Bill No. CS/HB 1471

I	Amendment No.
	CHAMBER ACTION
	<u>Senate</u> <u>House</u>
	·
1	Representative Zapata offered the following:
2	
3	Amendment to Senate Amendment (780200) (with title
4	amendment)
5	Remove lines 5-1883 and insert:
6	Section 1. Paragraph (e) of subsection (2) of section
7	154.503, Florida Statutes, is amended to read:
8	154.503 Primary Care for Children and Families Challenge
9	Grant Program; creation; administration
10	(2) The department shall:
11	(e) Coordinate with the primary care program developed
12	pursuant to s. 154.011, the Florida Healthy Kids Corporation
13	program created in s. 624.91, the school health services program
14	created in ss. 381.0056 and 381.0057, the Healthy Communities,
15	Healthy People Program created in s. 381.734, and the volunteer
16	health care provider program developed pursuant to s. 766.1115.
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Section 2. <u>Sections 381.0053, 381.0054, 381.732, 381.733,</u>
and 381.734, Florida Statutes, are repealed.

Section 3. Subsection (16) of section 381.006, Florida Statutes, is amended, and subsection (17) is added to that section, to read:

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

28 (16) A group-care-facilities function, where a group care 29 facility means any public or private school, housing, building or buildings, section of a building, or distinct part of a 30 31 building or other place, whether operated for profit or not, which undertakes, through its ownership or management, to 32 33 provide one or more personal services, care, protection, and 34 supervision to persons who require such services and who are not 35 related to the owner or administrator. The department may adopt 36 rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities, such as child care 37 38 facilities, family day care homes, assisted living facilities, 39 adult day care centers, adult family care homes, hospices, residential treatment facilities, crisis stabilization units, 40 pediatric extended care centers, intermediate care facilities 41 42 for the developmentally disabled, group care homes, and, jointly 43 with the Department of Education, private and public schools. 44 These rules may include definitions of terms; provisions 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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Amendment No. 45 relating to operation and maintenance of facilities, buildings, 46 grounds, equipment, furnishings, and occupant-space 47 requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; 48 insect and rodent control; garbage; safety; personnel health, 49 50 hygiene, and work practices; and other matters the department 51 finds are appropriate or necessary to protect the safety and 52 health of the residents, staff, or patrons. The department may 53 not adopt rules that conflict with rules adopted by the 54 licensing or certifying agency. The department may enter and 55 inspect at reasonable hours to determine compliance with 56 applicable statutes or rules. An environmental health program 57 inspection of a certified domestic violence center or residential child-caring agency licensed by the Department of 58 59 Children and Family Services pursuant to chapter 409 shall be limited to the requirements set forth in the department's rules 60 61 applicable to community-based residential facilities with five 62 or fewer residents. In addition to any sanctions that the department may impose for violations of rules adopted under this 63 64 section, the department shall also report such violations to any agency responsible for licensing or certifying the group care 65 66 facility. The licensing or certifying agency may also impose any 67 sanction based solely on the findings of the department. 68 (17) Upon completion of the department's study to develop 69 passive strategies for nitrogen reduction that complement use of 70 conventional onsite wastewater treatment systems, the department

- 71 shall submit a final report to the Executive Office of the
- 72 Governor, the President of the Senate, and the Speaker of the 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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House of Representatives prior to proceeding with any nitrogen reduction activities.

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76 The department may adopt rules to carry out the provisions of 77 this section.

Section 4. Paragraph (a) of subsection (2) of section381.0072, Florida Statutes, is amended to read:

80 381.0072 Food service protection. -- It shall be the duty of the Department of Health to adopt and enforce sanitation rules 81 82 consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and 83 84 requirements for the storage, preparation, serving, or display 85 of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 86 500 or chapter 509. 87

88

(2) DUTIES.--

89 (a) The department shall adopt rules, including definitions of terms which are consistent with law prescribing 90 minimum sanitation standards and manager certification 91 92 requirements as prescribed in s. 509.039, and which shall be enforced in food service establishments as defined in this 93 94 section. The sanitation standards must address the construction, 95 operation, and maintenance of the establishment; lighting, 96 ventilation, laundry rooms, lockers, use and storage of toxic materials and cleaning compounds, and first-aid supplies; plan 97 review; design, construction, installation, location, 98 maintenance, sanitation, and storage of food equipment and 99 100 utensils; employee training, health, hygiene, and work 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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Amendment No. 101 practices; food supplies, preparation, storage, transportation, 102 and service, including access to the areas where food is stored 103 or prepared; and sanitary facilities and controls, including 104 water supply and sewage disposal; plumbing and toilet facilities; garbage and refuse collection, storage, and 105 106 disposal; and vermin control. Public and private schools, if the 107 food service is operated by school employees; hospitals licensed 108 under chapter 395; nursing homes licensed under part II of 109 chapter 400; child care facilities as defined in s. 402.301; residential facilities colocated with a nursing home or 110 hospital, if all food is prepared in a central kitchen that 111 112 complies with nursing or hospital regulations; and bars and 113 lounges, as defined by department rule, are exempt from the rules developed for manager certification. The department shall 114 administer a comprehensive inspection, monitoring, and sampling 115 program to ensure such standards are maintained. With respect to 116 117 food service establishments permitted or licensed under chapter 118 500 or chapter 509, the department shall assist the Division of 119 Hotels and Restaurants of the Department of Business and 120 Professional Regulation and the Department of Agriculture and 121 Consumer Services with rulemaking by providing technical 122 information. Food service inspections of a certified domestic 123 violence center shall be limited to the requirements set forth 124 in the department's rules applicable to community-based 125 residential facilities with five or fewer residents.

Section 5. Subsection (1) and paragraph (a) of subsection (2) of section 381.0203, Florida Statutes, are amended to read: 381.0203 Pharmacy services.--770675 Approved For Filing: 5/1/2009 4:54:55 PM

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129	Amendment No. (1) The department must may contract on a statewide basis
130	for the purchase of drugs, as defined in s. 499.003, to be used
131	by state agencies and political subdivisions, and may adopt
132	rules to administer this section. Effective January 1, 2010, all
133	state agencies, except the Agency for Health Care
134	Administration, the Department of Veterans' Affairs, and the
135	Department of Management Services, must purchase drugs through
136	the statewide contract unless:
137	(a) The Pharmacy and Therapeutic Advisory Council approves
138	a more cost-effective purchasing plan; or
139	(b) The drugs required are not available through the
140	statewide purchasing contract.
141	(2) The department <u>must</u> may establish and maintain a
142	pharmacy services program <u>that includes, including</u> , but <u>is</u> not
143	limited to:
144	(a) A central pharmacy to support pharmaceutical services
145	provided by the county health departments, including
146	pharmaceutical repackaging, dispensing, and the purchase and
147	distribution of immunizations and other pharmaceuticals. Such
148	services shall be provided to other state agencies and political
149	subdivisions of the state upon written agreement. State agencies
150	purchasing pharmaceutical services shall purchase pharmaceutical
151	services, including pharmaceutical repackaging and dispensing
152	services, in the most cost-effective manner consistent with the
153	delivery of quality medical care. Nothing in this subsection
154	prohibits state agencies from contracting with vendors to
155	provide these pharmaceutical services. Cost savings realized by
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156	the state through utilization of the central pharmacy may be
157	used by the department to offset additional costs.
158	Section 6. Section 381.84, Florida Statutes, is
159	transferred, renumbered as section 385.106, Florida Statutes,
160	and amended to read:
161	385.106 381.84 Comprehensive Statewide Tobacco Education
162	and Use Prevention Program
163	(1) DEFINITIONSAs used in this section and for purposes
164	of the provisions of s. 27, Art. X of the State Constitution,
165	the term:
166	(a) "AHEC network" means an area health education center
167	network established under s. 381.0402.
168	(b) "Best practices" means the Best Practices for
169	Comprehensive Tobacco Control Programs as established by the
170	CDC, as amended.
171	<u>(c)</u> "CDC" means the United States Centers for Disease
172	Control and Prevention.
173	(d) (c) "Council" means the Tobacco Education and Use
174	Prevention Advisory Council.
175	(d) "Department" means the Department of Health.
176	(c) "Tobacco" means, without limitation, tobacco itself
177	and tobacco products that include tobacco and are intended or
178	expected for human use or consumption, including, but not
179	limited to, cigarettes, cigars, pipe tobacco, and smokeless
180	tobacco.
181	(f) "Youth" means minors and young adults.
182	(2) PURPOSE, FINDINGS, AND INTENTIt is the purpose of
183	this section to implement s. 27, Art. X of the State
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Amendment No. 184 Constitution. The Legislature finds that s. 27, Art. X of the 185 State Constitution requires the funding of a statewide tobacco 186 education and use prevention program that focuses on tobacco use 187 by youth. The Legislature further finds that the primary goals of the program are to reduce the prevalence of tobacco use among 188 189 youth, adults, and pregnant women; reduce per capita tobacco 190 consumption; and reduce exposure to environmental tobacco smoke. 191 Further, it is the intent of the Legislature to base increases 192 in funding for individual components of the program on the results of assessments and evaluations. Recognizing that some 193 components will need to grow faster than inflation, it is the 194 195 intent of the Legislature to fund portions of the program on a 196 nonrecurring basis in the early years so that those components 197 that are most effective can be supported as the program matures.

PROGRAM COMPONENTS AND REQUIREMENTS. -- The department 198 (3) shall conduct a comprehensive, statewide tobacco education and 199 200 use prevention program consistent with the recommendations for 201 effective program components contained in the 1999 Best 202 Practices for Comprehensive Tobacco Control Programs of the CDC, 203 as amended by the CDC. The program shall include the following 204 components, each of which shall focus on educating people, 205 particularly youth and their parents, about the health hazards 206 of tobacco and discouraging the use of tobacco. All program 207 components shall include efforts to educate youth and their 208 parents about tobacco use, and a youth-directed focus shall 209 exist in all components outlined in this subsection.+ 210 (a) State and community interventions.--These interventions shall include, but not be limited to, a statewide 211 770675

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212	Amendment No. tobacco control program that combines and coordinates community-
213	based interventions that focus on preventing initiation of
214	tobacco use among youth and young adults; promoting smoking
215	cessation among adults, youth, and pregnant women; eliminating
216	exposure to secondhand smoke; identifying and eliminating
217	tobacco-related disparities among population groups; and
218	promoting a range of collaborations to prevent and alleviate the
219	effects of chronic diseases. <i>Counter-marketing and advertising;</i>
220	cyberspace resource centerThe counter-marketing and
221	advertising campaign shall include, at a minimum, Internet,
222	print, radio, and television advertising and shall be funded
223	with a minimum of one-third of the total annual appropriation
224	required by s. 27, Art. X of the State Constitution. A
225	cyberspace resource center for copyrighted materials and
226	information concerning tobacco education and use prevention,
227	including cessation, shall be maintained by the program. Such
228	resource center must be accessible to the public, including
229	parents, teachers, and students, at each level of public and
230	private schools, universities, and colleges in the state and
231	shall provide links to other relevant resources. The Internet
232	address for the resource center must be incorporated in all
233	advertising. The information maintained in the resource center
234	shall be used by the other components of the program.
235	(b) <u>Health communication interventionsEffective media</u>
236	and health communication intervention efforts include, but are
237	not limited to, audience research to define themes and execute
238	messages for influential, high impact, and specifically targeted
239	campaigns; market research to identify the target market and the
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240	behavioral theory motivating change; counter-marketing
241	surveillance; community tie-ins to support and reinforce the
242	statewide campaign; technologies such as viral marketing, social
243	networks, personal web pages, and web logs; traditional media;
244	process and outcome evaluation of the communication efforts; and
245	promotion of available services, including the state telephone
246	tobacco use cessation quitline. <i>Cessation programs, counseling,</i>
247	and treatmentThis program component shall include two
248	subcomponents:
249	1. A statewide toll-free cessation service, which may
250	include counseling, referrals to other local resources and
251	support services, and treatment to the extent funds are
252	available for treatment services; and
253	2. A local community-based program to disseminate
254	information about smoking cessation, how smoking cessation
255	relates to prenatal care and obesity prevention, and other
256	chronic tobacco-related diseases.
257	(c) <u>Cessation interventionsCessation interventions</u>
258	include, but are not limited to, sustaining, expanding, and
259	promoting the service through population-based counseling and
260	treatment programs; encouraging public and private insurance
261	coverage for counseling and FDA-approved medication treatments
262	for tobacco use cessation; eliminating cost and other barriers
263	to treatment for underserved populations; and making health care
264	system changes. Youth interventions to prevent tobacco use
265	initiation and encourage cessation among young people are needed
266	in order to reshape the environment so that it supports tobacco-
267	free norms. Because most people who start smoking are younger
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268	Amendment No. than 18 years of age, intervening during adolescence is
269	critical. Community programs and school-based policies and
270	interventions should be a part of a comprehensive effort that is
271	implemented in coordination with community and school
272	environments and in conjunction with increasing the unit price
273	of tobacco products, sustaining anti-tobacco media campaigns,
274	making environments tobacco free, and engaging in other efforts
275	to create tobacco-free social norms. Surveillance and
276	evaluationThe program shall conduct ongoing epidemiological
277	surveillance and shall contract for annual independent
278	evaluations of the effectiveness of the various components of
278	the program in meeting the goals as set forth in subsection (2).
279	
	(d) <u>Surveillance and evaluationThe surveillance and</u>
281	evaluation of all program components shall monitor and document
282	short-term, intermediate, and long-term intervention outcomes to
283	inform program and policy direction and ensure accountability.
284	The surveillance and evaluation must be conducted objectively
285	through scientifically sound methodology. Youth school
286	programsSchool and after-school programs shall use current
287	evidence-based curricula and programs that involve youth to
288	educate youth about the health hazards of tobacco, help youth
289	develop skills to refuse tobacco, and demonstrate to youth how
290	to stop using tobacco.
291	(e) Administration and managementAdministration and
292	management activities include, but are not limited to, strategic
293	planning to guide program efforts and resources in order to
294	accomplish goals; recruiting and developing qualified and
295	diverse technical, program, and administrative staff; awarding
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and monitoring program contracts and grants to coordinate
implementation across program areas; developing and maintaining
a fiscal-management system to track allocations and the
expenditure of funds; increasing capacity at the community level
through ongoing training and technical assistance; creating
effective communications internally among chronic disease
prevention programs and local coalitions and partners; and
educating the public and decisionmakers on the health effects of
tobacco and evidence-based effective program and policy
interventions. Community programs and chronic disease
preventionThe department shall promote and support local
community-based partnerships that emphasize programs involving
youth, including programs for the prevention, detection, and
early intervention of smoking-related chronic diseases.

(f) Training.--The program shall include the training of health care practitioners, smoking-cessation counselors, and teachers by health professional students and other tobacco-use prevention specialists who are trained in preventing tobacco use and health education. Smoking-cessation counselors shall be trained by specialists who are certified in tobacco-use cessation.

317 (a) County health departments Administration, statewide 318 programs, and county health departments. -- Each county health department is eligible to receive a portion of the annual 319 appropriation, on a per capita basis, for coordinating tobacco 320 321 education and use prevention programs within that county. Appropriated funds may be used to improve the infrastructure of 322 the county health department to implement the comprehensive, 323 770675 Approved For Filing: 5/1/2009 4:54:55 PM Page 12 of 70

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324 statewide tobacco education and use prevention program. Each 325 county health department shall prominently display in all 326 treatment rooms and waiting rooms, counter-marketing and 327 advertisement materials in the form of wall posters, brochures, television advertising if televisions are used in the lobby or 328 329 waiting room, and screensavers and Internet advertising if 330 computer kiosks are available for use or viewing by people at 331 the county health department.

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332 Enforcement and awareness of related laws.--In (h) coordination with the Department of Business and Professional 333 334 Regulation, the program shall monitor the enforcement of laws, 335 rules, and policies prohibiting the sale or other provision of 336 tobacco to minors, as well as the continued enforcement of the Clean Indoor Air Act prescribed in chapter 386. The 337 338 advertisements produced in accordance with paragraph (b) 339 paragraph (a) may also include information designed to make the 340 public aware of these related laws and rules. The departments 341 may enter into interagency agreements to carry out this program 342 component.

343 (i) AHEC smoking cessation initiative.--For the 2007-2008 344 and 2008-2009 fiscal years only, the AHEC network shall expand 345 the AHEC smoking-cessation initiative to each county within the 346 state and perform other activities as determined by the 347 department.

348 (4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND
349 MEETINGS.--The Tobacco Education and Use Prevention Advisory
350 Council is created within the department.

351 (a) The council shall consist of 23 members, including: 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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379 14. The chief executive officer of the Legacy Foundation,380 or his or her designee.

381 15. Four members appointed by the Governor, of whom two 382 must have expertise in the field of tobacco-use prevention and 383 education or smoking cessation and one individual who shall be 384 between the ages of 16 and 21 at the time of his or her 385 appointment.

386 16. Two members appointed by the President of the Senate, 387 of whom one must have expertise in the field of tobacco-use 388 prevention and education or smoking cessation.

389 17. Two members appointed by the Speaker of the House of 390 Representatives, of whom one must have expertise in the field of 391 tobacco-use prevention and education or smoking cessation.

(b) The appointments shall be for 3-year terms and shall reflect the diversity of the state's population. A vacancy shall be filled by appointment by the original appointing authority for the unexpired portion of the term.

396 (c) An appointed member may not serve more than two 397 consecutive terms.

(d) The council shall meet at least quarterly and upon the call of the chairperson. Meetings may be held via teleconference or other electronic means.

(e) Members of the council shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061. Members who are state officers or employees or who are appointed by state officers or employees shall be reimbursed for per diem and travel expenses

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406	pursuant to s. 112.061 from the state agency through which they
407	serve.
408	(f) The council shall adhere to all state ethics laws.
409	Meetings of the council and the review panels are subject to
410	chapter 119, s. 286.011, and s. 24, Art. I of the State
411	Constitution. The department shall provide council members with
412	information and other assistance as is reasonably necessary to
413	assist the council in carrying out its responsibilities.
414	(5) COUNCIL DUTIES AND RESPONSIBILITIESThe council
415	shall advise the State Surgeon General as to the direction and
416	scope of the Comprehensive Statewide Tobacco Education and Use
417	Prevention Program. The responsibilities of the council \underline{may}
418	include, but are not limited to:
419	(a) Providing advice on program priorities and emphases.
420	(b) Providing advice on the overall program budget.
421	(c) Providing advice on copyrighted material, trademark,
422	and future transactions as they pertain to the tobacco education
423	and use prevention program.
424	(d) Reviewing, as requested by the department, broadcast
425	material prepared for the Internet, portable media players,
426	radio, and television advertisement as it relates to the
427	advertising component of the tobacco education and use
428	prevention program.
429	(e) Participating in periodic program evaluation, as
430	requested by the department.
431	(f) Assisting <u>the department</u> in <u>developing</u> the development
432	of guidelines to ensure fairness, neutrality, and adherence to

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433 the principles of merit and quality in the conduct of the 434 program.

(g) Assisting the department in developing the development
of administrative procedures relating to solicitation, review,
and award of contracts and grants in order to ensure an
impartial, high-quality peer review system.

(h) Assisting <u>the department</u> in <u>developing panels to</u>
review and evaluate potential fund recipients the development
and supervision of peer review panels.

(i) <u>Assisting the department in</u> reviewing reports of peer
review panels and making recommendations for <u>funding allocations</u>
contracts and grants.

(j) <u>Assisting the department in</u> reviewing the activities
and evaluating the performance of the AHEC network to avoid
duplicative efforts using state funds.

(k) Recommending <u>specific measureable outcomes</u> <u>meaningful</u>
 outcome measures through a regular review of <u>evidence-based and</u>
 promising tobacco-use prevention and education strategies and
 programs of other states and the Federal Government.

(1) Recommending policies to encourage a coordinated response to tobacco use in this state, focusing specifically on creating partnerships within and between the public and private sectors.

(6) CONTRACT REQUIREMENTS.--Contracts or grants for the program components or subcomponents described in paragraphs (3) (a) - (f) shall be awarded by the State Surgeon General, after consultation with the council, on the basis of merit, as determined by an open, competitive, peer-reviewed process that 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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ensures objectivity, consistency, and high quality. The 461 462 department shall award such grants or contracts no later than 463 October 1 for each fiscal year. A recipient of a contract or 464 grant for the program component described in paragraph (3)(d) 465 (3) (c) is not eligible for a contract or grant award for any 466 other program component described in subsection (3) in the same 467 state fiscal year. A school or college of medicine that is 468 represented on the council is not eligible to receive a contract 469 or grant under this section. For the 2007-2008 and 2008-2009 470 fiscal years only, the department shall award a contract or 471 grant in the amount of \$10 million to the AHEC network for the 472 purpose of developing the components described in paragraph 473 (3) (i). The AHEC network may apply for a competitive contract or 474 grant after the 2008-2009 fiscal year.

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475 In order to ensure that all proposals for funding are (a) 476 appropriate and are evaluated fairly on the basis of merit, the State Surgeon General, in consultation with the council, shall 477 478 appoint a peer review panel of independent, qualified experts in 479 the field of tobacco control to review the content of each 480 proposal and establish its priority score. The priority scores shall be forwarded to the council and must be considered in 481 482 determining which proposals will be recommended for funding.

(b) The council and the peer review panel shall establish
and follow rigorous guidelines for ethical conduct and adhere to
a strict policy with regard to conflicts of interest. <u>Council</u>
members are subject to the applicable provisions of chapter 112.
A member of the council or panel may not participate in any
discussion or decision with respect to a research proposal by
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489 any firm, entity, or agency with which the member is associated 490 as a member of the governing body or as an employee or with 491 which the member has entered into a contractual arrangement. 492 Meetings of the council and the peer review panels are subject 493 to chapter 119, s. 286.011, and s. 24, Art. I of the State 494 Constitution.

(c) In each contract or grant agreement, the department shall limit the use of food and promotional items to no more than 2.5 percent of the total amount of the contract or grant and limit overhead or indirect costs to no more than 7.5 percent of the total amount of the contract or grant. The department, in consultation with the Department of Financial Services, shall publish guidelines for appropriate food and promotional items.

(d) In each advertising contract, the department shall limit the total of production fees, buyer commissions, and related costs to no more than 10 percent of the total contract amount.

(e) Notwithstanding the competitive process for contracts prescribed in this subsection, each county health department is eligible for core funding, on a per capita basis, to implement tobacco education and use prevention activities within that county.

(7) ANNUAL REPORT REQUIRED.--By <u>February 28</u> January 31 of
each year, the department shall provide to the Governor, the
President of the Senate, and the Speaker of the House of
Representatives a report that evaluates the program's
effectiveness in reducing and preventing tobacco use and that
recommends improvements to enhance the program's effectiveness.
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517 The report must contain, at a minimum, an annual survey of youth 518 attitudes and behavior toward tobacco, as well as a description 519 of the progress in reducing the prevalence of tobacco use among 520 youth, adults, and pregnant women; reducing per capita tobacco 521 consumption; and reducing exposure to environmental tobacco 522 smoke.

(8) LIMITATION ON ADMINISTRATIVE EXPENSES.--From the total
funds appropriated for the Comprehensive Statewide Tobacco
Education and Use Prevention Program in the General
Appropriations Act, an amount of up to 5 percent may be used by
the department for administrative expenses.

528 (9) RULEMAKING AUTHORIZED.--By January 1, 2008, the 529 department shall adopt rules pursuant to ss. 120.536(1) and 530 120.54 to administer this section.

531 Section 7. Section 381.91, Florida Statutes, is 532 transferred and renumbered as section 385.2024, Florida 533 Statutes, to read:

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<u>385.2024</u> 381.91 Jessie Trice Cancer Prevention Program.--(1) It is the intent of the Legislature to: (a) Reduce the rates of illness and death from lung cancer

(a) Reduce the rates of illness and death from lung cancer
and other cancers and improve the quality of life among lowincome African-American and Hispanic populations through
increased access to early, effective screening and diagnosis,
education, and treatment programs.

(b) Create a community faith-based disease-prevention
program in conjunction with the Health Choice Network and other
community health centers to build upon the natural referral and

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544 education networks in place within minority communities and to 545 increase access to health service delivery in Florida.

546 (c) Establish a funding source to build upon local private 547 participation to sustain the operation of the program.

(2) (a) There is created the Jessie Trice Cancer Prevention
Program, to be located, for administrative purposes, within the
Department of Health, and operated from the community health
centers within the Health Choice Network in Florida.

(b) Funding may be provided to develop contracts with community health centers and local community faith-based education programs to provide cancer screening, diagnosis, education, and treatment services to low-income populations throughout the state.

557 Section 8. Section 381.911, Florida Statutes, is 558 transferred, renumbered as section 385.2023, Florida Statutes, 559 and amended to read:

385.2023 381.911 Prostate Cancer Awareness Program.--

561 (1)To the extent that funds are specifically made available for this purpose, the Prostate Cancer Awareness 562 563 Program is established within the Department of Health. The 564 purpose of this program is to implement the recommendations of 565 January 2000 of the Florida Prostate Cancer Task Force to 566 provide for statewide outreach and health education activities 567 to ensure that men are aware of and appropriately seek medical 568 counseling for prostate cancer as an early-detection health care 569 measure.

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570 (2) For purposes of implementing the program, the
571 Department of Health and the Florida Public Health Foundation,
572 Inc., may:

573 (a) Conduct activities directly or enter into a contract574 with a qualified nonprofit community education entity.

575 (b) Seek any available gifts, grants, or funds from the 576 state, the Federal Government, philanthropic foundations, and 577 industry or business groups.

(3) A prostate cancer advisory committee is created to
advise and assist the Department of Health and the Florida
Public Health Foundation, Inc., in implementing the program.

(a) The State Surgeon General shall appoint the advisorycommittee members, who shall consist of:

583 1. Three persons from prostate cancer survivor groups or 584 cancer-related advocacy groups.

5852. Three persons who are scientists or clinicians from586public or nonpublic universities or research organizations.

587 3. Three persons who are engaged in the practice of a 588 cancer-related medical specialty from health organizations 589 committed to cancer research and control.

(b) Members shall serve without compensation but are entitled to reimbursement, pursuant to s. 112.061, for per diem and travel expenses incurred in the performance of their official duties.

594 (4) The program shall coordinate its efforts with those of595 the Florida Public Health Foundation, Inc.

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Section 9. Section 381.912, Florida Statutes, is repealed.

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597 Section 10. Section 381.92, Florida Statutes, is 598 transferred and renumbered as section 385.2025, Florida 599 Statutes, to read:

385.2025 381.92 Florida Cancer Council.--

601 (1) Effective July 1, 2004, the Florida Cancer Council
602 within the Department of Health is established for the purpose
603 of making the state a center of excellence for cancer research.

(2) (a) The council shall be representative of the state's
cancer centers, hospitals, and patient groups and shall be
organized and shall operate in accordance with this act.

(b) The Florida Cancer Council may create not-for-profit
corporate subsidiaries to fulfill its mission. The council and
its subsidiaries are authorized to receive, hold, invest, and
administer property and any moneys acquired from private, local,
state, and federal sources, as well as technical and
professional income generated or derived from the missionrelated activities of the council.

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(c) The members of the council shall consist of:

615 1. The chair of the Florida Dialogue on Cancer, who shall616 serve as the chair of the council;

617

2. The State Surgeon General or his or her designee;

618 3. The chief executive officer of the H. Lee Moffitt619 Cancer Center or his or her designee;

620 4. The director of the University of Florida Shands Cancer621 Center or his or her designee;

5. The chief executive officer of the University of MiamiSylvester Comprehensive Cancer Center or his or her designee;

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Amendment No. 624 The chief executive officer of the Mayo Clinic, 6. 625 Jacksonville, or his or her designee; The chief executive officer of the American Cancer 626 7. 627 Society, Florida Division, Inc., or his or her designee; 628 8. The president of the American Cancer Society, Florida 629 Division, Inc., Board of Directors or his or her designee; 630 The president of the Florida Society of Clinical 9. 631 Oncology or his or her designee; 632 The president of the American College of Surgeons, 10. 633 Florida Chapter, or his or her designee; 634 The chief executive officer of Enterprise Florida, 11. 635 Inc., or his or her designee; 636 12. Five representatives from cancer programs approved by the American College of Surgeons. Three shall be appointed by 637 the Governor, one shall be appointed by the Speaker of the House 638 of Representatives, and one shall be appointed by the President 639 of the Senate; 640 641 13. One member of the House of Representatives, to be appointed by the Speaker of the House of Representatives; and 642 643 14. One member of the Senate, to be appointed by the President of the Senate. 644 645 Appointments made by the Speaker of the House of (d) 646 Representatives and the President of the Senate pursuant to 647 paragraph (c) shall be for 2-year terms, concurrent with the 648 bienniums in which they serve as presiding officers. 649 Appointments made by the Governor pursuant to (e) 650 paragraph (c) shall be for 2-year terms, although the Governor 651 may reappoint members. 770675 Approved For Filing: 5/1/2009 4:54:55 PM Page 24 of 70

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(f) Members of the council or any subsidiaries shall serve
without compensation, and each organization represented on the
council shall cover the expenses of its representatives.

(3) The council shall issue an annual report to the Center for Universal Research to Eradicate Disease, the Governor, the Speaker of the House of Representatives, and the President of the Senate by December 15 of each year, with policy and funding recommendations regarding cancer research capacity in Florida and related issues.

Section 11. Section 381.921, Florida Statutes, is
transferred and renumbered as section 385.20251, Florida
Statutes, to read:

664 <u>385.20251</u> 381.921 Florida Cancer Council mission and 665 duties.--The council, which shall work in concert with the 666 Florida Center for Universal Research to Eradicate Disease to 667 ensure that the goals of the center are advanced, shall endeavor 668 to dramatically improve cancer research and treatment in this 669 state through:

670 (1) Efforts to significantly expand cancer research671 capacity in the state by:

(a) Identifying ways to attract new research talent and
attendant national grant-producing researchers to cancer
research facilities in this state;

(b) Implementing a peer-reviewed, competitive process to
identify and fund the best proposals to expand cancer research
institutes in this state;

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(c) Funding through available resources for those
proposals that demonstrate the greatest opportunity to attract
federal research grants and private financial support;

(d) Encouraging the employment of bioinformatics in order
to create a cancer informatics infrastructure that enhances
information and resource exchange and integration through
researchers working in diverse disciplines, to facilitate the
full spectrum of cancer investigations;

(e) Facilitating the technical coordination, business
development, and support of intellectual property as it relates
to the advancement of cancer research; and

689 (f) Aiding in other multidisciplinary research-support690 activities as they inure to the advancement of cancer research.

691 (2) Efforts to improve both research and treatment through692 greater participation in clinical trials networks by:

(a) Identifying ways to increase adult enrollment incancer clinical trials;

(b) Supporting public and private professional education
programs designed to increase the awareness and knowledge about
cancer clinical trials;

(c) Providing tools to cancer patients and community-based
oncologists to aid in the identification of cancer clinical
trials available in the state; and

(d) Creating opportunities for the state's academic cancer
centers to collaborate with community-based oncologists in
cancer clinical trials networks.

704 (3) Efforts to reduce the impact of cancer on disparate
705 groups by:
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(a) Identifying those cancers that disproportionatelyimpact certain demographic groups; and

708 (b) Building collaborations designed to reduce health709 disparities as they relate to cancer.

Section 12. Paragraph (a) of subsection (2) and subsection
(5) of section 381.922, Florida Statutes, as amended by section
2 of chapter 2009-5, Laws of Florida, is amended to read:

713 381.922 William G. "Bill" Bankhead, Jr., and David Coley
 714 Cancer Research Program.--

715 (2) The program shall provide grants for cancer research716 to further the search for cures for cancer.

717 (a) Emphasis shall be given to the goals enumerated in <u>s.</u> 718 <u>385.20251</u> s. 381.921, as those goals support the advancement of 719 such cures.

For the 2008-2009 fiscal year and each fiscal year 720 (5) thereafter, the sum of \$6.75 million is appropriated annually 721 722 from recurring funds in the General Revenue Fund to the 723 Biomedical Research Trust Fund within the Department of Health 724 for purposes of the William G. "Bill" Bankhead, Jr., and David 725 Coley Cancer Research Program and shall be distributed pursuant 726 to this section to provide grants to researchers seeking cures 727 for cancer, with emphasis given to the goals enumerated in s. 728 385.20251 s. 381.921. From the total funds appropriated, an 729 amount of up to 10 percent may be used for administrative 730 expenses.

731 Section 13. Section 381.93, Florida Statutes, is
732 transferred and renumbered as section 385.2021, Florida
733 Statutes, to read:
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734 <u>385.2021</u> 381.93 Breast and cervical cancer early detection 735 program.--This section may be cited as the "Mary Brogan Breast 736 and Cervical Cancer Early Detection Program Act."

(1) It is the intent of the Legislature to reduce the
rates of death due to breast and cervical cancer through early
diagnosis and increased access to early screening, diagnosis,
and treatment programs.

(2) The Department of Health, using available federal
funds and state funds appropriated for that purpose, is
authorized to establish the Mary Brogan Breast and Cervical
Cancer Screening and Early Detection Program to provide
screening, diagnosis, evaluation, treatment, case management,
and followup and referral to the Agency for Health Care
Administration for coverage of treatment services.

(3) The Mary Brogan Breast and Cervical Cancer Early
Detection Program shall be funded through grants for such
screening and early detection purposes from the federal Centers
for Disease Control and Prevention under Title XV of the Public
Health Service Act, 42 U.S.C. ss. 300k et seq.

(4) The department shall limit enrollment in the program to persons with incomes up to and including 200 percent of the federal poverty level. The department shall establish an eligibility process that includes an income-verification process to ensure that persons served under the program meet income guidelines.

(5) The department may provide other breast and cervical cancer screening and diagnostic services; however, such services shall be funded separately through other sources than this act. 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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Section 14. Section 381.931, Florida Statutes, is
transferred and renumbered as section 385.20211, Florida
Statutes, to read:

765 385.20211 381.931 Annual report on Medicaid 766 expenditures. -- The Department of Health and the Agency for 767 Health Care Administration shall monitor the total Medicaid 768 expenditures for services made under this act. If Medicaid 769 expenditures are projected to exceed the amount appropriated by 770 the Legislature, the Department of Health shall limit the number 771 of screenings to ensure Medicaid expenditures do not exceed the 772 amount appropriated. The Department of Health, in cooperation 773 with the Agency for Health Care Administration, shall prepare an 774 annual report that must include the number of women screened; 775 the percentage of positive and negative outcomes; the number of 776 referrals to Medicaid and other providers for treatment 777 services; the estimated number of women who are not screened or 778 not served by Medicaid due to funding limitations, if any; the 779 cost of Medicaid treatment services; and the estimated cost of 780 treatment services for women who were not screened or referred 781 for treatment due to funding limitations. The report shall be 782 submitted to the President of the Senate, the Speaker of the 783 House of Representatives, and the Executive Office of the 784 Governor by March 1 of each year.

785Section 15.Chapter 385, Florida Statutes, entitled786"Chronic Diseases," is renamed the "Healthy and Fit Florida787Act."

788 Section 16. Section 385.101, Florida Statutes, is amended 789 to read: 770675

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790	Amendment No. 385.101 Short titleThis chapter Sections 385.101-
791	
792	Diseases Act."
793	Section 17. Section 385.102, Florida Statutes, is amended
794	to read:
795	385.102 Legislative intentIt is the finding of the
796	Legislature that:
797	(1) Chronic diseases continue to be the leading cause of
798	death and disability in this state and the country exist in high
799	proportions among the people of this state. These Chronic
800	diseases include, but are not limited to, arthritis,
801	<u>cardiovascular disease</u> heart disease, hypertension , diabetes,
802	renal disease, cancer, and chronic obstructive lung disease.
803	These diseases are often <u>have the same preventable risk factors</u>
804	interrelated, and they directly and indirectly account for a
805	high rate of death, disability, and underlying costs to the
806	state's health care system illness.
807	(2) Chronic diseases have a significant impact on quality
808	of life, not only for the individuals who experience their
809	painful symptoms and resulting disabilities, but also for family
810	members and caregivers.
811	(3) Racial and ethnic minorities and other underserved
812	populations are disproportionately affected by chronic diseases.
813	(4) There are enormous medical costs and lost wages
814	associated with chronic diseases and their complications.
815	(5)-(2) Advances in medical knowledge and technology assist
816	have assisted in the prevention, detection, and management of
817	chronic diseases. Comprehensive approaches <u>that stress the</u>
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818 stressing application of current <u>medical</u> treatment, continuing 819 research, professional training, and patient education, and 820 <u>community-level policy and environmental changes</u> should be

821 <u>implemented</u> encouraged.

822 (6) (3) A comprehensive program dealing with the early 823 detection and prevention of chronic diseases is required to make knowledge and therapy available to all people of this state. The 824 825 mobilization of scientific, medical, and educational resources, 826 along with the implementation of community-based policy under 827 one comprehensive chronic disease law, act will facilitate the prevention, early intervention, and management treatment of 828 829 chronic these diseases and their symptoms. This integration of 830 resources and policy will and result in a decline in death and 831 disability illness among the people of this state.

832 (7) Chronic diseases account for 70 percent of all deaths 833 in the United States. The following chronic diseases are the 834 leading causes of death and disability:

(a) Heart disease and stroke, which have remained the
 first and third leading causes of death for both men and women
 in the United States for over seven decades and account for
 approximately one-third of total deaths each year in this state.
 (b) Cancer, which is the second leading cause of death and
 is responsible for one in four deaths in this state.

841 (c) Lung disease, which is the third leading cause of 842 death and accounts for one in every six deaths in this state. 843 (d) Diabetes, which is the sixth leading cause of death in 844 this state.

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	Amendment No.
845	(e) Arthritis, which is the leading cause of disability in
846	the United States, limiting daily activities for more than 19
847	million citizens. In this state, arthritis limits daily
848	activities for an estimated 1.3 million people.
849	(8) The department shall establish, promote, and maintain
850	state-level and local-level programs for chronic disease
851	prevention and health promotion to the extent that funds are
852	specifically made available for this purpose.
853	Section 18. Section 385.1021, Florida Statutes, is created
854	to read:
855	385.1021 DefinitionsAs used in this chapter, the term:
856	(1) "CDC" means the United States Centers for Disease
857	Control and Prevention.
858	(2) "Chronic disease" means an illness that is prolonged,
859	does not resolve spontaneously, and is rarely cured completely.
860	(3) "Department" means the Department of Health.
861	(4) "Environmental changes" means changes to the economic,
862	social, or physical natural or built environments which
863	encourage or enable behaviors.
864	(5) "Policy change" means altering an informal or formal
865	agreement between public or private sectors which sets forth
866	values, behaviors, or resource allocation in order to improve
867	health.
868	(6) "Primary prevention" means an intervention that is
869	directed toward healthy populations and focuses on avoiding
870	disease before it occurs.
871	(7) "Risk factor" means a characteristic or condition
872	identified during the course of an epidemiological study of a
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	Amendment No.
873	disease that appears to be statistically associated with a high
874	incidence of that disease.
875	(8) "Secondary prevention" means an intervention that is
876	designed to promote the early detection and management of
877	diseases and reduce the risks experienced by at-risk
878	populations.
879	(9) "System changes" means altering standard activities,
880	protocols, policies, processes, and structures carried out in
881	population-based settings, such as schools, worksites, health
882	care facilities, faith-based organizations, and the overall
883	community, which promote and support new behaviors.
884	(10) "Tertiary prevention" means an intervention that is
885	directed at rehabilitating and minimizing the effects of disease
886	in a chronically ill population.
887	(11) "Tobacco" means, without limitation, tobacco itself
888	and tobacco products that include tobacco and are intended or
889	expected for human use or consumption, including, but not
890	limited to, cigarettes, cigars, pipe tobacco, and smokeless
891	tobacco.
892	(12) "Wellness program" means a structured program that is
893	designed or approved by the department to offer intervention
894	activities on or off the worksite which help state employees
895	change certain behaviors or adopt healthy lifestyles.
896	(13) "Youth" means children and young adults, up through
897	24 years of age, inclusive.
898	Section 19. Section 385.1022, Florida Statutes, is created
899	to read:
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900	Amendment No. 385.1022 Chronic disease prevention programThe
901	department shall support public health programs to reduce the
902	incidence of mortality and morbidity from diseases for which
903	risk factors can be identified. Such risk factors include, but
904	are not limited to, being overweight or obese, physical
905	inactivity, poor nutrition and diet, tobacco use, sun exposure,
906	and other practices that are detrimental to health. The programs
907	shall educate and screen the general public as well as groups at
908	particularly high risk of chronic diseases.
909	Section 20. Section 385.1023, Florida Statutes, is created
910	to read:
911	385.1023 State-level prevention programs for chronic
912	disease
913	(1) The department shall create state-level programs that
914	address the leading, preventable chronic disease risk factors of
915	poor nutrition and obesity, tobacco use, sun exposure, and
916	physical inactivity in order to decrease the incidence of
917	arthritis, cancer, diabetes, heart disease, lung disease,
918	stroke, and other chronic diseases.
919	(2) State-level programs shall address, but need not be
920	limited to, the following activities:
921	(a) Monitoring specific causal and behavioral risk factors
922	that affect the health of residents in the state.
923	(b) Analyzing data regarding chronic disease mortality and
924	morbidity to track changes over time.
925	(c) Promoting public awareness and increasing knowledge
926	concerning the causes of chronic diseases, the importance of
200	

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Amendment No. 927 early detection, diagnosis, and appropriate evidence-based 928 prevention, management, and treatment strategies. 929 (d) Disseminating educational materials and information 930 concerning evidence-based results, available services, and 931 pertinent new research findings and prevention strategies to 932 patients, health insurers, health professionals, and the public. 933 (e) Using education and training resources and services 934 developed by organizations having appropriate expertise and 935 knowledge of chronic diseases for technical assistance. 936 (f) Evaluating the quality and accessibility of existing 937 community-based services for chronic disease. 938 (g) Increasing awareness among state and local officials 939 involved in health and human services, health professionals and 940 providers, and policymakers about evidence-based chronic-disease 941 prevention, tobacco cessation, and treatment strategies and 942 their benefits for people who have chronic diseases. 943 (h) Developing a partnership with state and local 944 governments, voluntary health organizations, hospitals, health 945 insurers, universities, medical centers, employer groups, 946 private companies, and health care providers to address the 947 burden of chronic disease in this state. (i) Implementing and coordinating state-level policies in 948 949 order to reduce the burden of chronic disease. (j) Providing lasting improvements in the delivery of 950 951 health care for individuals who have chronic disease and their 952 families, thus improving their quality of life while also 953 containing health care costs.

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	Amendment No.
954	Section 21. Section 385.103, Florida Statutes, is amended
955	to read:
956	385.103 <u>Community-level</u> Community intervention programs
957	for chronic disease prevention and health promotion
958	(1) DEFINITIONSAs used in this section, the term:
959	(a) "Chronic disease prevention and <u>health promotion</u>
960	control program" means a program <u>that may include, but is not</u>
961	<u>limited to, including</u> a combination of the following elements:
962	1. Staff who are sufficiently trained and skilled in
963	public health, community health, or school health education to
964	facilitate the operation of the program Health screening;
965	2. Community input into the planning, implementation, and
966	evaluation processes Risk factor detection;
967	3. Use of public health data to make decisions and to
968	develop and prioritize community-based interventions focusing on
969	chronic diseases and their risk factors; Appropriate
970	intervention to enable and encourage changes in behaviors that
971	create health risks; and
972	4. Adherence to a population-based approach by using a
973	socioecological model that addresses the influence on individual
974	behavior, interpersonal behavior, organizational behavior, the
975	community, and public policy; Counseling in nutrition, physical
976	activity, the effects of tobacco use, hypertension, blood
977	pressure control, and diabetes control and the provision of
978	other clinical prevention services.
979	5. Focus on at least the common preventable risk factors
980	for chronic disease, such as physical inactivity, obesity, poor
981	nutrition, and tobacco use;
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	Amendment No.
982	6. Focus on developing and implementing interventions and
983	activities through communities, schools, worksites, faith-based
984	organizations, and health-care settings;
985	7. Use of evidence-based interventions as well as best and
986	promising practices to guide specific activities and effect
987	change, which may include guidelines developed by organizations,
988	volunteer scientists, and health care professionals who write
989	published medical, scientific statements on various chronic
990	disease topics. The statements shall be supported by scientific
991	studies published in recognized journals that have a rigorous
992	review and approval process. Scientific statements generally
993	include a review of data available on a specific subject and an
994	evaluation of its relationship to overall chronic disease
995	science;
996	8. Use of policy, system, and environmental changes that
997	support healthy behaviors so as to affect large segments of the
998	population and encourage healthy choices;
999	9. Development of extensive and comprehensive evaluation
1000	that is linked to program planning at the state level and the
1001	community level in order to determine the program's
1002	effectiveness or necessary program modifications; and
1003	10. Reduction of duplication of efforts through
1004	coordination among appropriate entities for the efficient use of
1005	resources.
1006	(b) " Community Health education program" means a program
1007	that follows involving the planned and coordinated use of the
1008	educational standards and teaching methods resources available
1009	in a community in an effort to provide:
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1010	Amendment No. 1. Appropriate medical, research-based interventions to
1011	enable and encourage changes in behaviors which reduce or
1012	eliminate health risks;
1013	2. Counseling in nutrition, weight management, physical
1014	inactivity, and tobacco-use prevention and cessation strategies;
1015	hypertension, blood pressure, high cholesterol, and diabetes
1016	control; and other clinical prevention services;
1017	3.1. Motivation and assistance to individuals or groups in
1018	adopting and maintaining Motivate and assist citizens to adopt
1019	and maintain healthful practices and lifestyles; and
1020	4. 2. Make available Learning opportunities that which will
1021	increase the ability of people to make informed decisions
1022	affecting their personal, family, and community well-being and
1023	that which are designed to facilitate voluntary adoption of
1024	behavior that which will improve or maintain health.;
1025	3. Reduce, through coordination among appropriate
1026	agencies, duplication of health education efforts; and
1027	4. Facilitate collaboration among appropriate agencies for
1028	efficient use of scarce resources.
1029	(c) "Community intervention program" means a program
1030	combining the required elements of a chronic disease prevention
1031	and health promotion control program and the principles of a
1032	community health education program that addresses system,
1033	policy, and environmental changes that ensure that communities
1034	provide support for healthy lifestyles into a unified program
1035	over which a single administrative entity has authority and
1036	responsibility.
1037	(d) "Department" means the Department of Health.
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1020	Amendment No.
1038	(e) "Risk factor" means a factor identified during the
1039	course of an epidemiological study of a disease, which factor
1040	appears to be statistically associated with a high incidence of
1041	that disease.
1042	(2) OPERATION OF <u>COMMUNITY-LEVEL</u> COMMUNITY INTERVENTION
1043	PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
1044	(a) The department shall develop and implement a
1045	comprehensive, community-based program for chronic disease
1046	prevention and health promotion. The program shall be designed
1047	to reduce major behavioral risk factors that are associated with
1048	chronic diseases by enhancing the knowledge, skills, motivation,
1049	and opportunities for individuals, organizations, health care
1050	providers, small businesses, health insurers, and communities to
1051	develop and maintain healthy lifestyles. The department shall
1052	assist the county health departments in developing and operating
1053	community intervention programs throughout the state. At a
1054	minimum, the community intervention programs shall address one
1055	to three of the following chronic diseases: cancer, diabetes,
1056	heart disease, stroke, hypertension, renal disease, and chronic
1057	obstructive lung disease.
1058	(b) The program shall include:
1059	1. Countywide assessments of specific, causal, and
1060	behavioral risk factors that affect the health of residents;
1061	2. The development of community-based programs for chronic
1062	disease prevention and health promotion which incorporate health
1063	promotion and preventive care practices that are supported in
1064	scientific and medical literature;

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	Amendment No.
1065	3. The development and implementation of statewide age-
1066	specific, disease-specific, and community-specific health
1067	promotion and preventive care strategies using primary,
1068	secondary, and tertiary prevention interventions;
1069	4. The promotion of community, research-based health-
1070	promotion model programs that meet specific criteria, address
1071	major risk factors, and motivate individuals to permanently
1072	adopt healthy behaviors and increase social and personal
1073	responsibilities;
1074	5. The development of policies that encourage the use of
1075	alternative community delivery sites for health promotion,
1076	disease prevention, and preventive care programs and promote the
1077	use of neighborhood delivery sites that are close to work, home,
1078	and school; and
1079	6. An emphasis on the importance of healthy and physically
1080	active lifestyles to build self-esteem and reduce morbidity and
1081	mortality associated with chronic disease and being overweight
1082	or obese. Existing community resources, when available, shall be
1083	used to support the programs. The department shall seek funding
1084	for the programs from federal and state financial assistance
1085	programs which presently exist or which may be hereafter
1086	created. Additional services, as appropriate, may be
1087	incorporated into a program to the extent that resources are
1088	available. The department may accept gifts and grants in order
1089	to carry out a program.
1090	(c) Volunteers shall be used to the maximum extent
1091	possible in carrying out the programs. The department shall
1092	contract for the necessary insurance coverage to protect
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1093	volunteers from personal liability while acting within the scope
1094	of their volunteer assignments under a program.
1095	(d) The department may contract for the provision of all
1096	or any portion of the services required by a program, and shall
1097	so contract whenever the services so provided are more cost-
1098	efficient than those provided by the department.

1099 (c) If the department determines that it is necessary for 1100 clients to help pay for services provided by a program, the 1101 department may require clients to make contribution therefor in 1102 either money or personal services. The amount of money or value 1103 of the personal services shall be fixed according to a fee 1104 schedule established by the department or by the entity 1105 developing the program. In establishing the fee schedule, the department or the entity developing the program shall take into 1106 1107 account the expenses and resources of a client and his or her 1108 overall ability to pay for the services.

Section 22. Section 385.105, Florida Statutes, is created 1109 1110 to read:

1111 385.105 Physical activity, obesity prevention, nutrition, 1112 other health-promotion services, and wellness programs.--1113 (1) PHYSICAL ACTIVITY.--

1114 (a) The department shall develop programs for people at 1115 every stage of their lives to increase physical fitness and 1116 promote behavior changes.

1117 The department shall work with school health advisory (b) or wellness committees in each school district as established in 1118 1119 s. 381.0056.

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	Amendment No.
1120	(c) The department shall develop public and private
1121	partnerships that allow the public to easily access recreational
1122	facilities and public land areas that are suitable for physical
1123	activity.
1124	(d) The department shall work in collaboration with the
1125	Executive Office of the Governor and Volunteer Florida, Inc., to
1126	promote school initiatives, such as the Governor's Fitness
1127	Challenge.
1128	(e) The department shall collaborate with the Department
1129	of Education in recognizing nationally accepted best practices
1130	for improving physical education in schools.
1131	(2) OBESITY PREVENTION The department shall promote
1132	healthy lifestyles to reduce the prevalence of excess weight
1133	gain and being overweight or obese through programs that are
1134	directed towards all residents of this state by:
1135	(a) Using all appropriate media to promote maximum public
1136	awareness of the latest research on healthy lifestyles and
1137	chronic diseases and disseminating relevant information through
1138	a statewide clearinghouse relating to wellness, physical
1139	activity, and nutrition and the effect of these factors on
1140	chronic diseases and disabling conditions.
1141	(b) Providing technical assistance, training, and
1142	resources on healthy lifestyles and chronic diseases to the
1143	public, health care providers, school districts, and other
1144	persons or entities, including faith-based organizations that
1145	request such assistance to promote physical activity, nutrition,
1146	and healthy lifestyle programs.

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	Amendment No.
1147	(c) Developing, implementing, and using all available
1148	research methods to collect data, including, but not limited to,
1149	population-specific data, and tracking the incidence and effects
1150	of weight gain, obesity, and related chronic diseases. The
1151	department shall include an evaluation and data-collection
1152	component in all programs, as appropriate. All research
1153	conducted under this paragraph is subject to review and approval
1154	as required by the department's institutional review board under
1155	<u>s. 381.86.</u>
1156	(d) Entering into partnerships with the Department of
1157	Education, local communities, school districts, and other
1158	entities to encourage schools in this state to promote
1159	activities during and after school to help students meet a
1160	minimum goal of 30 minutes of physical activity or physical
1161	fitness per day.
1162	(e) Entering into partnerships with the Department of
1163	Education, school districts, and the Florida Sports Foundation
1164	to develop a programs recognizing the schools at which students
1165	demonstrate excellent physical fitness or fitness improvement.
1166	(f) Collaborating with other state agencies to develop
1167	policies and strategies for preventing and treating obesity,
1168	which shall be incorporated into programs administered by each
1169	agency and shall include promoting healthy lifestyles of
1170	employees of each agency.
1171	(g) Advising, in accordance with s. 456.081, health care
1172	practitioners about the morbidity, mortality, and costs
1173	associated with being overweight or obese, informing such
1174	practitioners of promising clinical practices for preventing and
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	Amendment No.
1175	treating obesity, and encouraging practitioners to counsel their
1176	patients regarding the adoption of healthy lifestyles.
1177	(h) Maximizing all local, state, and federal funding
1178	sources, including grants, public-private partnerships, and
1179	other mechanisms to strengthen the department's programs
1180	promoting physical activity and nutrition.
1181	(3) NUTRITIONThe department shall promote optimal
1182	nutritional status in all stages of people's lives by developing
1183	strategies to:
1184	(a) Promote and maintain optimal nutritional status in the
1185	population through activities, including, but not limited to:
1186	1. Nutrition screening and assessment and nutrition
1187	counseling, including nutrition therapy, followup, case
1188	management, and referrals for persons who have medical
1189	conditions or nutrition-risk factors and who are provided health
1190	services through public health programs or through referrals
1191	from private health care providers or facilities;
1192	2. Nutrition education to assist residents of the state in
1193	achieving optimal health and preventing chronic disease; and
1194	3. Consultative nutrition services to group facilities
1195	which promote the provision of safe and nutritionally adequate
1196	diets.
1197	(b) Monitor and conduct surveillance of the nutritional
1198	status of this state's population.
1199	(c) Conduct or support research or evaluations related to
1200	public health nutrition. All research conducted under this
1201	paragraph is subject to review and approval as required by the
1202	department's institutional review board under s. 381.86.
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	Amendment No.
1203	(d) Establish policies and standards for public health
1204	nutrition practices.
1205	(e) Promote interagency cooperation, professional
1206	education, and consultation.
1207	(f) Provide technical assistance and advise state
1208	agencies, private institutions, and local organizations
1209	regarding public health nutrition standards.
1210	(g) Work with the Department of Agriculture and Consumer
1211	Services, the Department of Education, and the Department of
1212	Management Services to further the use of fresh produce from
1213	this state in schools and encourage the development of community
1214	gardens. Nutritional services shall be available to eligible
1215	persons in accordance with eligibility criteria adopted by the
1216	department. The department shall provide by rule requirements
1217	for the service fees, when applicable, which may not exceed the
1218	department's actual costs.
1219	
1220	The department may adopt rules to administer this subsection.
1221	(4) OTHER HEALTH-PROMOTION SERVICES
1222	(a) The department shall promote personal responsibility
1223	by encouraging residents of this state to be informed, follow
1224	health recommendations, seek medical consultations and health
1225	assessments, take healthy precautions, and comply with medical
1226	guidelines, including those that lead to earlier detection of
1227	chronic diseases in order to prevent chronic diseases or slow
1228	the progression of established chronic diseases.
1229	(b) The department shall promote regular health visits
1230	during a person's lifetime, including annual physical 770675 Approved For Filing: 5/1/2009 4:54:55 PM Page 45 of 70
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1231	Amendment No. examinations that include measuring body mass index and vital
1232	signs, blood work, immunizations, screenings, and dental
1233	examinations in order to reduce the financial, social, and
1234	personal burden of chronic disease.
1235	(5) WELLNESS PROGRAMS
1236	(a) Each state agency may conduct employee wellness
1237	programs in buildings and lands owned or leased by the state.
1238	The department shall serve as a model to develop and implement
1239	employee wellness programs that may include physical fitness,
1240	healthy nutrition, self-management of disease, education, and
1241	behavioral change. The department shall assist other state
1242	agencies to develop and implement employee wellness programs.
1243	These programs shall use existing resources, facilities, and
1244	programs or resources procured through grant funding and
1245	donations that are obtained in accordance with state ethics and
1246	procurement policies, and shall provide equal access to any such
1247	programs, resources, and facilities to all state employees.
1248	(b) The department shall coordinate its efforts with the
1249	Department of Management Services and other state agencies.
1250	(c) Each agency may establish an employee wellness work
1251	group to design the program. The department shall be available
1252	to provide policy guidance and assist in identifying effective
1253	wellness program strategies.
1254	(d) The department shall provide by rule requirements for
1255	nominal participation fees, when applicable, which may not
1256	exceed the department's actual costs; collaborations with
1257	businesses; and the procurement of equipment and incentives.
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1258 Section 23. Section 385.202, Florida Statutes, is amended 1259 to read:

1260

385.202 Statewide cancer registry.--

1261 Each facility, laboratory, or practitioner licensed (1)under chapter 395, chapter 458, chapter 459, chapter 464, 1262 1263 chapter 483, and each freestanding radiation therapy center as 1264 defined in s. 408.07, shall report to the department of Health such information, specified by the department, by rule. The 1265 1266 department may adopt rules regarding reporting requirements for 1267 the cancer registry, which shall include the data required, the 1268 timeframe for reporting, and those professionals who are 1269 responsible for ensuring compliance with reporting requirements \overline{r} 1270 which indicates diagnosis, stage of disease, medical history, 1271 laboratory data, tissue diagnosis, and radiation, surgical, or 1272 other methods of diagnosis or treatment for each cancer 1273 diagnosed or treated by the facility or center. Failure to 1274 comply with this requirement may be cause for registration or 1275 licensure suspension or revocation.

1276 The department shall establish, or cause to have (2) 1277 established, by contract with a recognized medical organization 1278 in this state and its affiliated institutions, a statewide 1279 cancer registry program to ensure that cancer reports required 1280 under this section shall be maintained and available for use in 1281 the course of public health surveillance and any study for the 1282 purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or 1283 be enforced against any facility or practitioner hospital by 1284

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1285 reason of having provided such information or material to the 1286 department.

1287 (3) The department may adopt rules regarding the
 1288 establishment and operation of a statewide cancer registry
 1289 program.

1290 (4) (3) The department or a contractual designee operating 1291 the statewide cancer registry program required by this section 1292 shall use or publish said material only for the purpose of 1293 public health surveillance and advancing medical research or 1294 medical education in the interest of reducing morbidity or 1295 mortality, except that a summary of such studies may be released 1296 for general publication. Information which discloses or could 1297 lead to the disclosure of the identity of any person whose 1298 condition or treatment has been reported and studied shall be 1299 confidential and exempt from the provisions of s. 119.07(1), 1300 except that:

(a) Release may be made with the written consent of allpersons to whom the information applies;

(b) The department or a contractual designee may contact individuals for the purpose of epidemiologic investigation and monitoring, provided information that is confidential under this section is not further disclosed; or

(c) The department may exchange personal data with any other governmental agency or a contractual designee for the purpose of <u>public health surveillance and</u> medical or scientific research, <u>if provided</u> such governmental agency or contractual designee <u>does</u> shall not further disclose information that is confidential under this section. 770675

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Amendment No. 1313 (5)(4) Funds appropriated for this section shall be used 1314 for establishing, administering, compiling, processing, and 1315 providing biometric and statistical analyses to the reporting 1316 facilities <u>and practitioners</u>. Funds may also be used to ensure 1317 the quality and accuracy of the information reported and to 1318 provide management information to the reporting facilities <u>and</u> 1319 practitioners.

1320 (6) (5) The department may adopt rules regarding the classifications of, by rule, classify facilities that are 1321 1322 responsible for making reports to the cancer registry, the 1323 content and frequency of the reports, and the penalty for 1324 failure to comply with these requirements for purposes of 1325 reports made to the cancer registry and specify the content and 1326 frequency of the reports. In classifying facilities, the 1327 department shall exempt certain facilities from reporting cancer 1328 information that was previously reported to the department or 1329 retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of 1330 1331 This section does shall not apply to any facility whose primary 1332 function is to provide psychiatric care to its patients.

1333 (7) Notwithstanding subsection (1), each facility and 1334 practitioner that reports cancer cases to the department shall 1335 make their records available for onsite review by the department 1336 or its authorized representative.

1337 Section 24. Subsection (3) of section 385.203, Florida1338 Statutes, is amended to read:

1339 385.203 Diabetes Advisory Council; creation; function; 1340 membership.--770675 Approved For Filing: 5/1/2009 4:54:55 PM Page 49 of 70

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(3) The council shall be composed of <u>26</u> 25 citizens of the state who have knowledge of, or work in, the area of diabetes mellitus as follows:

1344 (a) Five interested citizens, three of whom are affected1345 by diabetes.

1346 (b) Twenty-one Twenty members, who must include one 1347 representative from each of the following areas: nursing with diabetes-educator certification; dietary with diabetes educator 1348 certification; podiatry; ophthalmology or optometry; psychology; 1349 pharmacy; adult endocrinology; pediatric endocrinology; the 1350 American Diabetes Association (ADA); the Juvenile Diabetes 1351 1352 Foundation (JDF); the Florida Academy of Family Physicians; a 1353 community health center; a county health department; an American 1354 Diabetes Association recognized community education program; each medical school in the state; an osteopathic medical school; 1355 1356 the insurance industry; a Children's Medical Services diabetes 1357 regional program; and an employer.

1358 (c) One or more representatives from the Department of1359 Health, who shall serve on the council as ex officio members.

1360Section 25.Section 385.206, Florida Statutes, is amended1361to read:

1362385.206PediatricHematology-OncologycareCenter1363Program.--

1364 1365 (1) DEFINITIONS.--As used in this section, the term:

(a) "Department" means the Department of Health.

(b) "Hematology" means the study, diagnosis, and treatmentof blood and blood-forming tissues.

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1368 (c) "Oncology" means the study, diagnosis, and treatment 1369 of malignant neoplasms or cancer.

(d) "Hemophilia" or "other hemostatic disorder" means a
bleeding disorder resulting from a genetic abnormality of
mechanisms related to the control of bleeding.

1373 (e) "Sickle-cell anemia or other hemoglobinopathy" means
1374 an hereditary, chronic disease caused by an abnormal type of
1375 hemoglobin.

(f) "Patient" means a person under the age of 21 who is in
need of hematologic-oncologic services and who is <u>enrolled in</u>
<u>the Children's Medical Services Network</u> declared medically and
financially eligible by the department; or a person who received
such services prior to age 21 and who requires long-term
monitoring and evaluation to ascertain the sequelae and the
effectiveness of treatment.

(g) "Center" means a facility designated by the department as having a program specifically designed to provide a full range of medical and specialty services to patients with hematologic and oncologic disorders.

1387 (2) <u>PEDIATRIC</u> HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;
1388 AUTHORITY.--The department <u>may designate</u> is authorized to make
1389 grants and reimbursements to designated centers <u>and provide</u>
1390 <u>funding</u> to establish and maintain programs for the care of
1391 patients with hematologic and oncologic disorders. Program
1392 administration costs shall be paid by the department from funds
1393 appropriated for this purpose.

1394 (3) <u>GRANT FUNDING CONTRACTS</u> GRANT AGREEMENTS; 1395 CONDITIONS.--770675 Approved For Filing: 5/1/2009 4:54:55 PM Page 51 of 70

1396	Amendment No.
	(a) Funding provided A grant made under this section shall
1397	be pursuant to a <u>contract</u> contractual agreement made between a
1398	center and the department. Each <u>contract</u> agreement shall provide
1399	that patients will receive <u>services</u> specified types of treatment
1400	and care from the center without additional charge to the
1401	patients or their parents or guardians. Grants shall be
1402	disbursed in accordance with conditions set forth in the
1403	disbursement guidelines.
1404	(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR
1405	LOCAL PROGRAMS
1406	(b) (a) Funding may be provided Grant disbursements may be
1407	made to centers that which meet the following criteria:
1408	1. The personnel shall include at least one board-
1409	certified pediatric hematologist-oncologist, at least one board-
1410	certified pediatric surgeon, at least one board-certified
1411	radiotherapist, and at least one board-certified pathologist.
1412	2. As approved by the department, The center shall
1413	actively participate in a national children's cancer study
1414	group, maintain a pediatric tumor registry, have a
1415	multidisciplinary pediatric tumor board, and meet other
1416	guidelines for development, including, but not limited to,
1417	guidelines from such organizations as the American Academy of
1418	Pediatrics and the American Pediatric Surgical Association.
1419	(b) Programs shall also be established to provide care to
1420	hematology-oncology patients within each district of the
1421	department. The guidelines for local programs shall be
1422	formulated by the department. Special disbursements may be made
1423	by the program office to centers for educational programs
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1424 designed for the districts of the department. These programs may 1425 include teaching total supportive care of the dying patient and 1426 his or her family, home therapy to hemophiliacs and patients 1427 with other hemostatic disorders, and screening and counseling 1428 for patients with sickle-cell anemia or other

1429 hemoglobinopathies.

1430 (4) (5) PROGRAM AND PEER REVIEW. -- The department shall 1431 evaluate at least annually during the grant period the services rendered by the centers and the districts of the department. 1432 Data from the centers and other sources relating to pediatric 1433 1434 cancer shall be reviewed annually by the Florida Association of 1435 Pediatric Tumor Programs, Inc.; and a written report with 1436 recommendations shall be made to the department. This database will be available to the department for program planning and 1437 quality assurance initiatives formulation of its annual program 1438 and financial evaluation report. A portion of the funds 1439 1440 appropriated for this section may be used to provide statewide 1441 consultation, supervision, and evaluation of the programs of the centers, as well as central program office support personnel. 1442

1443Section 26. Paragraph (g) of subsection (2) and subsection1444(7) of section 385.207, Florida Statutes, are amended to read:

1445 385.207 Care and assistance of persons with epilepsy; 1446 establishment of programs in epilepsy control.--

1447

(2) The Department of Health shall:

(g) Continue current programs and develop cooperative programs and services designed to enhance the vocational rehabilitation of epilepsy clients, including the current jobs programs. The department shall, as part of its contract with a 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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1452	Amendment No. provider of epilepsy services, collect information regarding the
1453	number of clients served, the outcomes reached, the expenses
1454	incurred, and the fees collected by such providers for the
1455	<u>provision of services</u> keep and make <u>this information</u> available
1456	to the Governor and the Legislature <u>upon request</u> information
1457	regarding the number of clients served, the outcome reached, and
1458	the expense incurred by such programs and services.
1459	(7) The department shall limit total administrative
1460	expenditures from the Epilepsy Services Trust Fund to 5 percent
1461	of annual receipts.
1462	Section 27. Paragraphs (b), (d), and (g) of subsection (2)
1463	and paragraph (b) of subsection (5) of section 385.210, Florida
1464	Statutes, are amended to read:
1465	385.210 Arthritis prevention and education
1466	(2) LEGISLATIVE FINDINGSThe Legislature finds the
1467	following:
1468	(b) Arthritis is the leading cause of disability in the
1469	United States, limiting daily activities for more than $\underline{19}$ 7
1470	million citizens.
1471	(d) There are enormous economic and social costs
1472	associated with treating arthritis and its complications; the
1473	economic costs are estimated at over <u>\$128 billion (2003)</u> \$116
1474	billion (1997) annually in the United States.
1475	(g) The National Arthritis Foundation, the <u>CDC</u> Centers for
1476	Disease Control and Prevention, and the Association of State and
1477	Territorial Health Officials have led the development of a
1478	public health strategy, the National Arthritis Action Plan, to
1479	respond to this challenge.
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(5) FUNDING.--

(b) The State Surgeon General <u>may shall</u> seek any federal
waiver or waivers that may be necessary to maximize funds from
the Federal Government to implement this program.

Section 28. Section 385.301, Florida Statutes, is created to read:

486 <u>385.301</u> Rulemaking authority.--The department may adopt 487 rules pursuant to chapter 120 to administer this chapter.

Section 29. Subsection (9) of section 409.904, Florida Statutes, is amended to read:

409.904 Optional payments for eligible persons.--The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(9) Eligible women with incomes at or below 200 percent of the federal poverty level and under age 65, for cancer treatment pursuant to the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, screened through the Mary Brogan Breast and Cervical Cancer Early Detection Program established under s. 385.2021 s. 381.93.

1504Section 30.The Pharmacy and Therapeutic Advisory1505Council.--

1506 (1) The Pharmacy and Therapeutic Advisory Council is 1507 created within the Executive Office of the Governor to serve in 770675 Approved For Filing: 5/1/2009 4:54:55 PM Page 55 of 70

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1 5 0 0	Amendment No.
1508	an advisory capacity to the Department of Health and other
1509	governmental agencies. The council may not interfere with
1510	existing mandated Medicaid services and may not develop or
1511	implement new services. Specifically, the council may not
1512	interfere with the work of the Agency for Health Care
1513	Administration as it complies with federal and state statutory
1514	obligations to develop a preferred drug list, to negotiate
1515	rebate agreements for medications included in the preferred drug
1516	list, and to protect the confidentiality of rebate agreements.
1517	The council may not interfere with the Medicaid Pharmacy and
1518	Therapeutics Committee or the Drug Utilization Review Board,
1519	which oversee clinical activities within the Bureau of Pharmacy
1520	Services if such interference would violate any federal or state
1521	statutory obligations.
1522	(2) The Pharmacy and Therapeutic Advisory Council shall
1523	use Medicaid processes within the existing Medicaid structure of
1524	the Agency for Health Care Administration as a guide for
1525	assisting state agencies in:
1526	(a) Developing an unbiased clinical perspective on drug
1527	evaluations and utilization protocols that are relevant to
1528	patient care provided through programs administered by state
1529	agencies.
1530	(b) Developing drug utilization review processes that are
1531	relevant to the agencies and those receiving care through
1532	programs administered by the agencies.
1533	(c) Building a formulary structure that enforces formulary
1534	compliance or adherence within each agency.
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1535	(d) Performing pharmacoeconomic analyses on formulary
1536	management so that the state maximizes the cost-effectiveness of
1537	its pharmaceutical purchasing.
1538	(e) Reviewing new and existing therapies using criteria
1539	established for efficacy, safety, and quality in order to
1540	maximize cost-effective purchasing.
1541	(f) Reviewing state agency proposals to maximize the cost-
1542	effectiveness of pharmaceutical purchasing in compliance with s.
1543	381.0203, Florida Statutes.
1544	(3) The council shall verify the cost-effectiveness and
1545	clinical efficacy of any state contracts entered into under s.
1546	381.0203(1), Florida Statutes, no less than once every 2 years.
1547	(4) The members of the council and the chair shall be
1548	appointed by the Governor to 4-year staggered terms or until
1549	their successors are appointed. Members may be appointed to more
1550	than one term. The Governor shall fill any vacancies for the
1551	remainder of the unexpired term in the same manner as the
1552	original appointment.
1553	(5) The council shall include voting and nonvoting
1554	members, and the chair, who is a voting member, must be a
1555	pharmacist employed by a state agency.
1556	(a) The voting members shall represent:
1557	1. The Agency for Health Care Administration.
1558	2. The Agency for Persons with Disabilities.
1559	3. The Department of Children and Family Services.
1560	4. The Department of Corrections.
1561	5. The Department of Elderly Affairs.
1562	6. The Department of Health.
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	Amendment No.
1563	7. The Department of Juvenile Justice.
1564	8. The Bureau of Pharmacy Services within the Agency for
1565	Health Care Administration, which shall be represented by the
1566	bureau chief.
1567	9. The Bureau of Statewide Pharmaceutical Services within
1568	the Department of Health, which shall be represented by the
1569	bureau chief.
1570	(b) The nonvoting members shall be:
1571	1. A representative from the Agency for Health Care
1572	Administration's drug contracting program.
1573	2. The contracting officer for the Department of Health's
1574	drug procurement program.
1575	3. A clinical pharmacy program manager from the Agency for
1576	Health Care Administration.
1577	4. The chair of the Department of Health's Pharmacy and
1578	Therapeutics Committee.
1579	5. The general counsel for the Agency for Health Care
1580	Administration or his or her designee.
1581	6. The general counsel for a state agency in the executive
1582	branch of state government, or his or her designee.
1583	7. A representative from the Executive Office of the
1584	Governor.
1585	8. The statewide pharmacy director of the Department of
1586	Corrections' Office of Health Services.
1587	(6) Members of the council shall consist of at least one
1588	physician licensed under chapter 458 or chapter 459, Florida
1589	Statutes, at least one pharmacist licensed under chapter 465,
1590	Florida Statutes, and at least one registered nurse licensed
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1591	Amendment No. under chapter 464, Florida Statutes. Each member designated in
1592	this subsection must have an active license in his or her
1593	profession and may not have been the subject of any agency
1594	disciplinary action.
1595	(7) Members, who must be residents of this state, shall be
1596	selected on the basis of specialty, board certification, prior
1597	pharmacy and therapeutic experience, experience treating medical
1598	assistance recipients, ability to represent a broad base of
1599	constituents, and number of years of practice. Members may not
1600	have any conflicts of interest due to their service on the
1601	council.
1602	(8) The council may request the participation of
1603	additional subject-matter experts to address specific drug,
1604	therapeutic, or drug-procurement issues under review by the
1605	council.
1606	(9) A majority of the members of the council constitutes a
1607	quorum, and an affirmative vote of a majority of the voting
1608	members is necessary to take action.
1609	(10) The council shall meet quarterly or at the call of
1610	the chair.
1611	(11) The council shall be staffed by the chair's
1612	department or agency.
1613	(12) The council members shall serve without compensation,
1614	but are entitled to reimbursement for travel and per diem
1615	expenses incurred in the performance of their duties in
1616	accordance with s. 112.061, Florida Statutes.
1617	Section 31. Subsections (1) and (3) of section 430.80,
1618	Florida Statutes, are amended to read:
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Amendment No.

1619 430.80 Implementation of a teaching nursing home pilot 1620 project.--

(1) As used in this section, the term "teaching nursing 1621 1622 home" means a nursing home facility licensed under chapter 400 which contains a minimum of 275 400 licensed nursing home beds; 1623 1624 has access to a resident senior population of sufficient size to 1625 support education, training, and research relating to geriatric 1626 care; and has a contractual relationship with a federally funded 1627 accredited geriatric research center in this state or operates 1628 in its own right a geriatric research center.

1629 (3) To be designated as a teaching nursing home, a nursing1630 home licensee must, at a minimum:

1631 (a) Provide a comprehensive program of integrated senior 1632 services that include institutional services and community-based 1633 services;

(b) Participate in a nationally recognized accreditation
program and hold a valid accreditation, such as the
accreditation awarded by the Joint Commission on Accreditation
of Healthcare Organizations, or possess a Gold Seal Award as
<u>conferred by the Agency for Health Care Administration on its</u>

1639 <u>licensed nursing home;</u>

1640 (c) Have been in business in this state for a minimum of 1641 10 consecutive years;

1642 (d) Demonstrate an active program in multidisciplinary 1643 education and research that relates to gerontology;

1644 (e) Have a formalized contractual relationship with at 1645 least one accredited health profession education program located 1646 in this state; 770675

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1647 (f) Have a formalized contractual relationship with an 1648 accredited hospital that is designated by law as a teaching 1649 hospital; and

1650 <u>(f) (g)</u> Have senior staff members who hold formal faculty 1651 appointments at universities, which must include at least one 1652 accredited health profession education program; and.

1653 (g) (h) Maintain insurance coverage pursuant to s. 1654 400.141(20) or proof of financial responsibility in a minimum 1655 amount of \$750,000. Such proof of financial responsibility may 1656 include:

1657 1. Maintaining an escrow account consisting of cash or 1658 assets eligible for deposit in accordance with s. 625.52; or

1659 2. Obtaining and maintaining pursuant to chapter 675 an 1660 unexpired, irrevocable, nontransferable and nonassignable letter 1661 of credit issued by any bank or savings association organized 1662 and existing under the laws of this state or any bank or savings 1663 association organized under the laws of the United States that has its principal place of business in this state or has a 1664 1665 branch office which is authorized to receive deposits in this 1666 state. The letter of credit shall be used to satisfy the obligation of the facility to the claimant upon presentment of a 1667 1668 final judgment indicating liability and awarding damages to be 1669 paid by the facility or upon presentment of a settlement 1670 agreement signed by all parties to the agreement when such final 1671 judgment or settlement is a result of a liability claim against 1672 the facility.

1673 Section 32. Subsection (20) of section 400.141, Florida
1674 Statutes, is amended to read:
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1675	Amendment No. 400.141 Administration and management of nursing home
1676	facilitiesEvery licensed facility shall comply with all
1677	applicable standards and rules of the agency and shall:
1678	(20) Maintain general and professional liability insurance
1679	coverage that is in force at all times. In lieu of general and
1680	professional liability insurance coverage, a state-designated
1681	teaching nursing home and its affiliated assisted living
1682	facilities created under s. 430.80 may demonstrate proof of
1683	financial responsibility as provided in s. 430.80(3)(g) (h) .
1684	
1685	Facilities that have been awarded a Gold Seal under the program
1686	established in s. 400.235 may develop a plan to provide
1687	certified nursing assistant training as prescribed by federal
1688	regulations and state rules and may apply to the agency for
1689	approval of their program.
1690	Section 33. Paragraph (g) is added to subsection (53) of
1691	section 499.003, Florida Statutes, to read:
1692	499.003 Definitions of terms used in this partAs used
1693	in this part, the term:
1694	(53) "Wholesale distribution" means distribution of
1695	prescription drugs to persons other than a consumer or patient,
1696	but does not include:
1697	(g) The sale, purchase, trade, or transfer of a
1698	prescription drug among agencies and health care entities of the
1699	state to complete the dispensing of the prescription drug to a
1700	patient under the care of a state agency or health care entity,
1701	or to a patient for whom the state is responsible for providing
1702	or arranging health care services. The agency or health care
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1703 entity that received the prescription drug on behalf of the 1704 patient is deemed the patient's agent under s. 465.003(6). 1705 Section 34. The Office of Program Policy Analysis and 1706 Government Accountability shall study the feasibility of 1707 establishing an environmental health program within the 1708 Department of Health related to the regulation of air quality 1709 within enclosed ice rinks. The study shall assess the dangers 1710 associated with oxides of nitrogen (NOX), hydrocarbons (CXHX), 1711 carbon monoxide (CO), carbon dioxide (CO2), and other harmful 1712 gasses, vapors, or particles which change the air quality due to the operation of the ice rink. The study shall identify any 1713 relevant standards, risk values or exposure quidelines 1714 1715 recommended by the United States Environmental Protection Agency 1716 or the United States Centers for Disease Control and Prevention, 1717 or any other federal agency. The study shall include 1718 recommendations for air quality standards and requirements for monitoring, testing, and recordkeeping; maintenance and 1719 1720 operation requirements for equipment that affects air quality; ventilation of the facility; and operators' required response 1721 1722 activities related to exceeding any air quality standards. The study shall identify the range of government and private sector 1723 1724 costs of such a program. The Office shall submit a report to the 1725 Governor, the Speaker of the House of Representatives and the 1726 President of the Senate by February 1, 2010. 1727 Section 33. This act shall take effect July 1, 2009. 1728 1729 1730 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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Amendment No.

1731

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1732	
1733	TITLE AMENDMENT
1734	Remove lines 1890-2120 and insert:
1735	An act relating to health care; amending s. 154.503, F.S.;
1736	conforming a cross-reference; repealing s. 381.0053, F.S.,
1737	relating to a comprehensive nutrition program; repealing
1738	s. 381.0054, F.S., relating to healthy lifestyles
1739	promotion; repealing ss. 381.732, 381.733, and 381.734,
1740	F.S., relating to the Healthy Communities, Healthy People
1741	Act; amending s. 381.006, F.S.; requiring the Department
1742	of Health, when conducting an environmental health program
1743	inspection of a certified domestic violence center and
1744	certain residential child-caring agencies to limit the
1745	inspection of the domestic violence center or residential
1746	child-caring agency to the requirements set forth in the
1747	department's rules applicable to community-based
1748	residential facilities with five or fewer residents;
1749	requiring a report to the Governor and Legislature prior
1750	to proceeding with nitrogen reduction activities; ;
1751	amending s. 381.0072, F.S.; requiring the Department of
1752	Health, when conducting a food service inspection of a
1753	certified domestic violence center to limit the inspection
1754	of the domestic violence center to the requirements set
1755	forth in the department's rules applicable to community-
1756	based residential facilities with five or fewer residents;
1757	amending s. 381.0203, F.S.; requiring certain state
1758	agencies to purchase drugs through the statewide
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	$11 \square $

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Amendment No. 1759 purchasing contract administered by the Department of 1760 Health; providing an exception; requiring the department 1761 to establish and maintain a pharmacy services program; 1762 establishing conditions for state agencies that purchase 1763 certain pharmaceutical services; transferring, 1764 renumbering, and amending s. 381.84, F.S., relating to the 1765 Comprehensive Statewide Tobacco Education and Use 1766 Prevention Program; revising definitions; revising program 1767 components; requiring program components to include efforts to educate youth and their parents about tobacco 1768 1769 use; requiring a youth-directed focus in each program 1770 component; deleting an obsolete provision relating to the 1771 AHEC smoking-cessation initiative; requiring the Tobacco 1772 Education and Use Prevention Advisory Council to adhere to 1773 state ethics laws; providing that meetings of the council 1774 are subject to public records and public meetings 1775 requirements; revising the duties of the council; deleting 1776 a provision that prohibits a member of the council from 1777 participating in a discussion or decision with respect to 1778 a research proposal by a firm, entity, or agency with which the member is associated as a member of the 1779 1780 governing body or as an employee or with which the member 1781 has entered into a contractual arrangement; revising the 1782 submission date of an annual report; deleting an expired 1783 provision relating to rulemaking authority of the 1784 department; transferring and renumbering s. 381.91, F.S., 1785 relating to the Jessie Trice Cancer Prevention Program; 1786 transferring, renumbering, and amending s. 381.911, F.S., 770675 Approved For Filing: 5/1/2009 4:54:55 PM

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1787	Amendment No. relating to the Prostate Cancer Awareness Program;
1788	revising the criteria for members of the prostate cancer
1789	advisory committee; repealing s. 381.912, F.S., relating
1790	to the Cervical Cancer Elimination Task Force;
1791	transferring and renumbering s. 381.92, F.S., relating to
1792	the Florida Cancer Council; transferring and renumbering
1793	s. 381.921, F.S., relating to the mission and duties of
1794	the Florida Cancer Council; amending s. 381.922, F.S.;
1795	conforming cross-references; transferring and renumbering
1796	s. 381.93, F.S., relating to a breast and cervical cancer
1797	early detection program; transferring and renumbering s.
1798	381.931, F.S., relating to an annual report on Medicaid
1799	expenditures; renaming ch. 385, F.S., as the "Healthy and
1800	Fit Florida Act"; amending s. 385.101, F.S.; renaming the
1801	"Chronic Diseases Act" as the "Healthy and Fit Florida
1802	Act"; amending s. 385.102, F.S.; revising legislative
1803	intent; creating s. 385.1021, F.S.; providing definitions;
1804	creating s. 385.1022, F.S.; requiring the Department of
1805	Health to support public health programs to reduce the
1806	incidence of mortality and morbidity from chronic
1807	diseases; creating s. 385.1023, F.S.; requiring the
1808	department to create state-level programs that address the
1809	risk factors of certain chronic diseases; providing
1810	required activities of the state-level programs; amending
1811	s. 385.103, F.S.; providing for community-level programs
1812	for the prevention of chronic diseases; revising
1813	definitions; requiring the department to develop and
1814	implement a community-based chronic disease prevention and
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1	Amendment No.
1815	health promotion program; providing the purpose of the
1816	program; providing requirements for the program; creating
1817	s. 385.105, F.S.; requiring the department to develop
1818	programs to increase physical fitness, to work with school
1819	districts, to develop partnerships that allow the public
1820	to access recreational facilities and public land areas
1821	suitable for physical activity, to work with the Executive
1822	Office of the Governor and Volunteer Florida, Inc., to
1823	promote school initiatives, and to collaborate with the
1824	Department of Education in recognizing nationally accepted
1825	best practices for improving physical education in
1826	schools; requiring the Department of Health to promote
1827	healthy lifestyles to reduce obesity; requiring the
1828	department to promote optimal nutritional status in all
1829	stages of people's lives, personal responsibility to
1830	prevent chronic disease or slow its progression, and
1831	regular health visits during a person's life span;
1832	authorizing state agencies to conduct employee wellness
1833	programs; requiring the department to serve as a model to
1834	develop and implement employee wellness programs;
1835	requiring the department to assist state agencies to
1836	develop the employee wellness programs; providing equal
1837	access to the programs by agency employees; requiring the
1838	department to coordinate efforts with the Department of
1839	Management Services and other state agencies; authorizing
1840	each state agency to establish an employee wellness work
1841	group to design the wellness program; requiring the
1842	department to provide requirements for participation fees,
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Amendment No. 1843 collaborations with businesses, and procurement of 1844 equipment and incentives; amending s. 385.202, F.S.; 1845 requiring facilities, laboratories, and practitioners to 1846 report certain information; authorizing the department to adopt rules regarding reporting requirements for the 1847 1848 cancer registry; providing immunity from liability for 1849 facilities and practitioners reporting certain 1850 information; requiring the department to adopt rules 1851 regarding the establishment and operation of a statewide 1852 cancer registry program; requiring the department or 1853 contractual designee operating the statewide cancer 1854 registry program to use or publish material only for the 1855 purpose of public health surveillance and advancing medical research or medical education in the interest of 1856 reducing morbidity or mortality; authorizing the 1857 1858 department to exchange personal data with any agency or 1859 contractual designee for the purpose of public health surveillance and medical or scientific research under 1860 1861 certain circumstances; clarifying that the department may 1862 adopt rules regarding the classifications of facilities 1863 related to reports made to the cancer registry; requiring 1864 each facility and practitioner that reports cancer cases 1865 to the department to make their records available for onsite review; amending s. 385.203, F.S.; increasing the 1866 1867 size of the Diabetes Advisory Council to include one 1868 representative of the Florida Academy of Family Physicians; amending s. 385.206, F.S.; renaming the 1869 1870 "hematology-oncology care center program" as the 770675

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	Amendment No.
1871	"Pediatric Hematology-Oncology Center Program"; revising
1872	definitions; authorizing the department to designate
1873	centers and provide funding to maintain programs for the
1874	care of patients with hematologic and oncologic disorders;
1875	clarifying provisions related to grant-funding agreements
1876	and grant disbursements; revising the department's
1877	requirement to evaluate services rendered by the centers;
1878	requiring data from the centers and other sources relating
1879	to pediatric cancer to be available to the department for
1880	program planning and quality assurance initiatives;
1881	amending s. 385.207, F.S.; clarifying provisions that
1882	require the department to collect information regarding
1883	the number of clients served, the outcomes reached, the
1884	expense incurred, and fees collected by providers of
1885	epilepsy services; deleting the provision that requires
1886	the department to limit administrative expenses from the
1887	Epilepsy Services Trust Fund to a certain percentage of
1888	annual receipts; amending s. 385.210, F.S.; revising
1889	legislative findings regarding the economic costs of
1890	treating arthritis and its complications; authorizing the
1891	State Surgeon General to seek any federal waivers that may
1892	be necessary to maximize funds from the Federal Government
1893	to implement the Arthritis Prevention and Education
1894	Program; creating s. 385.301, F.S.; authorizing the
1895	department to adopt rules to administer the act; amending
1896	s. 409.904, F.S.; conforming a cross-reference; creating
1897	the Pharmacy and Therapeutic Advisory Council within the
1898	Executive Office of the Governor; providing duties of the
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	Amendment No.
1899	council; providing for the appointment and qualification
1900	of members; providing for the use of subject-matter
1901	experts when necessary; providing requirements for voting
1902	and a quorum; providing for quarterly meetings of the
1903	council; providing for staffing; providing for
1904	reimbursement of per diem and travel expenses for members
1905	of the council; amending s. 430.80, F.S.; redefining the
1906	term "teaching nursing home" as it relates to the
1907	implementation of a teaching nursing home pilot project;
1908	revising the requirements to be designated as a teaching
1909	nursing home; amending s. 400.141, F.S.; conforming a
1910	cross-reference; amending s. 499.003, F.S.; excluding from
1911	the definition of "wholesale distribution" certain
1912	activities of state agencies; requiring a study and report
1913	by the Office of Program Policy Analysis and Government
1914	Accountability relating to air quality within ice rinks;
1915	providing an effective date.

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