

1  
2 An act relating to healthy lifestyles;  
3 providing a short title; providing legislative  
4 findings; providing definitions; providing for  
5 the establishment of a statewide comprehensive  
6 educational program on lead poisoning  
7 prevention; providing for a public information  
8 initiative; providing for distribution of  
9 literature about childhood lead poisoning;  
10 requiring the establishment of a screening  
11 program for early identification of persons at  
12 risk of elevated levels of lead in the blood;  
13 providing for screening of children; providing  
14 for prioritization of screening; providing for  
15 the maintenance of records of screenings;  
16 providing for reporting of cases of lead  
17 poisoning; providing an appropriation;  
18 providing contingencies for implementing the  
19 educational program under the act; amending s.  
20 381.0054, F.S.; requiring the Department of  
21 Health to collaborate with other state agencies  
22 in developing policies and strategies to  
23 prevent and treat obesity which shall be  
24 incorporated into agency programs; requiring  
25 the department to advise health care  
26 practitioners regarding morbidity, mortality,  
27 and costs associated with the condition of  
28 being overweight or obese; requiring the  
29 department to inform health care practitioners  
30 about clinical best practices for obesity  
31 prevention and treatment and to encourage

1 practitioners to counsel their patients  
2 regarding the adoption of healthy lifestyles;  
3 amending s. 110.123, F.S.; defining the term  
4 "age-based and gender-based benefits" for  
5 purposes of the state group insurance program;  
6 creating the Florida State Employee Wellness  
7 Council within the Department of Management  
8 Services; providing for membership; providing  
9 for reimbursement of per diem and travel  
10 expenses; providing purpose and duties of the  
11 council; providing an effective date.  
12

13 Be It Enacted by the Legislature of the State of Florida:  
14

15 Section 1. Short title.--This act may be cited as the  
16 "Lead Poisoning Prevention Screening and Education Act."

17 Section 2. Legislative findings.--

18 (1) Nearly 300,000 American children may have levels  
19 of lead in their blood in excess of 10 micrograms per  
20 deciliter (ug/dL). Unless prevented or treated, elevated  
21 blood-lead levels in egregious cases may result in impairment  
22 of the ability to think, concentrate, and learn.

23 (2) A significant cause of lead poisoning in children  
24 is the ingestion of lead particles from deteriorating  
25 lead-based paint in older, poorly maintained residences.

26 (3) Childhood lead poisoning can be prevented if  
27 parents, property-owners, health professionals, and those who  
28 work with young children are informed about the risks of  
29 childhood lead poisoning and how to prevent it.  
30  
31

1           (4) Knowledge of lead-based-paint hazards, their  
2 control, mitigation, abatement, and risk avoidance is not  
3 sufficiently widespread.

4           (5) Most children who live in older homes and who  
5 otherwise may be at risk for childhood lead poisoning are not  
6 tested for the presence of elevated lead levels in their  
7 blood.

8           (6) Testing for elevated lead levels in the blood can  
9 lead to the mitigation or prevention of the harmful effects of  
10 childhood lead poisoning and may also prevent similar injuries  
11 to other children living in the same household.

12           Section 3. Definitions.--As used in this act, the  
13 term:

14           (1) "Affected property" means a room or group of rooms  
15 within a property constructed before January 1, 1960, or  
16 within a property constructed between January 1, 1960, and  
17 January 1, 1978, where the owner has actual knowledge of the  
18 presence of lead-based paint, that form a single independent  
19 habitable dwelling unit for occupation by one or more  
20 individuals and that has living facilities with permanent  
21 provisions for living, sleeping, eating, cooking, and  
22 sanitation. Affected property does not include:

23           (a) An area not used for living, sleeping, eating,  
24 cooking, or sanitation, such as an unfinished basement;

25           (b) A unit within a hotel, motel, or similar seasonal  
26 or transient facility, unless such unit is occupied by one or  
27 more persons at risk for a period exceeding 30 days;

28           (c) An area that is secured and inaccessible to  
29 occupants; or

30           (d) A unit that is not offered for rent.  
31

1           (2) "Dust-lead hazard" means surface dust in a  
2 residential dwelling or a facility occupied by a person at  
3 risk which contains a mass-per-area concentration of lead  
4 equal to or exceeding 40 ug/ft2 on floors or 250 ug/ft2 on  
5 interior windowsills based on wipe samples.

6           (3) "Elevated blood-lead level" means a quantity of  
7 lead in whole venous blood, expressed in micrograms per  
8 deciliter (ug/dL), which exceeds 10 ug/dL or such other level  
9 as specifically provided in this act.

10           (4) "Lead-based paint" means paint or other surface  
11 coatings that contain lead equal to or exceeding 1.0 milligram  
12 per square centimeter, 0.5 percent by weight, or 5,000 parts  
13 per million (ppm) by weight.

14           (5) "Lead-based-paint hazard" means paint-lead hazards  
15 and dust-lead hazards.

16           (6) "Owner" means a person, firm, corporation,  
17 nonprofit organization, partnership, government, guardian,  
18 conservator, receiver, trustee, executor, or other judicial  
19 officer, or other entity which, alone or with others, owns,  
20 holds, or controls the freehold or leasehold title or part of  
21 the title to property, with or without actually possessing it.  
22 The definition includes a vendee who possesses the title, but  
23 does not include a mortgagee or an owner of a reversionary  
24 interest under a ground rent lease. The term includes any  
25 authorized agent of the owner, including a property manager or  
26 leasing agent.

27           (7) "Paint-lead hazard" means any one of the  
28 following:

29           (a) Any lead-based paint on a friction surface that is  
30 subject to abrasion and where the dust-lead levels on the  
31 nearest horizontal surface underneath the friction surface,

1 such as the windowsill or floor, are equal to or greater than  
2 the dust-lead-hazard levels defined in subsection (2);

3 (b) Any damaged or otherwise deteriorated lead-based  
4 paint on an impact surface that is caused by impact from a  
5 related building material, such as a door knob that knocks  
6 into a wall or a door that knocks against its door frame;

7 (c) Any chewable lead-based painted surface on which  
8 there is evidence of teeth marks; or

9 (d) Any other deteriorated lead-based paint in or on  
10 the exterior of any residential building or any facility  
11 occupied by a person at risk.

12 (8) "Person at risk" means a child under the age of 6  
13 years or a pregnant woman who resides or regularly spends at  
14 least 24 hours per week in an affected property.

15 (9) "Secretary" means the secretary of the Department  
16 of Health or a designee chosen by the secretary to administer  
17 the Lead Poisoning Prevention Screening and Education Act.

18 (10) "Tenant" means the individual named as the lessee  
19 in a lease, rental agreement, or occupancy agreement for a  
20 dwelling unit.

21 Section 4. Educational programs.--

22 (1) LEAD POISONING PREVENTION EDUCATIONAL PROGRAM  
23 ESTABLISHED.--In order to achieve the purposes of this act, a  
24 statewide, multifaceted, ongoing educational program designed  
25 to meet the needs of tenants, property owners, health care  
26 providers, early childhood educators, care providers, and  
27 realtors is established.

28 (2) PUBLIC INFORMATION INITIATIVE.--The Governor, in  
29 conjunction with the Secretary of Health and his or her  
30 designee, shall sponsor a series of public service  
31 announcements on radio, television, the Internet, and print

1 media about the nature of lead-based-paint hazards, the  
2 importance of standards for lead poisoning prevention in  
3 properties, and the purposes and responsibilities set forth in  
4 this act. In developing and coordinating this public  
5 information initiative, the sponsors shall seek the  
6 participation and involvement of private industry  
7 organizations, including those involved in real estate,  
8 insurance, mortgage banking, and pediatrics.

9       (3) DISTRIBUTION OF LITERATURE ABOUT CHILDHOOD LEAD  
10 POISONING.--By January 1, 2007, the Secretary of Health or his  
11 or her designee shall develop culturally and linguistically  
12 appropriate information pamphlets regarding childhood lead  
13 poisoning, the importance of testing for elevated blood-lead  
14 levels, prevention of childhood lead poisoning, treatment of  
15 childhood lead poisoning, and, where appropriate, the  
16 requirements of this act. These information pamphlets shall be  
17 distributed to parents or the other legal guardians of  
18 children 6 years of age or younger on the following occasions:

19       (a) By a health care provider at the time of a child's  
20 birth and at the time of any childhood immunization or  
21 vaccination unless it is established that such information  
22 pamphlet has been provided previously to the parent or legal  
23 guardian by the health care provider within the prior 12  
24 months.

25       (b) By the owner or operator of any child care  
26 facility or preschool or kindergarten class on or before  
27 October 15 of the calendar year.

28       Section 5. Screening program.--

29       (1) The secretary shall establish a program for early  
30 identification of persons at risk of having elevated  
31 blood-lead levels. Such program shall systematically screen

1 children under 6 years of age in the target populations  
2 identified in subsection (2) for the presence of elevated  
3 blood-lead levels. Children within the specified target  
4 populations shall be screened with a blood-lead test at age 12  
5 months and age 24 months, or between the ages of 36 months and  
6 72 months if they have not previously been screened. The  
7 secretary shall, after consultation with recognized  
8 professional medical groups and such other sources as the  
9 secretary deems appropriate, promulgate rules establishing:

10 (a) The means by which and the intervals at which such  
11 children under 6 years of age shall be screened for lead  
12 poisoning and elevated blood-lead levels.

13 (b) Guidelines for the medical followup on children  
14 found to have elevated blood-lead levels.

15 (2) In developing screening programs to identify  
16 persons at risk with elevated blood-lead levels, priority  
17 shall be given to persons within the following categories:

18 (a) All children enrolled in the Medicaid program at  
19 ages 12 months and 24 months, or between the ages of 36 months  
20 and 72 months if they have not previously been screened.

21 (b) Children under the age of 6 years exhibiting  
22 delayed cognitive development or other symptoms of childhood  
23 lead poisoning.

24 (c) Persons at risk residing in the same household, or  
25 recently residing in the same household, as another person at  
26 risk with a blood-lead level of 10 ug/dL or greater.

27 (d) Persons at risk residing, or who have recently  
28 resided, in buildings or geographical areas in which  
29 significant numbers of cases of lead poisoning or elevated  
30 blood-lead levels have recently been reported.  
31

1       (e) Persons at risk residing, or who have recently  
2 resided, in an affected property contained in a building that  
3 during the preceding 3 years has been subject to enforcement  
4 for violations of lead-poisoning-prevention statutes,  
5 ordinances, rules, or regulations as specified by the  
6 secretary.

7       (f) Persons at risk residing, or who have recently  
8 resided, in a room or group of rooms contained in a building  
9 whose owner also owns a building containing affected  
10 properties which during the preceding 3 years has been subject  
11 to an enforcement action for a violation of  
12 lead-poisoning-prevention statutes, ordinances, rules, or  
13 regulations.

14       (g) Persons at risk residing in other buildings or  
15 geographical areas in which the secretary reasonably  
16 determines there to be a significant risk of affected  
17 individuals having a blood-lead level of 10 ug/dL or greater.

18       (3) The secretary shall maintain comprehensive records  
19 of all screenings conducted pursuant to this section. Such  
20 records shall be indexed geographically and by owner in order  
21 to determine the location of areas of relatively high  
22 incidence of lead poisoning and other elevated blood-lead  
23 levels.

24  
25 All cases or probable cases of lead poisoning found in the  
26 course of screenings conducted pursuant to this section shall  
27 be reported to the affected individual, to his or her parent  
28 or legal guardian if he or she is a minor, and to the  
29 secretary.

30       Section 6. For the 2006-2007 fiscal year, the sum of  
31 \$308,000 in recurring general revenue funds is appropriated to



1 the Department of Health for the purpose of implementing  
2 section 5 of this act.

3           Section 7. Section 4 shall take effect only if the  
4 requirements in that section are consistent with requirements  
5 of any federal childhood lead-poisoning-prevention grant  
6 awarded to the Department of Health and if federal funds  
7 awarded with any such grant are permitted to be used to  
8 implement the requirements in that section.

9           Section 8. Subsection (1) of section 381.0054, Florida  
10 Statutes, is amended to read:

11           381.0054 Healthy lifestyles promotion.--

12           (1) The Department of Health shall promote healthy  
13 lifestyles to reduce the prevalence of excess weight gain  
14 ~~overweight~~ and obesity in Florida by implementing appropriate  
15 physical activity and nutrition programs that are directed  
16 towards ~~target~~ all Floridians by:

17           (a) Using all appropriate media to promote maximum  
18 public awareness of the latest research on healthy lifestyles  
19 and chronic diseases and disseminating relevant information  
20 through a statewide clearinghouse relating to wellness,  
21 physical activity, and nutrition and their impact on chronic  
22 diseases and disabling conditions.

23           (b) Providing technical assistance, training, and  
24 resources on healthy lifestyles and chronic diseases to the  
25 public, county health departments, health care providers,  
26 school districts, and other persons or entities, including  
27 faith-based organizations, that request such assistance to  
28 promote physical activity, nutrition, and healthy lifestyle  
29 programs.

30           (c) Developing, implementing, and using all available  
31 research methods to collect data, including, but not limited

1 to, population-specific data, and track the incidence and  
2 effects of weight gain, obesity, and related chronic diseases.  
3 The department shall include an evaluation and data collection  
4 component in all programs as appropriate.

5 (d) Partnering with the Department of Education, local  
6 communities, school districts, and other entities to encourage  
7 Florida schools to promote activities during and after school  
8 to help students meet a minimum goal of 60 minutes of activity  
9 per day.

10 (e) Partnering with the Department of Education,  
11 school districts, and the Florida Sports Foundation to develop  
12 a program that recognizes schools whose students demonstrate  
13 excellent physical fitness or fitness improvement.

14 (f) Collaborating with other state agencies to develop  
15 policies and strategies for preventing and treating obesity,  
16 which shall be incorporated into programs administered by each  
17 agency and shall include promoting healthy lifestyles of  
18 employees of each agency.

19 (g) Advising, in accordance with s. 456.081, health  
20 care practitioners licensed in this state regarding the  
21 morbidity, mortality, and costs associated with the condition  
22 of being overweight or obese, informing such practitioners of  
23 clinical best practices for preventing and treating obesity,  
24 and encouraging practitioners to counsel their patients  
25 regarding the adoption of healthy lifestyles.

26 ~~(h)(f)~~ Maximizing all local, state, and federal  
27 funding sources, including grants, public-private  
28 partnerships, and other mechanisms, to strengthen the  
29 department's current physical activity and nutrition programs  
30 and to enhance similar county health department programs.  
31

1           Section 9. Paragraph (h) of subsection (3) of section  
2 110.123, Florida Statutes, is amended, and subsection (13) is  
3 added to that section, to read:

4           110.123 State group insurance program.--

5           (3) STATE GROUP INSURANCE PROGRAM.--

6           (h)1. A person eligible to participate in the state  
7 group insurance program may be authorized by rules adopted by  
8 the department, in lieu of participating in the state group  
9 health insurance plan, to exercise an option to elect  
10 membership in a health maintenance organization plan which is  
11 under contract with the state in accordance with criteria  
12 established by this section and by said rules. The offer of  
13 optional membership in a health maintenance organization plan  
14 permitted by this paragraph may be limited or conditioned by  
15 rule as may be necessary to meet the requirements of state and  
16 federal laws.

17           2. The department shall contract with health  
18 maintenance organizations seeking to participate in the state  
19 group insurance program through a request for proposal or  
20 other procurement process, as developed by the Department of  
21 Management Services and determined to be appropriate.

22           a. The department shall establish a schedule of  
23 minimum benefits for health maintenance organization coverage,  
24 and that schedule shall include: physician services; inpatient  
25 and outpatient hospital services; emergency medical services,  
26 including out-of-area emergency coverage; diagnostic  
27 laboratory and diagnostic and therapeutic radiologic services;  
28 mental health, alcohol, and chemical dependency treatment  
29 services meeting the minimum requirements of state and federal  
30 law; skilled nursing facilities and services; prescription  
31 drugs; age-based and gender-based wellness benefits; and other

1 benefits as may be required by the department. Additional  
2 services may be provided subject to the contract between the  
3 department and the HMO. As used in this paragraph, the term  
4 "age-based and gender-based wellness benefits" includes  
5 aerobic exercise, education in alcohol and substance abuse  
6 prevention, blood cholesterol screening, health risk  
7 appraisals, blood pressure screening and education, nutrition  
8 education, program planning, safety belt education, smoking  
9 cessation, stress management, weight management, and woman's  
10 health education.

11 b. The department may establish uniform deductibles,  
12 copayments, coverage tiers, or coinsurance schedules for all  
13 participating HMO plans.

14 c. The department may require detailed information  
15 from each health maintenance organization participating in the  
16 procurement process, including information pertaining to  
17 organizational status, experience in providing prepaid health  
18 benefits, accessibility of services, financial stability of  
19 the plan, quality of management services, accreditation  
20 status, quality of medical services, network access and  
21 adequacy, performance measurement, ability to meet the  
22 department's reporting requirements, and the actuarial basis  
23 of the proposed rates and other data determined by the  
24 director to be necessary for the evaluation and selection of  
25 health maintenance organization plans and negotiation of  
26 appropriate rates for these plans. Upon receipt of proposals  
27 by health maintenance organization plans and the evaluation of  
28 those proposals, the department may enter into negotiations  
29 with all of the plans or a subset of the plans, as the  
30 department determines appropriate. Nothing shall preclude the  
31 department from negotiating regional or statewide contracts

1 with health maintenance organization plans when this is  
2 cost-effective and when the department determines that the  
3 plan offers high value to enrollees.

4 d. The department may limit the number of HMOs that it  
5 contracts with in each service area based on the nature of the  
6 bids the department receives, the number of state employees in  
7 the service area, or any unique geographical characteristics  
8 of the service area. The department shall establish by rule  
9 service areas throughout the state.

10 e. All persons participating in the state group  
11 insurance program may be required to contribute towards a  
12 total state group health premium that may vary depending upon  
13 the plan and coverage tier selected by the enrollee and the  
14 level of state contribution authorized by the Legislature.

15 3. The department is authorized to negotiate and to  
16 contract with specialty psychiatric hospitals for mental  
17 health benefits, on a regional basis, for alcohol, drug abuse,  
18 and mental and nervous disorders. The department may  
19 establish, subject to the approval of the Legislature pursuant  
20 to subsection (5), any such regional plan upon completion of  
21 an actuarial study to determine any impact on plan benefits  
22 and premiums.

23 4. In addition to contracting pursuant to subparagraph  
24 2., the department may enter into contract with any HMO to  
25 participate in the state group insurance program which:

26 a. Serves greater than 5,000 recipients on a prepaid  
27 basis under the Medicaid program;

28 b. Does not currently meet the 25-percent  
29 non-Medicare/non-Medicaid enrollment composition requirement  
30 established by the Department of Health excluding participants  
31 enrolled in the state group insurance program;

1           c. Meets the minimum benefit package and copayments  
2 and deductibles contained in sub-subparagraphs 2.a. and b.;

3           d. Is willing to participate in the state group  
4 insurance program at a cost of premiums that is not greater  
5 than 95 percent of the cost of HMO premiums accepted by the  
6 department in each service area; and

7           e. Meets the minimum surplus requirements of s.  
8 641.225.

9  
10 The department is authorized to contract with HMOs that meet  
11 the requirements of sub-subparagraphs a.-d. prior to the open  
12 enrollment period for state employees. The department is not  
13 required to renew the contract with the HMOs as set forth in  
14 this paragraph more than twice. Thereafter, the HMOs shall be  
15 eligible to participate in the state group insurance program  
16 only through the request for proposal or invitation to  
17 negotiate process described in subparagraph 2.

18           5. All enrollees in a state group health insurance  
19 plan, a TRICARE supplemental insurance plan, or any health  
20 maintenance organization plan have the option of changing to  
21 any other health plan that is offered by the state within any  
22 open enrollment period designated by the department. Open  
23 enrollment shall be held at least once each calendar year.

24           6. When a contract between a treating provider and the  
25 state-contracted health maintenance organization is terminated  
26 for any reason other than for cause, each party shall allow  
27 any enrollee for whom treatment was active to continue  
28 coverage and care when medically necessary, through completion  
29 of treatment of a condition for which the enrollee was  
30 receiving care at the time of the termination, until the  
31 enrollee selects another treating provider, or until the next

1 open enrollment period offered, whichever is longer, but no  
2 longer than 6 months after termination of the contract. Each  
3 party to the terminated contract shall allow an enrollee who  
4 has initiated a course of prenatal care, regardless of the  
5 trimester in which care was initiated, to continue care and  
6 coverage until completion of postpartum care. This does not  
7 prevent a provider from refusing to continue to provide care  
8 to an enrollee who is abusive, noncompliant, or in arrears in  
9 payments for services provided. For care continued under this  
10 subparagraph, the program and the provider shall continue to  
11 be bound by the terms of the terminated contract. Changes made  
12 within 30 days before termination of a contract are effective  
13 only if agreed to by both parties.

14           7. Any HMO participating in the state group insurance  
15 program shall submit health care utilization and cost data to  
16 the department, in such form and in such manner as the  
17 department shall require, as a condition of participating in  
18 the program. The department shall enter into negotiations with  
19 its contracting HMOs to determine the nature and scope of the  
20 data submission and the final requirements, format, penalties  
21 associated with noncompliance, and timetables for submission.  
22 These determinations shall be adopted by rule.

23           8. The department may establish and direct, with  
24 respect to collective bargaining issues, a comprehensive  
25 package of insurance benefits that may include supplemental  
26 health and life coverage, dental care, long-term care, vision  
27 care, and other benefits it determines necessary to enable  
28 state employees to select from among benefit options that best  
29 suit their individual and family needs.

30           a. Based upon a desired benefit package, the  
31 department shall issue a request for proposal or invitation to

1 negotiate for health insurance providers interested in  
2 participating in the state group insurance program, and the  
3 department shall issue a request for proposal or invitation to  
4 negotiate for insurance providers interested in participating  
5 in the non-health-related components of the state group  
6 insurance program. Upon receipt of all proposals, the  
7 department may enter into contract negotiations with insurance  
8 providers submitting bids or negotiate a specially designed  
9 benefit package. Insurance providers offering or providing  
10 supplemental coverage as of May 30, 1991, which qualify for  
11 pretax benefit treatment pursuant to s. 125 of the Internal  
12 Revenue Code of 1986, with 5,500 or more state employees  
13 currently enrolled may be included by the department in the  
14 supplemental insurance benefit plan established by the  
15 department without participating in a request for proposal,  
16 submitting bids, negotiating contracts, or negotiating a  
17 specially designed benefit package. These contracts shall  
18 provide state employees with the most cost-effective and  
19 comprehensive coverage available; however, no state or agency  
20 funds shall be contributed toward the cost of any part of the  
21 premium of such supplemental benefit plans. With respect to  
22 dental coverage, the division shall include in any  
23 solicitation or contract for any state group dental program  
24 made after July 1, 2001, a comprehensive indemnity dental plan  
25 option which offers enrollees a completely unrestricted choice  
26 of dentists. If a dental plan is endorsed, or in some manner  
27 recognized as the preferred product, such plan shall include a  
28 comprehensive indemnity dental plan option which provides  
29 enrollees with a completely unrestricted choice of dentists.  
30       b. Pursuant to the applicable provisions of s.  
31 110.161, and s. 125 of the Internal Revenue Code of 1986, the



1 department shall enroll in the pretax benefit program those  
2 state employees who voluntarily elect coverage in any of the  
3 supplemental insurance benefit plans as provided by  
4 sub-subparagraph a.

5 c. Nothing herein contained shall be construed to  
6 prohibit insurance providers from continuing to provide or  
7 offer supplemental benefit coverage to state employees as  
8 provided under existing agency plans.

9 (13) FLORIDA STATE EMPLOYEE WELLNESS COUNCIL.--

10 (a) There is created within the department the Florida  
11 State Employee Wellness Council.

12 (b) The council shall be an advisory body to the  
13 department to provide health education information to  
14 employees and to assist the department in developing minimum  
15 benefits for all health care providers when providing  
16 age-based and gender-based wellness benefits.

17 (c) The council shall be composed of nine members  
18 appointed by the Governor. When making appointments to the  
19 council, the Governor shall appoint persons who are residents  
20 of the state and who are highly knowledgeable concerning,  
21 active in, and recognized leaders in the health and medical  
22 field, at least one of whom must be an employee of the state.  
23 Council members shall equitably represent the broadest  
24 spectrum of the health industry and the geographic areas of  
25 the state. Not more than one member of the council may be from  
26 any one company, organization, or association.

27 (d)1. Council members shall be appointed to 4-year  
28 terms, except that the initial terms shall be staggered. The  
29 Governor shall appoint three members to 2-year terms, three  
30 members to 3-year terms, and three members to 4-year terms.

31

1           2. A member's absence from three consecutive meetings  
2 shall result in his or her automatic removal from the council.  
3 A vacancy on the council shall be filled for the remainder of  
4 the unexpired term.

5           (e) The council shall annually elect from its  
6 membership one member to serve as chair of the council and one  
7 member to serve as vice chair.

8           (f) The first meeting of the council shall be called  
9 by the chair not more than 60 days after the council members  
10 are appointed by the Governor. The council shall thereafter  
11 meet at least once quarterly and may meet more often as  
12 necessary. The department shall provide staff assistance to  
13 the council which shall include, but not be limited to,  
14 keeping records of the proceedings of the council and serving  
15 as custodian of all books, documents, and papers filed with  
16 the council.

17           (g) A majority of the members of the council  
18 constitutes a quorum.

19           (h) Members of the council shall serve without  
20 compensation, but are entitled to reimbursement for per diem  
21 and travel expenses as provided in s. 112.061 while performing  
22 their duties.

23           (i) The council shall:

24           1. Work to encourage participation in wellness  
25 programs by state employees. The council may prepare  
26 informational programs and brochures for state agencies and  
27 employees.

28           2. In consultation with the department, develop  
29 standards and criteria for age-based and gender-based wellness  
30 programs.

31           Section 10. This act shall take effect July 1, 2006.