or toddlers in a Level II
4 or Level III neonatal intensive care unit or in a pediatric
5 intensive care unit, ~~infants who are identified as being at~~
6 ~~high risk for hearing impairment or who are hearing impaired,~~
7 or infants who have a metabolic or genetic disorder or a
8 condition identified through the newborn screening program.
9 The developmental evaluation and intervention programs are
10 subject to the availability of moneys and the limitations
11 established by the General Appropriations Act or chapter 216.
12 ~~Hearing screening,~~ Evaluation and referral services, and
13 initial developmental assessments services shall be provided
14 to each infant or toddler. Other program services may be
15 provided to an infant or toddler, and the family of the infant
16 or toddler, who do not meet the financial eligibility criteria
17 for the Children's Medical Services program based on the
18 availability of funding, including insurance and fees.

19 (2) Each developmental evaluation and intervention
20 program shall have a program director, a medical director, and
21 necessary staff to carry out the program. The program director
22 shall establish and coordinate the developmental evaluation
23 and intervention program. The program shall include, but is
24 not limited to:

25 (a) In-hospital evaluation and intervention services,
26 parent support and training, and family support planning and
27 case management.

28 ~~(b) Screening and evaluation services to identify each~~
29 ~~infant at risk of hearing impairment, and a medical and~~
30 ~~educational followup and care management program for an infant~~
31 ~~who is identified as hearing impaired, with management~~

1 ~~beginning as soon after birth as practicable. The medical~~
2 ~~management program must include the genetic evaluation of an~~
3 ~~infant suspected to have genetically determined deafness and~~
4 ~~an evaluation of the relative risk.~~

5 (b)(e) Regularly held multidisciplinary team meetings
6 to develop and update the family support plan. In addition to
7 the family, a multidisciplinary team may include a physician,
8 physician assistant, psychologist, psychotherapist, educator,
9 social worker, nurse, physical or occupational therapist,
10 speech pathologist, developmental evaluation and intervention
11 program director, case manager, others who are involved with
12 the in-hospital and posthospital discharge care plan, and
13 anyone the family wishes to include as a member of the team.
14 The family support plan is a written plan that describes the
15 infant or toddler, the ~~therapies and~~ services the infant or
16 toddler and his or her family need, and the intended outcomes
17 of the services.

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

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

26 (e)(f) Followup intervention services after hospital
27 discharge, to aid the family and the high-risk,
28 developmentally disabled, or medically involved, ~~or~~
29 ~~hearing impaired~~ infant's or toddler's transition into the
30 community. Support services shall be coordinated at the
31

1 request of the family and within the context of the family
2 support plan.

3 ~~(f)(g)~~ Referral to and coordination of services with
4 community providers.

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

10 ~~(h)(i)~~ Involvement of the parents and guardians of
11 each identified high-risk, developmentally disabled, or
12 medically involved, ~~or hearing impaired~~ infant or toddler.

13 Section 22. Section 391.308, Florida Statutes, is
14 created to read:

15 391.308 Infants and Toddlers Early Intervention
16 Program.--The Department of Health may implement and
17 administer Part C of the federal Individuals with Disabilities
18 Education Act (IDEA).

19 (1) The department, jointly with the Department of
20 Education, shall annually prepare a grant application to the
21 United States Department of Education for funding early
22 intervention services for infants and toddlers with
23 disabilities, from birth through 36 months of age, and their
24 families pursuant to Part C of the federal Individuals with
25 Disabilities Education Act.

26 (2) The department, jointly with the Department of
27 Education, shall include a reading initiative as an early
28 intervention service for infants and toddlers.

29 Section 23. Subsection (1) of section 395.003, Florida
30 Statutes, is amended to read:

31

1 395.003 Licensure; issuance, renewal, denial,
2 modification, suspension, and revocation.--

3 (1)(a) ~~A No~~ person may not ~~shall~~ establish, conduct,
4 or maintain a hospital, ambulatory surgical center, or mobile
5 surgical facility in this state without first obtaining a
6 license under this part.

7 (b)1. It is unlawful for ~~a any~~ person to use or
8 advertise to the public, in any way or by any medium
9 whatsoever, any facility as a "hospital," "ambulatory surgical
10 center," or "mobile surgical facility" unless such facility
11 has first secured a license under the provisions of this part.

12 2. ~~Nothing in~~ This part does not apply ~~applies~~ to
13 veterinary hospitals or to commercial business establishments
14 using the word "hospital," "ambulatory surgical center," or
15 "mobile surgical facility" as a part of a trade name if no
16 treatment of human beings is performed on the premises of such
17 establishments.

18 3. By December 31, 2004, the agency shall submit a
19 report to the President of the Senate and the Speaker of the
20 House of Representatives recommending whether it is in the
21 public interest to allow a hospital to license or operate an
22 emergency department located off the premises of the hospital.
23 If the agency finds it to be in the public interest, the
24 report shall also recommend licensure criteria for such
25 medical facilities, including criteria related to quality of
26 care and, if deemed necessary, the elimination of the
27 possibility of confusion related to the service capabilities
28 of such facility in comparison to the service capabilities of
29 an emergency department located on the premises of the
30 hospital. Until July 1, 2005, additional emergency departments
31

1 located off the premises of licensed hospitals may not be
2 authorized by the agency.

3 Section 24. Present subsections (3) and (4) of section
4 395.1027, Florida Statutes, are redesignated as subsections
5 (4) and (5), respectively, and a new subsection (3) is added
6 to that section, to read:

7 395.1027 Regional poison control centers.--

8 (3) Upon request, a licensed facility shall release to
9 a regional poison control center any patient information that
10 is necessary for case management of poison cases.

11 Section 25. Section 395.404, Florida Statutes, is
12 amended to read:

13 395.404 Review of trauma registry data; report to
14 central registry; confidentiality and limited release.--

15 (1)(a) Each trauma center shall furnish, and, upon
16 request of the department, all acute care hospitals shall
17 furnish for department review, trauma registry data as
18 prescribed by rule of the department for the purpose of
19 monitoring patient outcome and ensuring compliance with the
20 standards of approval.

21 (b) Trauma registry data obtained pursuant to this
22 subsection are confidential and exempt from the provisions of
23 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
24 However, the department may provide such trauma registry data
25 to the person, trauma center, hospital, emergency medical
26 service provider, local or regional trauma agency, medical
27 examiner, or other entity from which the data were obtained.
28 The department may also use or provide trauma registry data
29 for purposes of research in accordance with the provisions of
30 chapter 405.

31

1 (2) Each trauma center, pediatric trauma referral
2 center, and acute care hospital shall report to the
3 department's brain and spinal cord injury central registry,
4 consistent with the procedures and timeframes of s. 381.74,
5 any person who has a moderate-to-severe brain or spinal cord
6 injury, and shall include in the report the name, age,
7 residence, and type of disability of the individual and any
8 additional information that the department finds necessary.
9 ~~Notwithstanding the provisions of s. 381.74, each trauma~~
10 ~~center and acute care hospital shall submit severe disability~~
11 ~~and head injury registry data to the department as provided by~~
12 ~~rule. Each trauma center and acute care hospital shall~~
13 ~~continue to provide initial notification of persons who have~~
14 ~~severe disabilities and head injuries to the Department of~~
15 ~~Health within timeframes provided in chapter 413. Such initial~~
16 ~~notification shall be made in the manner prescribed by the~~
17 ~~Department of Health for the purpose of providing timely~~
18 ~~vocational rehabilitation services to the severely disabled or~~
19 ~~head injured person.~~

20 ~~(3) Trauma registry data obtained pursuant to this~~
21 ~~section are confidential and exempt from the provisions of s.~~
22 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~
23 ~~However, the department may provide such trauma registry data~~
24 ~~to the person, trauma center, pediatric trauma referral~~
25 ~~center, hospital, emergency medical service provider, local or~~
26 ~~regional trauma agency, medical examiner, or other entity from~~
27 ~~which the data were obtained. The department may also use or~~
28 ~~provide trauma registry data for purposes of research in~~
29 ~~accordance with the provisions of chapter 405.~~

30

31

1 Section 26. Subsections (3) and (4) of section
2 400.9905, Florida Statutes, are amended, and subsections (5),
3 (6), and (7) are added to that section, to read:

4 400.9905 Definitions.--

5 (3) "Clinic" means an entity at which health care
6 services are provided to individuals and which tenders charges
7 for reimbursement for such services, including a mobile clinic
8 and a portable equipment provider. For purposes of this part,
9 the term does not include and the licensure requirements of
10 this part do not apply to:

11 (a) Entities licensed or registered by the state under
12 chapter 395; or entities licensed or registered by the state
13 and providing only health care services within the scope of
14 services authorized under their respective licenses granted
15 under ss. 383.30-383.335, chapter 390, chapter 394, ~~chapter~~
16 ~~395~~, chapter 397, this chapter except part XIII, chapter 463,
17 chapter 465, chapter 466, chapter 478, part I of chapter 483
18 ~~480~~, chapter 484, or chapter 651, end-stage renal disease
19 providers authorized under 42 C.F.R. part 405, subpart U, or
20 providers certified under 42 C.F.R. part 485, subpart B or
21 subpart H, or any entity that provides neonatal or pediatric
22 hospital-based healthcare services by licensed practitioners
23 solely within a hospital licensed under chapter 395.

24 (b) Entities that own, directly or indirectly,
25 entities licensed or registered by the state pursuant to
26 chapter 395; or entities that own, directly or indirectly,
27 entities licensed or registered by the state and providing
28 only health care services within the scope of services
29 authorized pursuant to their respective licenses granted under
30 ss. 383.30-383.335, chapter 390, chapter 394, ~~chapter 395~~,
31 chapter 397, this chapter except part XIII, chapter 463,

1 chapter 465, chapter 466, chapter 478, part I of chapter 483
2 ~~480~~, chapter 484, or chapter 651, end-stage renal disease
3 providers authorized under 42 C.F.R. part 405, subpart U, or
4 providers certified under 42 C.F.R. part 485, subpart B or
5 subpart H, or any entity that provides neonatal or pediatric
6 hospital-based healthcare services by licensed practitioners
7 solely within a hospital licensed under chapter 395.

8 (c) Entities that are owned, directly or indirectly,
9 by an entity licensed or registered by the state pursuant to
10 chapter 395; or entities that are owned, directly or
11 indirectly, by an entity licensed or registered by the state
12 and providing only health care services within the scope of
13 services authorized pursuant to their respective licenses
14 granted under ss. 383.30-383.335, chapter 390, chapter 394,
15 ~~chapter 395,~~ chapter 397, this chapter except part XIII,
16 chapter 463, chapter 465, chapter 466, chapter 478, part I of
17 chapter 483 ~~480~~, chapter 484, or chapter 651, end-stage renal
18 disease providers authorized under 42 C.F.R. part 405, subpart
19 U, or providers certified under 42 C.F.R. part 485, subpart B
20 or subpart H, or any entity that provides neonatal or
21 pediatric hospital-based healthcare services by licensed
22 practitioners solely within a hospital licensed under chapter
23 395.

24 (d) Entities that are under common ownership, directly
25 or indirectly, with an entity licensed or registered by the
26 state pursuant to chapter 395; or entities that are under
27 common ownership, directly or indirectly, with an entity
28 licensed or registered by the state and providing only health
29 care services within the scope of services authorized pursuant
30 to its respective license granted under ss. 383.30-383.335,
31 chapter 390, chapter 394, ~~chapter 395,~~ chapter 397, this

1 chapter except part XIII, chapter 463, chapter 465, chapter
2 466, chapter 478, part I of chapter 483 480, chapter 484, or
3 chapter 651, end-stage renal disease providers authorized
4 under 42 C.F.R. part 405, subpart U, or providers certified
5 under 42 C.F.R. part 485, subpart B or subpart H, or any
6 entity that provides neonatal or pediatric hospital-based
7 services by licensed practitioners solely within a hospital
8 licensed under chapter 395.

9 (e) An entity that is exempt from federal taxation
10 under 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), ~~and~~ any
11 community college or university clinic, and any entity owned
12 or operated by federal or state government, including
13 agencies, subdivisions, or municipalities thereof.

14 (f) A sole proprietorship, group practice,
15 partnership, or corporation that provides health care services
16 by physicians covered by s. 627.419, that is directly
17 supervised by one or more of such physicians, and that is
18 wholly owned by one or more of those physicians or by a
19 physician and the spouse, parent, child, or sibling of that
20 physician.

21 (g)(f) A sole proprietorship, group practice,
22 partnership, or corporation that provides health care services
23 by licensed health care practitioners under chapter 457,
24 chapter 458, chapter 459, chapter 460, chapter 461, chapter
25 462, chapter 463, chapter 466, chapter 467, chapter 480,
26 chapter 484, chapter 486, chapter 490, chapter 491, or part I,
27 part III, part X, part XIII, or part XIV of chapter 468, or s.
28 464.012, which are wholly owned by one or more ~~a~~ licensed
29 health care practitioners ~~practitioner~~, or the licensed health
30 care practitioners set forth in this paragraph ~~practitioner~~
31 and the spouse, parent, ~~or~~ child, or sibling of a licensed

1 health care practitioner, so long as one of the owners who is
2 a licensed health care practitioner is supervising the
3 services performed therein and is legally responsible for the
4 entity's compliance with all federal and state laws. However,
5 a health care practitioner may not supervise services beyond
6 the scope of the practitioner's license, except that, for the
7 purposes of this part, a clinic owned by a licensee in s.
8 456.053(3)(b) that provides only services authorized pursuant
9 to s. 456.053(3)(b) may be supervised by a licensee specified
10 in s. 456.053(3)(b).

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

14 (i) Entities that provide only oncology or radiation
15 therapy services by physicians licensed under chapter 458 or
16 459.

17 (4) "Medical director" means a physician who is
18 employed or under contract with a clinic and who maintains a
19 full and unencumbered physician license in accordance with
20 chapter 458, chapter 459, chapter 460, or chapter 461.
21 However, if the clinic does not provide services pursuant to
22 the respective physician practice acts listed in this
23 subsection, it is limited to providing health care services
24 pursuant to chapter 457, chapter 484, chapter 486, chapter
25 490, or chapter 491 or part I, part III, part X, part XIII, or
26 part XIV of chapter 468, the clinic may appoint a
27 Florida-licensed health care practitioner who does not provide
28 services pursuant to the respective physician practice acts
29 listed in this subsection licensed under that chapter to serve
30 as a clinic director who is responsible for the clinic's
31 activities. A health care practitioner may not serve as the

1 clinic director if the services provided at the clinic are
2 beyond the scope of that practitioner's license, except that a
3 licensee specified in s. 456.053(3)(b) that provides only
4 services authorized pursuant to s. 456.053(3)(b) may serve as
5 clinic director of an entity providing services as specified
6 in s. 456.053(3)(b).

7 (5) "Mobile clinic" means a movable or detached
8 self-contained health care unit within or from which direct
9 health care services are provided to individuals and that
10 otherwise meets the definition of a clinic in subsection (3).

11 (6) "Portable equipment provider" means an entity that
12 contracts with or employs persons to provide portable
13 equipment to multiple locations performing treatment or
14 diagnostic testing of individuals, that bills third-party
15 payors for those services, and that otherwise meets the
16 definition of a clinic in subsection (3).

17 (7) "Chief financial officer" means an individual who
18 has at least a minimum of a bachelor's degree from an
19 accredited university in accounting, finance, or a related
20 field and is the person responsible for the preparation of the
21 clinic billing.

22 Section 27. The creation of paragraph 400.9905(3)(i),
23 Florida Statutes, by this act is intended to clarify the
24 legislative intent of this provision as it existed at the time
25 the provision initially took effect as section 456.0375(1)(b),
26 Florida Statutes, and paragraph 400.9905(3)(i), Florida
27 Statutes, as created by this act, shall operate retroactively
28 to October 1, 2001. Nothing in this section shall be construed
29 as amending, modifying, limiting, or otherwise affecting in
30 any way the legislative intent, scope, terms, prohibition, or
31 requirements of section 456.053, Florida Statutes.

1 Section 28. Subsections (1), (2), and (3) and
2 paragraphs (a) and (b) of subsection (7) of section 400.991,
3 Florida Statutes, are amended to read:

4 400.991 License requirements; background screenings;
5 prohibitions.--

6 (1)(a) Each clinic, as defined in s. 400.9905, must be
7 licensed and shall at all times maintain a valid license with
8 the agency. Each clinic location shall be licensed separately
9 regardless of whether the clinic is operated under the same
10 business name or management as another clinic.

11 (b) Each mobile clinic must obtain a separate health
12 care clinic license and clinics must provide to the agency, at
13 least quarterly, its ~~their~~ projected street location ~~locations~~
14 to enable the agency to locate and inspect such clinic
15 ~~clinics~~. A portable equipment provider must obtain a health
16 care clinic license for a single administrative office and is
17 not required to submit quarterly projected street locations.

18 (2) The initial clinic license application shall be
19 filed with the agency by all clinics, as defined in s.
20 400.9905, on or before July ~~March~~ 1, 2004. A clinic license
21 must be renewed biennially.

22 (3) Applicants that submit an application on or before
23 July ~~March~~ 1, 2004, which meets all requirements for initial
24 licensure as specified in this section shall receive a
25 temporary license until the completion of an initial
26 inspection verifying that the applicant meets all requirements
27 in rules authorized by s. 400.9925. However, a clinic engaged
28 in magnetic resonance imaging services may not receive a
29 temporary license unless it presents evidence satisfactory to
30 the agency that such clinic is making a good faith effort and
31

1 substantial progress in seeking accreditation required under
2 s. 400.9935.

3 (7) Each applicant for licensure shall comply with the
4 following requirements:

5 (a) As used in this subsection, the term "applicant"
6 means individuals owning or controlling, directly or
7 indirectly, 5 percent or more of an interest in a clinic; the
8 medical or clinic director, or a similarly titled person who
9 is responsible for the day-to-day operation of the licensed
10 clinic; the financial officer or similarly titled individual
11 who is responsible for the financial operation of the clinic;
12 and licensed health care practitioners ~~medical providers~~ at
13 the clinic.

14 (b) Upon receipt of a completed, signed, and dated
15 application, the agency shall require background screening of
16 the applicant, in accordance with the level 2 standards for
17 screening set forth in chapter 435. Proof of compliance with
18 the level 2 background screening requirements of chapter 435
19 which has been submitted within the previous 5 years in
20 compliance with any other health care licensure requirements
21 of this state is acceptable in fulfillment of this paragraph.
22 Applicants who own less than 10 percent of a health care
23 clinic are not required to submit fingerprints under this
24 section.

25 Section 29. Subsections (1), (9), and (11) of section
26 400.9935, Florida Statutes, are amended to read:

27 400.9935 Clinic responsibilities.--

28 (1) Each clinic shall appoint a medical director or
29 clinic director who shall agree in writing to accept legal
30 responsibility for the following activities on behalf of the
31 clinic. The medical director or the clinic director shall:

1 (a) Have signs identifying the medical director or
2 clinic director posted in a conspicuous location within the
3 clinic readily visible to all patients.

4 (b) Ensure that all practitioners providing health
5 care services or supplies to patients maintain a current
6 active and unencumbered Florida license.

7 (c) Review any patient referral contracts or
8 agreements executed by the clinic.

9 (d) Ensure that all health care practitioners at the
10 clinic have active appropriate certification or licensure for
11 the level of care being provided.

12 (e) Serve as the clinic records owner as defined in s.
13 456.057.

14 (f) Ensure compliance with the recordkeeping, office
15 surgery, and adverse incident reporting requirements of
16 chapter 456, the respective practice acts, and rules adopted
17 under this part.

18 (g) Conduct systematic reviews of clinic billings to
19 ensure that the billings are not fraudulent or unlawful. Upon
20 discovery of an unlawful charge, the medical director or
21 clinic director shall take immediate corrective action. If the
22 clinic performs only the technical component of magnetic
23 resonance imaging, static radiographs, computed tomography, or
24 positron emission tomography, and provides the professional
25 interpretation of such services, in a fixed facility that is
26 accredited by the Joint Commission on Accreditation of
27 Healthcare Organizations or the Accreditation Association for
28 Ambulatory Health Care, and the American College of Radiology;
29 and if, in the preceding quarter, the percentage of scans
30 performed by that clinic which was billed to all personal
31 injury protection insurance carriers was less than 15 percent,

1 the chief financial officer of the clinic may, in a written
2 acknowledgement provided to the agency, assume the
3 responsibility for the conduct of the systematic reviews of
4 clinic billings to ensure that the billings are not fraudulent
5 or unlawful.

6 (9) Any person or entity providing health care
7 services which is not a clinic, as defined under s. 400.9905,
8 may voluntarily apply for a certificate of exemption from
9 licensure under its exempt status with the agency on a form
10 that sets forth its name or names and addresses, a statement
11 of the reasons why it cannot be defined as a clinic, and other
12 information deemed necessary by the agency. An exemption is
13 not transferable. The agency may charge an applicant for a
14 certificate of exemption \$100 or the actual cost, whichever is
15 less, for processing the certificate.

16 (11)(a) Each clinic engaged in magnetic resonance
17 imaging services must be accredited by the Joint Commission on
18 Accreditation of Healthcare Organizations, the American
19 College of Radiology, or the Accreditation Association for
20 Ambulatory Health Care, within 1 year after licensure.
21 However, a clinic may request a single, 6-month extension if
22 it provides evidence to the agency establishing that, for good
23 cause shown, such clinic can not be accredited within 1 year
24 after licensure, and that such accreditation will be completed
25 within the 6-month extension. After obtaining accreditation as
26 required by this subsection, each such clinic must maintain
27 accreditation as a condition of renewal of its license.

28 (b) The agency may ~~deny~~ ~~disallow~~ the application or
29 revoke the license of any entity formed for the purpose of
30 avoiding compliance with the accreditation provisions of this
31 subsection and whose principals were previously principals of

1 an entity that was unable to meet the accreditation
2 requirements within the specified timeframes. The agency may
3 adopt rules as to the accreditation of magnetic resonance
4 imaging clinics.

5 Section 30. Subsections (1) and (3) of section
6 400.995, Florida Statutes, are amended, and subsection (10) is
7 added to said section, to read:

8 400.995 Agency administrative penalties.--

9 (1) The agency may deny the application for a license
10 renewal, revoke or suspend the license, and impose
11 administrative fin~~es~~ ~~penalties against clinics~~ of up to \$5,000
12 per violation for violations of the requirements of this part
13 or rules of the agency. In determining if a penalty is to be
14 imposed and in fixing the amount of the fine, the agency shall
15 consider the following factors:

16 (a) The gravity of the violation, including the
17 probability that death or serious physical or emotional harm
18 to a patient will result or has resulted, the severity of the
19 action or potential harm, and the extent to which the
20 provisions of the applicable laws or rules were violated.

21 (b) Actions taken by the owner, medical director, or
22 clinic director to correct violations.

23 (c) Any previous violations.

24 (d) The financial benefit to the clinic of committing
25 or continuing the violation.

26 (3) Any action taken to correct a violation shall be
27 documented in writing by the owner, medical director, or
28 clinic director of the clinic and verified through followup
29 visits by agency personnel. The agency may impose a fine and,
30 in the case of an owner-operated clinic, revoke or deny a
31 clinic's license when a clinic medical director or clinic

1 director ~~knowingly fraudulently~~ misrepresents actions taken to
2 correct a violation.

3 (10) If the agency issues a notice of intent to deny a
4 license application after a temporary license has been issued
5 pursuant to s. 400.991(3), the temporary license shall expire
6 on the date of the notice and may not be extended during any
7 proceeding for administrative or judicial review pursuant to
8 chapter 120.

9 Section 31. The agency shall refund 90 percent of the
10 license application fee to applicants that submitted their
11 health care clinic licensure fees and applications but were
12 subsequently exempted from licensure by this act.

13 Section 32. Any person or entity defined as a clinic
14 under s. 400.9905, Florida Statutes, shall not be in violation
15 of part XIII of chapter 400, Florida Statutes, due to failure
16 to apply for a clinic license by March 1, 2004, as previously
17 required by s. 400.991, Florida Statutes. Payment to any such
18 person or entity by an insurer or other person liable for
19 payment to such person or entity may not be denied on the
20 grounds that the person or entity failed to apply for or
21 obtain a clinic license before March 1, 2004.

22 Section 33. Paragraph (h) is added to subsection (3)
23 of section 400.9905, Florida Statutes, to read:

24 400.9905 Definitions.--

25 (3) "Clinic" means an entity at which health care
26 services are provided to individuals and which tenders charges
27 for reimbursement for such services. For purposes of this
28 part, the term does not include and the licensure requirements
29 of this part do not apply to:

30
31

1 (h) Entities that provide only oncology or radiation
2 therapy services by physicians licensed under chapter 458 or
3 chapter 459.

4 Section 34. The amendment made by this act to section
5 400.9905(3), Florida Statutes, is intended to clarify the
6 legislative intent of this provision as it existed at the time
7 the provision initially took effect as section 456.0375(1)(b),
8 Florida Statutes, and section 400.9905(3)(h), Florida
9 Statutes, as created by this act, shall operate retroactively
10 to October 1, 2001.

11 Section 35. Section 401.211, Florida Statutes, is
12 amended to read:

13 401.211 Legislative intent.--The Legislature
14 recognizes that the systematic provision of emergency medical
15 services saves lives and reduces disability associated with
16 illness and injury. In addition, that system of care must be
17 equally capable of assessing, treating, and transporting
18 children, adults, and frail elderly persons. Further, it is
19 the intent of the Legislature to encourage the development and
20 maintenance of emergency medical services because such
21 services are essential to the health and well-being of all
22 citizens of the state. The Legislature also recognizes that
23 the establishment of a comprehensive statewide
24 injury-prevention program supports state and community health
25 systems by further enhancing the total delivery system of
26 emergency medical services and reduces injuries for all
27 persons. The purpose of this part is to protect and enhance
28 the public health, welfare, and safety through the
29 establishment of an emergency medical services state plan, an
30 advisory council, a comprehensive statewide injury-prevention
31 program, minimum standards for emergency medical services

1 personnel, vehicles, services and medical direction, and the
2 establishment of a statewide inspection program created to
3 monitor the quality of patient care delivered by each licensed
4 service and appropriately certified personnel.

5 Section 36. Section 401.243, Florida Statutes, is
6 created to read:

7 401.243 Injury prevention.--The department shall
8 establish an injury-prevention program with responsibility for
9 the statewide coordination and expansion of injury-prevention
10 activities. The duties of the department under the program may
11 include, but are not limited to, data collection,
12 surveillance, education, and the promotion of interventions.
13 In addition, the department may:

14 (1) Provide communities, county health departments,
15 and other state agencies with expertise and guidance in injury
16 prevention.

17 (2) Seek, receive, and expend funds received from
18 grants, donations, or contributions from public or private
19 sources for program purposes.

20 (3) Develop, and revise as necessary, a comprehensive
21 state plan for injury prevention.

22 (4) Adopt rules governing the implementation of grant
23 programs. The rules may include, but need not be limited to,
24 criteria regarding the application process, the selection of
25 grantees, the implementation of injury-prevention activities,
26 data collection, surveillance, education, and the promotion of
27 interventions.

28 Section 37. Subsection (4) of section 404.056, Florida
29 Statutes, is amended to read:

30 404.056 Environmental radiation standards and
31 projects; certification of persons performing measurement or

1 mitigation services; mandatory testing; notification on real
2 estate documents; rules.--

3 (4) MANDATORY TESTING.--All public and private school
4 buildings or school sites housing students in kindergarten
5 through grade 12; all state-owned, state-operated,
6 state-regulated, or state-licensed 24-hour care facilities;
7 and all state-licensed day care centers for children or minors
8 which are located in counties designated within the Department
9 of Community Affairs' Florida Radon Protection Map Categories
10 as "Intermediate" or "Elevated Radon Potential" shall be
11 measured to determine the level of indoor radon, using
12 measurement procedures established by the department. Initial
13 measurements ~~Testing~~ shall be conducted ~~completed within the~~
14 ~~first year of construction~~ in 20 percent of the habitable
15 first floor spaces within any of the regulated buildings and-
16 ~~Initial measurements~~ shall be completed and reported to the
17 department within 1 ~~by July 1 of the~~ year after the date the
18 building is opened for occupancy or within 1 year after
19 license approval for the entity residing in the existing
20 building. Followup testing must be completed in 5 percent of
21 the habitable first floor spaces within any of the regulated
22 buildings after the building has been occupied for 5 years,
23 and results must be reported to the department by the first
24 day ~~July 1~~ of the 6th ~~5th~~ year of occupancy. After radon
25 measurements have been made twice, regulated buildings need
26 not undergo further testing unless significant structural
27 changes occur. No funds collected pursuant to s. 553.721 shall
28 be used to carry out the provisions of this subsection.

29 Section 38. Subsection (1) and paragraph (g) of
30 subsection (3) of section 468.302, Florida Statutes, are
31 amended to read:

1 468.302 Use of radiation; identification of certified
2 persons; limitations; exceptions.--

3 (1) Except as ~~hereinafter~~ provided in this section, a
4 ~~no~~ person may not shall use radiation or otherwise practice
5 radiologic technology on a human being unless he or she:

6 (a) Is a licensed practitioner; or

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

11 (3)

12 (g)1. A person holding a certificate as a nuclear
13 medicine technologist may only:

14 a. Conduct in vivo and in vitro measurements of
15 radioactivity and administer radiopharmaceuticals to human
16 beings for diagnostic and therapeutic purposes.

17 b. Administer X radiation from a combination nuclear
18 medicine-computed tomography device if that radiation is
19 administered as an integral part of a nuclear medicine
20 procedure that uses an automated computed tomography protocol
21 for the purposes of attenuation correction and anatomical
22 localization and the person has received device-specific
23 training on the combination device. However,

24 2. The authority of a nuclear medicine technologist
25 under this paragraph excludes:

26 a. Radioimmunoassay and other clinical laboratory
27 testing regulated pursuant to chapter 483;~~;~~

28 b. Creating or modifying automated computed tomography
29 protocols; and

30 c. Any other operation of a computed tomography
31 device, especially for the purposes of stand-alone diagnostic

1 imaging, which must be performed by a general radiographer
2 certified under this part.

3 Section 39. Section 468.304, Florida Statutes, is
4 amended to read:

5 468.304 Certification ~~examination; admission.~~--The
6 department shall certify ~~admit to examination for~~
7 ~~certification~~ any applicant who meets the following criteria
8 ~~pays to the department a nonrefundable fee not to exceed \$100~~
9 ~~plus the actual per applicant cost to the department for~~
10 ~~purchasing the examination from a national organization and~~
11 ~~submits satisfactory evidence, verified by oath or~~
12 ~~affirmation, that she or he:~~

13 (1) Pays to the department a nonrefundable fee that
14 may not exceed \$100, plus the actual per-applicant cost to the
15 department for purchasing the examination from a national
16 organization.

17 (2) Submits a completed application on a form
18 specified by the department. An incomplete application expires
19 6 months after initial filing. The application must include
20 the social security number of the applicant. Each applicant
21 shall notify the department in writing of his or her current
22 mailing address. Notwithstanding any other law, service by
23 regular mail to an applicant's last reported mailing address
24 constitutes adequate and sufficient notice of any official
25 departmental communication to the applicant.

26 (3) Submits satisfactory evidence, verified by oath or
27 affirmation, that she or he:

28 (a)~~(1)~~ Is at least 18 years of age at the time of
29 application;

30 (b)~~(2)~~ Is a high school, vocational school, technical
31 school, or college graduate or has successfully completed the

1 requirements for a graduate equivalency diploma (GED) or its
2 equivalent;
3 ~~(c)(3)~~ Is of good moral character; ~~and~~
4 (d) Has passed an examination as specified in s.
5 468.306 or meets the requirements specified in s. 468.3065;
6 and
7 (e)1.(4)(a) Has successfully completed an educational
8 program, which program may be established in a hospital
9 licensed pursuant to chapter 395 or in an accredited
10 postsecondary academic institution which is subject to
11 approval by the department as maintaining a satisfactory
12 standard; or
13 2.a.(b)1. With respect to an applicant for a basic
14 X-ray machine operator's certificate, has completed a course
15 of study approved by the department with appropriate study
16 material provided the applicant by the department;
17 b.2. With respect to an applicant for a basic X-ray
18 machine operator-podiatric medicine certificate, has completed
19 a course of study approved by the department, provided that
20 such course of study shall be limited to that information
21 necessary to perform radiographic procedures within the scope
22 of practice of a podiatric physician licensed pursuant to
23 chapter 461;
24 c.3. With respect only to an applicant for a general
25 radiographer's certificate who is a basic X-ray machine
26 operator certificateholder, has completed an educational
27 program or a 2-year training program that takes into account
28 the types of procedures and level of supervision usually and
29 customarily practiced in a hospital, which educational or
30 training program complies with the rules of the department; or
31

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

8 (4) Submits complete documentation of any criminal
9 offense in any jurisdiction of which the applicant has been
10 found guilty, regardless of whether adjudication of guilt was
11 withheld, or to which the applicant has pled guilty or nolo
12 contendere.

13 (5) Submits complete documentation of any final
14 disciplinary action taken against the applicant by a licensing
15 or regulatory body in any jurisdiction, by a national
16 organization, or by a specialty board that is recognized by
17 the department. Disciplinary action includes revocation,
18 suspension, probation, reprimand, or being otherwise acted
19 against, including being denied certification or resigning
20 from or nonrenewal of membership taken in lieu of or in
21 settlement of a pending disciplinary case.

22
23 The department may not certify any applicant who has committed
24 an offense that would constitute a violation of any of the
25 provisions of s. 468.3101 or the rules adopted thereunder if
26 the applicant had been certified by the department at the time
27 of the offense. No application for a limited computed
28 tomography certificate shall be accepted. All persons holding
29 valid computed tomography certificates as of October 1, 1984,
30 are subject to the provisions of s. 468.309.

31

1 Section 40. Section 468.306, Florida Statutes, is
2 amended to read:

3 468.306 Examinations.--All applicants, except those
4 certified pursuant to s. 468.3065, shall be required to pass
5 an examination. The department is authorized to develop or
6 use examinations for each type of certificate. The department
7 may require an applicant who does not pass an examination
8 after five attempts to complete additional remedial education,
9 as specified by rule of the department, before admitting the
10 applicant to subsequent examinations.

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

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

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

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

1 Section 41. Section 468.3065, Florida Statutes, is
2 amended to read:

3 468.3065 Certification by endorsement.--The department
4 may issue a certificate by endorsement to practice radiologic
5 technology to an applicant who, upon applying to the
6 department and remitting a nonrefundable fee not to exceed
7 \$50, demonstrates to the department that he or she holds a
8 current certificate, license, or registration to practice
9 radiologic technology, provided that the requirements for such
10 certificate, license, or registration are deemed by the
11 department to be substantially equivalent to those established
12 under this part and rules adopted under this part ~~hereunder~~.

13 Section 42. Subsection (1) of section 468.307, Florida
14 Statutes, is amended to read:

15 468.307 Certificate; issuance; display.--

16 (1) The department shall issue a certificate to each
17 candidate who has met the requirements of ss. 468.304 and
18 468.306 or has qualified under s. 468.3065. The department may
19 by rule establish a subcategory of a certificate issued under
20 this part limiting the certificateholder to a specific
21 procedure or specific type of equipment. The first regular
22 certificate issued to a new certificateholder expires on the
23 last day of the certificateholder's birth month and shall be
24 valid for at least 12 months but no more than 24 months.
25 However, if the new certificateholder already holds a regular,
26 active certificate in a different category under this part,
27 the new certificate shall be combined with and expire on the
28 same date as the existing certificate.

29 Section 43. Section 468.309, Florida Statutes, is
30 amended to read:

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1 468.309 Certificate; duration; renewal; reversion to
2 inactive status; members of Armed Forces and spouses.--

3 (1)(a) A radiologic technologist's certificate issued
4 in accordance with this part expires as specified in rules
5 adopted by the department which establish a procedure for the
6 biennial renewal of certificates. A certificate shall be
7 renewed by the department for a period of 2 years upon payment
8 of a renewal fee in an amount not to exceed \$75 and upon
9 submission of a renewal application containing such
10 information as the department deems necessary to show that the
11 applicant for renewal is a radiologic technologist in good
12 standing and has completed any continuing education
13 requirements that the department establishes.

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

17 (c) Each certificateholder shall notify the department
18 in writing of his or her current mailing address and place of
19 practice. Notwithstanding any other law, service by regular
20 mail to a certificateholder's last reported mailing address
21 constitutes adequate and sufficient notice of any official
22 departmental communication to the certificateholder.

23 (2) The department shall adopt rules establishing a
24 procedure for the biennial renewal of certificates.

25 (3) The department may, by rule, prescribe continuing
26 education requirements, not to exceed 24 hours each licensure
27 period, as a condition for renewal of a certificate. The
28 criteria for approval of continuing education providers,
29 courses, and programs shall be as specified ~~approved~~ by the
30 department. Continuing education, which may be required for
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1 persons certified under this part, may be obtained through
2 home study courses approved by the department.

3 (4) Any certificate ~~that which~~ is not renewed by its
4 expiration date at the end of the biennium prescribed by the
5 department shall automatically be placed in an expired status,
6 and the certificateholder may not practice radiologic
7 technology until the certificate has been reactivated ~~revert~~
8 ~~to an inactive status. Such certificate may be reactivated~~
9 ~~only if the certificateholder meets the other qualifications~~
10 ~~for reactivation in s. 468.3095.~~

11 (5) A certificateholder in good standing remains in
12 good standing when he or she becomes a member of the Armed
13 Forces of the United States on active duty without paying
14 renewal fees or accruing continuing education credits as long
15 as he or she is a member of the Armed Forces on active duty
16 and for a period of 6 months after discharge from active duty,
17 if he or she is not engaged in practicing radiologic
18 technology in the private sector for profit. The
19 certificateholder must pay a renewal fee and complete
20 continuing education not to exceed 12 classroom hours to renew
21 the certificate.

22 (6) A certificateholder who is in good standing
23 remains in good standing if he or she is absent from the state
24 because of his or her spouse's active duty with the Armed
25 Forces of the United States. The certificateholder remains in
26 good standing without paying renewal fees or completing
27 continuing education as long as his or her spouse is a member
28 of the Armed Forces on active duty and for a period of 6
29 months after the spouse's discharge from active duty, if the
30 certificateholder is not engaged in practicing radiologic
31 technology in the private sector for profit. The

1 certificateholder must pay a renewal fee and complete
2 continuing education not to exceed 12 classroom hours to renew
3 the certificate.

4 (7) A certificateholder may resign his or her
5 certification by submitting to the department a written,
6 notarized resignation on a form specified by the department.
7 The resignation automatically becomes effective upon the
8 department's receipt of the resignation form, at which time
9 the certificateholder's certification automatically becomes
10 null and void and may not be reactivated or renewed or used to
11 practice radiologic technology. A certificateholder who has
12 resigned may become certified again only by reapplying to the
13 department for certification as a new applicant and meeting
14 the certification requirements pursuant to s. 468.304 or s.
15 468.3065. Any disciplinary action that had been imposed on the
16 certificateholder prior to his or her resignation shall be
17 tolled until he or she again becomes certified. Any
18 disciplinary action proposed at the time of the
19 certificateholder's resignation shall be tolled until he or
20 she again becomes certified.

21 Section 44. Subsection (2) of section 468.3095,
22 Florida Statutes, is amended to read:

23 468.3095 Inactive status; reactivation; automatic
24 suspension; reinstatement.--

25 (2)(a) A certificate ~~that~~ which has been expired
26 inactive for less than 10 years ~~1 year after the end of the~~
27 ~~biennium prescribed by the department~~ may be reactivated
28 ~~renewed pursuant to s. 468.309~~ upon payment of the biennial
29 renewal fee and a late renewal fee, not to exceed \$100, and
30 submission of a reactivation application containing any
31 information that the department deems necessary to show that

1 the applicant is a radiologic technologist in good standing
2 and has met the requirements for continuing education. The
3 ~~renewed certificate shall expire 2 years after the date the~~
4 ~~certificate automatically reverted to inactive status.~~

5 ~~(b) A certificate which has been inactive for more~~
6 ~~than 1 year may be reactivated upon application to the~~
7 ~~department.~~ The department shall prescribe, by rule,
8 continuing education requirements as a condition of
9 reactivating a certificate. The continuing education
10 requirements for reactivating a certificate may shall not
11 exceed 10 classroom hours for each year the certificate was
12 expired inactive and may not shall in no event exceed 100
13 classroom hours for all years in which the certificate was
14 expired inactive.

15 (b) A certificate that has been inactive for less than
16 10 years may be reactivated by meeting all of the requirements
17 of paragraph (a) for expired certificates, except for payment
18 of the fee for late renewal.

19 (c) A certificate that which has been inactive for
20 more than 10 years or more shall automatically becomes null
21 and void and may not be reactivated, renewed, or used to
22 practice radiologic technology be suspended. A
23 certificateholder whose certificate has become null and void
24 may become certified again only by reapplying to the
25 department as a new applicant and meeting the requirements of
26 s. 468.304 or s. 468.3065.

27 (d) When an expired or inactive certificate is
28 reactivated, the reactivated certificate expires on the last
29 day of the certificateholder's birth month and shall be valid
30 for at least 12 months but no more than 24 months. However, if
31 the reactivating certificateholder already holds a regular,

1 active certificate in a different category under this part,
2 the reactivated certificate shall be combined with and expire
3 on the same date as the existing certificate. ~~One year before~~
4 the suspension, the department shall give notice to the
5 certificateholder. A suspended certificate may be reinstated
6 as provided for original issuance in s. 468.307.

7 Section 45. Subsection (1) of section 468.3101,
8 Florida Statutes, is amended, and subsections (5) and (6) are
9 added to that section, to read:

10 468.3101 Disciplinary grounds and actions.--

11 (1) The department may make or require to be made any
12 investigations, inspections, evaluations, and tests, and
13 require the submission of any documents and statements, which
14 it considers necessary to determine whether a violation of
15 this part has occurred. The following acts shall be grounds
16 for disciplinary action as set forth in this section:

17 (a) Procuring, attempting to procure, or renewing a
18 certificate to practice radiologic technology by bribery, by
19 fraudulent misrepresentation, or through an error of the
20 department.

21 (b) Having a voluntary or mandatory certificate to
22 practice radiologic technology revoked, suspended, or
23 otherwise acted against, including being denied certification,
24 by a national organization; by a specialty board recognized by
25 the department; or by a ~~the~~ certification authority of another
26 state, territory, or country.

27 (c) Being convicted or found guilty, regardless of
28 adjudication, in any jurisdiction of a crime that which
29 directly relates to the practice of radiologic technology or
30 to the ability to practice radiologic technology. Pleading A
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1 ~~plea of~~ nolo contendere shall be considered a conviction for
2 the purpose of this provision.

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

5 Pleading ~~A plea of~~ nolo contendere shall be considered a
6 conviction for the purposes of this provision.

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

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

19 (g) Being unable to practice radiologic technology
20 with reasonable skill and safety to patients by reason of
21 ~~illness; drunkenness;~~ or use of alcohol, drugs, narcotics,
22 chemicals, or other materials or as a result of any mental or
23 physical condition. A radiologic technologist affected under
24 this paragraph shall, at reasonable intervals, be afforded an
25 opportunity to demonstrate that he or she can resume the
26 competent practice of radiologic technology with reasonable
27 skill and safety.

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

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1 (i) Violating any provision of this part, any rule of
2 the department, or any lawful order of the department
3 previously entered in a disciplinary proceeding or failing to
4 comply with a lawfully issued subpoena of the department.

5 (j) Employing, for the purpose of applying ionizing
6 radiation or otherwise practicing radiologic technology on a
7 ~~to any~~ human being, any individual who is not certified under
8 the provisions of this part.

9 (k) Testing positive for any drug, as defined in s.
10 112.0455, on any confirmed preemployment or employer-required
11 drug screening when the radiologic technologist does not have
12 a lawful prescription and legitimate medical reason for using
13 such drug.

14 (l) Failing to report to the department in writing
15 within 30 days after the certificateholder has had a voluntary
16 or mandatory certificate to practice radiologic technology
17 revoked, suspended, or otherwise acted against, including
18 being denied certification, by a national organization, by a
19 specialty board recognized by the department, or by a
20 certification authority of another state, territory, or
21 country.

22 (m) Having been found guilty of, regardless of
23 adjudication, or pleading guilty or nolo contendere to, any
24 offense prohibited under s. 435.03 or under any similar
25 statute of another jurisdiction.

26 (n) Failing to comply with the recommendations of the
27 department's impaired practitioner program for treatment,
28 evaluation, or monitoring. A letter from the director of the
29 impaired practitioner program that the certificateholder is
30 not in compliance shall be considered conclusive proof under
31 this part.

1 (5) A final disciplinary action taken against a
2 radiologic technologist in another jurisdiction, whether
3 voluntary or mandatory, shall be considered conclusive proof
4 of grounds for a disciplinary proceeding under this part.

5 (6) The department may revoke approval of a continuing
6 education provider and its approved courses if the provider's
7 certification has been revoked, suspended, or otherwise acted
8 against by a national organization; by a specialty board
9 recognized by the department; or by a certification authority
10 of another state, territory, or country. The department may
11 establish by rule additional guidelines and criteria for the
12 discipline of continuing education providers, including, but
13 not limited to, revoking approval of a continuing education
14 provider or a continuing education course and refusing to
15 approve a continuing education provider or continuing
16 education course.

17 Section 46. Paragraph (a) of subsection (5) of section
18 489.553, Florida Statutes, is amended to read:

19 489.553 Administration of part; registration
20 qualifications; examination.--

21 (5) To be eligible for registration by the department
22 as a master septic tank contractor, the applicant must:

23 (a) Have been a registered septic tank contractor in
24 Florida for at least 3 years or a plumbing contractor
25 certified under part I of this chapter who has provided septic
26 tank contracting services for at least 3 years. The 3 years
27 must immediately precede the date of application and may not
28 be interrupted by any probation, suspension, or revocation
29 imposed by the licensing agency.

30 Section 47. Section 489.554, Florida Statutes, is
31 amended to read:

1 489.554 Registration renewal.--

2 (1) The department shall prescribe by rule the method
3 for ~~approving approval of~~ continuing education courses, ~~and~~
4 for ~~renewing renewal of~~ annual registration, ~~for approving~~
5 inactive status for the late filing of a renewal application,
6 for allowing a contractor to hold a registration in inactive
7 status for a specified period, and for reactivating a
8 registration.

9 (2) At a minimum, annual renewal shall include
10 continuing education requirements of not less than 6 classroom
11 hours annually for septic tank contractors and not less than
12 12 classroom hours annually for master septic tank
13 contractors. The 12 classroom hours of continuing education
14 required for master septic tank contractors may include the 6
15 classroom hours required for septic tank contractors, but at a
16 minimum must include 6 classroom hours of approved master
17 septic tank contractor coursework.

18 (3) A certificate of registration becomes inactive
19 when a renewal application is not filed in a timely manner. A
20 certificate that has become inactive may be reactivated under
21 this section by application to the department. A licensed
22 contractor may apply to the department for voluntary inactive
23 status at any time during the period of registration.

24 (4) A master septic tank contractor may elect to
25 revert to the status of a registered septic tank contractor at
26 any time during the period of registration. The department
27 shall prescribe by rule the method for a master septic tank
28 contractor who has reverted to the status of a registered
29 septic tank contractor to apply for status as a master septic
30 tank contractor.

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1 (5) The department shall deny an application for
2 renewal if the applicant has failed to pay any administrative
3 penalty imposed by the department if the penalty is final
4 agency action and all judicial reviews have been exhausted.

5 Section 48. Section 784.081, Florida Statutes, is
6 amended to read:

7 784.081 Assault or battery on specified officials or
8 employees; reclassification of offenses.--Whenever a person is
9 charged with committing an assault or aggravated assault or a
10 battery or aggravated battery upon any elected official or
11 employee of: a school district; a private school; the Florida
12 School for the Deaf and the Blind; a university developmental
13 research school; a state university or any other entity of the
14 state system of public education, as defined in s. 1000.04; an
15 employee or protective investigator of the Department of
16 Children and Family Services; ~~or~~ an employee of a lead
17 community-based provider and its direct service contract
18 providers; or an employee of the Department of Health or its
19 direct service contract providers, when the person committing
20 the offense knows or has reason to know the identity or
21 position or employment of the victim, the offense for which
22 the person is charged shall be reclassified as follows:

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

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

27 (3) In the case of battery, from a misdemeanor of the
28 first degree to a felony of the third degree.

29 (4) In the case of assault, from a misdemeanor of the
30 second degree to a misdemeanor of the first degree.

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1 Section 49. Paragraph (a) of subsection (2) of section
2 381.7355, Florida Statutes, is amended to read:

3 381.7355 Project requirements; review criteria.--

4 (2) A proposal must include each of the following
5 elements:

6 (a) The purpose and objectives of the proposal,
7 including identification of the particular racial or ethnic
8 disparity the project will address. The proposal must address
9 one or more of the following priority areas:

10 1. Decreasing racial and ethnic disparities in
11 maternal and infant mortality rates.

12 2. Decreasing racial and ethnic disparities in
13 morbidity and mortality rates relating to cancer.

14 3. Decreasing racial and ethnic disparities in
15 morbidity and mortality rates relating to HIV/AIDS.

16 4. Decreasing racial and ethnic disparities in
17 morbidity and mortality rates relating to cardiovascular
18 disease.

19 5. Decreasing racial and ethnic disparities in
20 morbidity and mortality rates relating to diabetes.

21 6. Increasing adult and child immunization rates in
22 certain racial and ethnic populations.

23 7. Decreasing racial and ethnic disparities in oral
24 health care.

25 Section 50. Present subsection (2) of section 381.005,
26 Florida Statutes, is redesignated as subsection (3), and a new
27 subsection (2) is added to that section, to read:

28 381.005 Primary and preventive health services.--

29 (2) Between October 1, or earlier if the vaccination
30 is available, and February 1 of each year, subject to the
31 availability of an adequate supply of the necessary vaccine,

1 each hospital licensed pursuant to chapter 395 shall implement
2 a program to offer immunizations against the influenza virus
3 and pneumococcal bacteria to all patients age 65 or older, in
4 accordance with the recommendations of the Advisory Committee
5 on Immunization Practices of the United States Centers for
6 Disease Control and Prevention and subject to the clinical
7 judgment of the responsible practitioner.

8 Section 51. Subsection (9) of section 381.0098,
9 paragraph (f) of subsection (2) of section 385.103, sections
10 385.205 and 385.209, subsection (3) of section 391.301,
11 subsection (2) of section 391.305, subsection (5) of section
12 393.064, and subsection (7) of section 445.033, Florida
13 Statutes, are repealed.

14 Section 52. The Technical Review and Advisory Panel of
15 the Department of Health, created by section 381.0068, Florida
16 Statutes, shall review and advise the Legislature on the need
17 and structure of a disciplinary board for the onsite sewage
18 industry. The panel shall submit a report to the Legislature
19 by January 2, 2005.

20 Section 53. Subsection (9) of section 409.907, Florida
21 Statutes, is amended to read:

22 409.907 Medicaid provider agreements.--The agency may
23 make payments for medical assistance and related services
24 rendered to Medicaid recipients only to an individual or
25 entity who has a provider agreement in effect with the agency,
26 who is performing services or supplying goods in accordance
27 with federal, state, and local law, and who agrees that no
28 person shall, on the grounds of handicap, race, color, or
29 national origin, or for any other reason, be subjected to
30 discrimination under any program or activity for which the
31 provider receives payment from the agency.

1 (9) Upon receipt of a completed, signed, and dated
2 application, and completion of any necessary background
3 investigation and criminal history record check, the agency
4 must either:

5 (a) Enroll the applicant as a Medicaid provider no
6 earlier than the effective date of the approval of the
7 provider application. With respect to providers who were
8 recently granted a change of ownership and those who primarily
9 provide emergency medical services transportation or emergency
10 services and care pursuant to s. 395.1041 or s. 401.45, or
11 services provided by entities under s. 409.91255, and
12 out-of-state providers, upon approval of the provider

13 application, the effective date of approval is considered to
14 be the date the agency receives the provider application; or

15 (b) Deny the application if the agency finds that it
16 is in the best interest of the Medicaid program to do so. The
17 agency may consider the factors listed in subsection (10), as
18 well as any other factor that could affect the effective and
19 efficient administration of the program, including, but not
20 limited to, the applicant's demonstrated ability to provide
21 services, conduct business, and operate a financially viable
22 concern; the current availability of medical care, services,
23 or supplies to recipients, taking into account geographic
24 location and reasonable travel time; the number of providers
25 of the same type already enrolled in the same geographic area;
26 and the credentials, experience, success, and patient outcomes
27 of the provider for the services that it is making application
28 to provide in the Medicaid program. The agency shall deny the
29 application if the agency finds that a provider; any officer,
30 director, agent, managing employee, or affiliated person; or
31 any partner or shareholder having an ownership interest equal

1 to 5 percent or greater in the provider if the provider is a
2 corporation, partnership, or other business entity, has failed
3 to pay all outstanding fines or overpayments assessed by final
4 order of the agency or final order of the Centers for Medicare
5 and Medicaid Services, not subject to further appeal, unless
6 the provider agrees to a repayment plan that includes
7 withholding Medicaid reimbursement until the amount due is
8 paid in full.

9 Section 54. Notwithstanding any other law or local
10 ordinance to the contrary and to ensure uniform health and
11 safety standards, the regulation, identification, and
12 packaging of meat, poultry, and fish is preempted to the state
13 and the Department of Agriculture and Consumer Services.

14 Section 55. This act shall take effect July 1, 2004.
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