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LEGISLATIVE ACTION

Senate	.	House
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05/01/2009 10:57 AM	.	
	.	

Senator Gaetz moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (e) of subsection (2) of section
154.503, Florida Statutes, is amended to read:

154.503 Primary Care for Children and Families Challenge
Grant Program; creation; administration.—

(2) The department shall:

(e) Coordinate with the primary care program developed
pursuant to s. 154.011, the Florida Healthy Kids Corporation
program created in s. 624.91, the school health services program



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13 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~
14 ~~Healthy People Program created in s. 381.734,~~ and the volunteer
15 health care provider program developed pursuant to s. 766.1115.

16 Section 2. Sections 381.0053, 381.0054, 381.732, 381.733,
17 and 381.734, Florida Statutes, are repealed.

18 Section 3. Subsection (16) of section 381.006, Florida
19 Statutes, is amended, and subsection (18) is added to that
20 section, to read:

21 381.006 Environmental health.—The department shall conduct
22 an environmental health program as part of fulfilling the
23 state's public health mission. The purpose of this program is to
24 detect and prevent disease caused by natural and manmade factors
25 in the environment. The environmental health program shall
26 include, but not be limited to:

27 (16) A group-care-facilities function, where a group care
28 facility means any public or private school, housing, building
29 or buildings, section of a building, or distinct part of a
30 building or other place, whether operated for profit or not,
31 which undertakes, through its ownership or management, to
32 provide one or more personal services, care, protection, and
33 supervision to persons who require such services and who are not
34 related to the owner or administrator. The department may adopt
35 rules necessary to protect the health and safety of residents,
36 staff, and patrons of group care facilities, such as child care
37 facilities, family day care homes, assisted living facilities,
38 adult day care centers, adult family care homes, hospices,
39 residential treatment facilities, crisis stabilization units,
40 pediatric extended care centers, intermediate care facilities
41 for the developmentally disabled, group care homes, and, jointly



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42 with the Department of Education, private and public schools.
43 These rules may include definitions of terms; provisions
44 relating to operation and maintenance of facilities, buildings,
45 grounds, equipment, furnishings, and occupant-space
46 requirements; lighting; heating, cooling, and ventilation; food
47 service; water supply and plumbing; sewage; sanitary facilities;
48 insect and rodent control; garbage; safety; personnel health,
49 hygiene, and work practices; and other matters the department
50 finds are appropriate or necessary to protect the safety and
51 health of the residents, staff, or patrons. The department may
52 not adopt rules that conflict with rules adopted by the
53 licensing or certifying agency. The department may enter and
54 inspect at reasonable hours to determine compliance with
55 applicable statutes or rules. An environmental health program
56 inspection of a certified domestic violence center or
57 residential child-caring agency licensed by the Department of
58 Children and Family Services pursuant to chapter 409 shall be
59 limited to the requirements set forth in the department's rules
60 applicable to community-based residential facilities with five
61 or fewer residents. In addition to any sanctions that the
62 department may impose for violations of rules adopted under this
63 section, the department shall also report such violations to any
64 agency responsible for licensing or certifying the group care
65 facility. The licensing or certifying agency may also impose any
66 sanction based solely on the findings of the department.

67
68 The department may adopt rules to carry out the provisions of
69 this section.

70 (18) A function related to air quality inside an enclosed



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71 ice rink to protect the health and safety of visitors and
72 employees of an enclosed ice skating rink from dangers
73 associated with oxides of nitrogen (NOX), hydrocarbons (CXHX),
74 carbon monoxide (CO), carbon dioxide (CO2), and other harmful
75 gasses, vapors, or particles as identified by the department
76 which change the air quality due to the operation of the ice
77 rink. The department may adopt rules, including definitions; air
78 quality standards and requirements for monitoring, testing, and
79 recordkeeping; maintenance and operation requirements for
80 equipment that affects air quality; ventilation of the facility;
81 operators' required response activities to the exceedance of an
82 air quality standard; and assessment of fees. The department may
83 enter and inspect an enclosed ice skating rink at reasonable
84 hours to determine compliance with applicable statutes or rules.
85 The department may assess a fee no greater than \$300 to cover
86 the actual costs of the annual inspection and review of the air
87 quality of enclosed ice skating rinks. The air quality standards
88 adopted by the department must be consistent with risk values or
89 exposure guidelines recommended by the United States
90 Environmental Protection Agency or the United States Centers for
91 Disease Control and Prevention.

92 Section 4. Subsection (1) of section 381.0061, Florida
93 Statutes, is amended to read:

94 381.0061 Administrative fines.—

95 (1) In addition to any administrative action authorized by
96 chapter 120 or by other law, the department may impose a fine,
97 which shall not exceed \$500 for each violation, for a violation
98 of s. 381.006(16), s. 381.006(18), s. 381.0065, s. 381.0066, s.
99 381.0072, or part III of chapter 489, for a violation of any



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100 rule adopted under this chapter, or for a violation of any of
101 the provisions of chapter 386. Notice of intent to impose such
102 fine shall be given by the department to the alleged violator.
103 Each day that a violation continues may constitute a separate
104 violation.

105 Section 5. Paragraph (a) of subsection (2) of section
106 381.0072, Florida Statutes, is amended to read:

107 381.0072 Food service protection.—It shall be the duty of
108 the Department of Health to adopt and enforce sanitation rules
109 consistent with law to ensure the protection of the public from
110 food-borne illness. These rules shall provide the standards and
111 requirements for the storage, preparation, serving, or display
112 of food in food service establishments as defined in this
113 section and which are not permitted or licensed under chapter
114 500 or chapter 509.

115 (2) DUTIES.—

116 (a) The department shall adopt rules, including definitions
117 of terms which are consistent with law prescribing minimum
118 sanitation standards and manager certification requirements as
119 prescribed in s. 509.039, and which shall be enforced in food
120 service establishments as defined in this section. The
121 sanitation standards must address the construction, operation,
122 and maintenance of the establishment; lighting, ventilation,
123 laundry rooms, lockers, use and storage of toxic materials and
124 cleaning compounds, and first-aid supplies; plan review; design,
125 construction, installation, location, maintenance, sanitation,
126 and storage of food equipment and utensils; employee training,
127 health, hygiene, and work practices; food supplies, preparation,
128 storage, transportation, and service, including access to the



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129 areas where food is stored or prepared; and sanitary facilities
130 and controls, including water supply and sewage disposal;
131 plumbing and toilet facilities; garbage and refuse collection,
132 storage, and disposal; and vermin control. Public and private
133 schools, if the food service is operated by school employees;
134 hospitals licensed under chapter 395; nursing homes licensed
135 under part II of chapter 400; child care facilities as defined
136 in s. 402.301; residential facilities colocated with a nursing
137 home or hospital, if all food is prepared in a central kitchen
138 that complies with nursing or hospital regulations; and bars and
139 lounges, as defined by department rule, are exempt from the
140 rules developed for manager certification. The department shall
141 administer a comprehensive inspection, monitoring, and sampling
142 program to ensure such standards are maintained. With respect to
143 food service establishments permitted or licensed under chapter
144 500 or chapter 509, the department shall assist the Division of
145 Hotels and Restaurants of the Department of Business and
146 Professional Regulation and the Department of Agriculture and
147 Consumer Services with rulemaking by providing technical
148 information. Food service inspections of a certified domestic
149 violence center shall be limited to the requirements set forth
150 in the department's rules applicable to community-based
151 residential facilities with five or fewer residents.

152 Section 6. Subsection (1) and paragraph (a) of subsection
153 (2) of section 381.0203, Florida Statutes, are amended to read:
154 381.0203 Pharmacy services.—

155 (1) The department must ~~may~~ contract on a statewide basis
156 for the purchase of drugs, as defined in s. 499.003, to be used
157 by state agencies and political subdivisions, and may adopt



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158 rules to administer this section. Effective January 1, 2010, all
159 state agencies, except the Agency for Health Care
160 Administration, the Department of Veterans' Affairs, and the
161 Department of Management Services, must purchase drugs through
162 the statewide contract unless:

163 (a) The Pharmacy and Therapeutic Advisory Council approves
164 a more cost-effective purchasing plan; or

165 (b) The drugs required are not available through the
166 statewide purchasing contract.

167 (2) The department must ~~may~~ establish and maintain a
168 pharmacy services program that includes, ~~including,~~ but is not
169 limited to:

170 (a) A central pharmacy to support pharmaceutical services
171 provided by the county health departments, including
172 pharmaceutical repackaging, dispensing, and the purchase and
173 distribution of immunizations and other pharmaceuticals. Such
174 services shall be provided to other state agencies and political
175 subdivisions of the state upon written agreement. State agencies
176 purchasing pharmaceutical services shall purchase pharmaceutical
177 services, including pharmaceutical repackaging and dispensing
178 services in the most cost-effective manner consistent with the
179 delivery of quality medical care. Nothing in this subsection
180 prohibits state agencies from contracting with vendors to
181 provide these pharmaceutical services. Cost savings realized by
182 the state through utilization of the central pharmacy may be
183 used by the department to offset additional costs.

184 Section 7. Section 381.84, Florida Statutes, is
185 transferred, renumbered as section 385.106, Florida Statutes,
186 and amended to read:



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187 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education
188 and Use Prevention Program.—

189 (1) DEFINITIONS.—As used in this section and for purposes
190 of the provisions of s. 27, Art. X of the State Constitution,
191 the term:

192 (a) "AHEC network" means an area health education center
193 network established under s. 381.0402.

194 (b) "Best practices" means the Best Practices for
195 Comprehensive Tobacco Control Programs as established by the
196 CDC, as amended.

197 (c) ~~(b)~~ "CDC" means the United States Centers for Disease
198 Control and Prevention.

199 (d) ~~(e)~~ "Council" means the Tobacco Education and Use
200 Prevention Advisory Council.

201 ~~(d) "Department" means the Department of Health.~~

202 ~~(e) "Tobacco" means, without limitation, tobacco itself and~~
203 ~~tobacco products that include tobacco and are intended or~~
204 ~~expected for human use or consumption, including, but not~~
205 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~
206 ~~tobacco.~~

207 ~~(f) "Youth" means minors and young adults.~~

208 (2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of
209 this section to implement s. 27, Art. X of the State
210 Constitution. The Legislature finds that s. 27, Art. X of the
211 State Constitution requires the funding of a statewide tobacco
212 education and use prevention program that focuses on tobacco use
213 by youth. The Legislature further finds that the primary goals
214 of the program are to reduce the prevalence of tobacco use among
215 youth, adults, and pregnant women; reduce per capita tobacco



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216 consumption; and reduce exposure to environmental tobacco smoke.
217 Further, it is the intent of the Legislature to base increases
218 in funding for individual components of the program on the
219 results of assessments and evaluations. Recognizing that some
220 components will need to grow faster than inflation, it is the
221 intent of the Legislature to fund portions of the program on a
222 nonrecurring basis in the early years so that those components
223 that are most effective can be supported as the program matures.

224 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department
225 shall conduct a comprehensive, statewide tobacco education and
226 use prevention program consistent with the recommendations for
227 effective program components contained in the 1999 Best
228 Practices for Comprehensive Tobacco Control Programs of the CDC,
229 as amended by the CDC. The program shall include the following
230 components, each of which shall focus on educating people,
231 ~~particularly youth and their parents,~~ about the health hazards
232 of tobacco and discouraging the use of tobacco. All program
233 components shall include efforts to educate youth and their
234 parents about tobacco use, and a youth-directed focus shall
235 exist in all components outlined in this subsection.±

236 (a) State and community interventions.—These interventions
237 shall include, but not be limited to, a statewide tobacco
238 control program that combines and coordinates community-based
239 interventions that focus on preventing initiation of tobacco use
240 among youth and young adults; promoting quitting among adults,
241 youth, and pregnant women; eliminating exposure to secondhand
242 smoke; identifying and eliminating tobacco-related disparities
243 among population groups; and promoting a range of collaborations
244 to prevent and alleviate the effects of chronic diseases.



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245 ~~Counter marketing and advertising; cyberspace resource center.~~
246 ~~The counter-marketing and advertising campaign shall include, at~~
247 ~~a minimum, Internet, print, radio, and television advertising~~
248 ~~and shall be funded with a minimum of one third of the total~~
249 ~~annual appropriation required by s. 27, Art. X of the State~~
250 ~~Constitution. A cyberspace resource center for copyrighted~~
251 ~~materials and information concerning tobacco education and use~~
252 ~~prevention, including cessation, shall be maintained by the~~
253 ~~program. Such resource center must be accessible to the public,~~
254 ~~including parents, teachers, and students, at each level of~~
255 ~~public and private schools, universities, and colleges in the~~
256 ~~state and shall provide links to other relevant resources. The~~
257 ~~Internet address for the resource center must be incorporated in~~
258 ~~all advertising. The information maintained in the resource~~
259 ~~center shall be used by the other components of the program.~~

260 (b) Health communication interventions.—Effective media and
261 health communication intervention efforts include, but are not
262 limited to, audience research to define themes and execute
263 messages for influential, high impact, and specifically targeted
264 campaigns; market research to identify the target market and the
265 behavioral theory motivating change; counter-marketing
266 surveillance; community tie-ins to support and reinforce the
267 statewide campaign; technologies such as viral marketing, social
268 networks, personal web pages, and web logs; traditional media;
269 process and outcome evaluation of the communication efforts; and
270 promotion of available services, including the state telephone
271 cessation quitline. Cessation programs, counseling, and
272 treatment. This program component shall include two
273 subcomponents:



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274 ~~1. A statewide toll-free cessation service, which may~~
275 ~~include counseling, referrals to other local resources and~~
276 ~~support services, and treatment to the extent funds are~~
277 ~~available for treatment services; and~~

278 ~~2. A local community-based program to disseminate~~
279 ~~information about smoking cessation, how smoking cessation~~
280 ~~relates to prenatal care and obesity prevention, and other~~
281 ~~chronic tobacco-related diseases.~~

282 (c) *Cessation interventions.*—Cessation interventions
283 include, but are not limited to, sustaining, expanding, and
284 promoting the service through population-based counseling and
285 treatment programs; encouraging public and private insurance
286 coverage for counseling and FDA-approved medication treatments
287 for tobacco-use cessation; eliminating cost and other barriers
288 to treatment for underserved populations; and making health care
289 system changes. Youth interventions to prevent tobacco-use
290 initiation and encourage cessation among young people are needed
291 in order to reshape the environment so that it supports tobacco-
292 free norms. Because most people who start smoking are younger
293 than 18 years of age, intervening during adolescence is
294 critical. Community programs and school-based policies and
295 interventions should be a part of a comprehensive effort that is
296 implemented in coordination with community and school
297 environments and in conjunction with increasing the unit price
298 of tobacco products, sustaining anti-tobacco media campaigns,
299 making environments tobacco free, and engaging in other efforts
300 to create tobacco-free social norms. *Surveillance and*
301 *evaluation.* The program shall conduct ongoing epidemiological
302 surveillance and shall contract for annual independent



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303 ~~evaluations of the effectiveness of the various components of~~
304 ~~the program in meeting the goals as set forth in subsection (2).~~

305 (d) *Surveillance and evaluation.*—The surveillance and
306 evaluation of all program components shall monitor and document
307 short-term, intermediate, and long-term intervention outcomes to
308 inform program and policy direction and ensure accountability.
309 The surveillance and evaluation must be conducted objectively
310 through scientifically sound methodology. ~~Youth school~~
311 ~~programs.—School and after-school programs shall use current~~
312 ~~evidence-based curricula and programs that involve youth to~~
313 ~~educate youth about the health hazards of tobacco, help youth~~
314 ~~develop skills to refuse tobacco, and demonstrate to youth how~~
315 ~~to stop using tobacco.~~

316 (e) *Administration and management.*—Administration and
317 management activities include, but are not limited to, strategic
318 planning to guide program efforts and resources in order to
319 accomplish goals; recruiting and developing qualified and
320 diverse technical, program, and administrative staff; awarding
321 and monitoring program contracts and grants to coordinate
322 implementation across program areas; developing and maintaining
323 a fiscal-management system to track allocations and the
324 expenditure of funds; increasing capacity at the community level
325 through ongoing training and technical assistance; creating
326 effective communications internally among chronic disease
327 prevention programs and local coalitions and partners; and
328 educating the public and decisionmakers on the health effects of
329 tobacco and evidence-based effective program and policy
330 interventions. ~~Community programs and chronic disease~~
331 ~~prevention.—The department shall promote and support local~~



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332 ~~community-based partnerships that emphasize programs involving~~
333 ~~youth, including programs for the prevention, detection, and~~
334 ~~early intervention of smoking-related chronic diseases.~~

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

342 (g) ~~*County health departments Administration, statewide*~~
343 ~~*programs, and county health departments.*~~—Each county health
344 department is eligible to receive a portion of the annual
345 appropriation, on a per capita basis, for coordinating tobacco
346 education and use prevention programs within that county.
347 Appropriated funds may be used to improve the infrastructure of
348 the county health department to implement the comprehensive,
349 statewide tobacco education and use prevention program. Each
350 county health department shall prominently display in all
351 treatment rooms and waiting rooms, counter-marketing and
352 advertisement materials in the form of wall posters, brochures,
353 television advertising if televisions are used in the lobby or
354 waiting room, and screensavers and Internet advertising if
355 computer kiosks are available for use or viewing by people at
356 the county health department.

357 (h) *Enforcement and awareness of related laws.*—In
358 coordination with the Department of Business and Professional
359 Regulation, the program shall monitor the enforcement of laws,
360 rules, and policies prohibiting the sale or other provision of



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361 tobacco to minors, as well as the continued enforcement of the
362 Clean Indoor Air Act prescribed in chapter 386. The
363 advertisements produced in accordance with paragraph (b)
364 ~~paragraph (a)~~ may also include information designed to make the
365 public aware of these related laws and rules. The departments
366 may enter into interagency agreements to carry out this program
367 component.

368 (i) *AHEC smoking-cessation initiative.* ~~For the 2007-2008~~
369 ~~and 2008-2009 fiscal years only,~~ The AHEC network shall expand
370 the AHEC smoking-cessation initiative to each county within the
371 state and perform other activities as determined by the
372 department.

373 (4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND MEETINGS.—
374 The Tobacco Education and Use Prevention Advisory Council is
375 created within the department.

376 (a) The council shall consist of 23 members, including:

377 1. The State Surgeon General, who shall serve as the
378 chairperson.

379 2. One county health department director, appointed by the
380 State Surgeon General.

381 3. Two members appointed by the Commissioner of Education,
382 of whom one must be a school district superintendent.

383 4. The chief executive officer of the Florida Division of
384 the American Cancer Society, or his or her designee.

385 5. The chief executive officer of the Greater Southeast
386 Affiliate of the American Heart Association, or his or her
387 designee.

388 6. The chief executive officer of the American Lung
389 Association of Florida, or his or her designee.



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- 390 7. The dean of the University of Miami School of Medicine,
391 or his or her designee.
- 392 8. The dean of the University of Florida College of
393 Medicine, or his or her designee.
- 394 9. The dean of the University of South Florida College of
395 Medicine, or his or her designee.
- 396 10. The dean of the Florida State University College of
397 Medicine, or his or her designee.
- 398 11. The dean of Nova Southeastern College of Osteopathic
399 Medicine, or his or her designee.
- 400 12. The dean of the Lake Erie College of Osteopathic
401 Medicine in Bradenton, Florida, or his or her designee.
- 402 13. The chief executive officer of the Campaign for Tobacco
403 Free Kids, or his or her designee.
- 404 14. The chief executive officer of the Legacy Foundation,
405 or his or her designee.
- 406 15. Four members appointed by the Governor, of whom two
407 must have expertise in the field of tobacco-use prevention and
408 education or smoking cessation and one individual who shall be
409 between the ages of 16 and 21 at the time of his or her
410 appointment.
- 411 16. Two members appointed by the President of the Senate,
412 of whom one must have expertise in the field of tobacco-use
413 prevention and education or smoking cessation.
- 414 17. Two members appointed by the Speaker of the House of
415 Representatives, of whom one must have expertise in the field of
416 tobacco-use prevention and education or smoking cessation.
- 417 (b) The appointments shall be for 3-year terms and shall
418 reflect the diversity of the state's population. A vacancy shall



419 be filled by appointment by the original appointing authority
420 for the unexpired portion of the term.

421 (c) An appointed member may not serve more than two
422 consecutive terms.

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

426 (e) Members of the council shall serve without
427 compensation, but are entitled to reimbursement for per diem and
428 travel expenses pursuant to s. 112.061. Members who are state
429 officers or employees or who are appointed by state officers or
430 employees shall be reimbursed for per diem and travel expenses
431 pursuant to s. 112.061 from the state agency through which they
432 serve.

433 (f) The council shall adhere to all state ethics laws.
434 Meetings of the council and the review panels are subject to
435 chapter 119, s. 286.011, and s. 24, Art. I of the State
436 Constitution. ~~The department shall provide council members with~~
437 ~~information and other assistance as is reasonably necessary to~~
438 ~~assist the council in carrying out its responsibilities.~~

439 (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall
440 advise the State Surgeon General as to the direction and scope
441 of the Comprehensive Statewide Tobacco Education and Use
442 Prevention Program. The responsibilities of the council may
443 include, but are not limited to:

444 (a) Providing advice on program priorities and emphases.

445 (b) Providing advice on the overall program budget.

446 (c) Providing advice on copyrighted material, trademark,
447 and future transactions as they pertain to the tobacco education



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448 and use prevention program.

449 (d) Reviewing, as requested by the department, broadcast
450 material prepared for the Internet, portable media players,
451 radio, and television advertisement as it relates to the
452 advertising component of the tobacco education and use
453 prevention program.

454 (e) Participating in periodic program evaluation, as
455 requested by the department.

456 (f) Assisting the department in developing the development
457 of guidelines to ensure fairness, neutrality, and adherence to
458 the principles of merit and quality in the conduct of the
459 program.

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

464 (h) Assisting the department in developing panels to review
465 and evaluate potential fund recipients the development and
466 supervision of peer review panels.

467 (i) Assisting the department in reviewing reports of peer
468 review panels and making recommendations for funding allocations
469 contracts and grants.

470 (j) Assisting the department in reviewing the activities
471 and evaluating the performance of the AHEC network to avoid
472 duplicative efforts using state funds.

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



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

481 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the
482 program components or subcomponents described in paragraphs
483 (3) (a)-(f) shall be awarded by the State Surgeon General, after
484 consultation with the council, on the basis of merit, as
485 determined by an open, competitive, peer-reviewed process that
486 ensures objectivity, consistency, and high quality. The
487 department shall award such grants or contracts no later than
488 October 1 for each fiscal year. A recipient of a contract or
489 grant for the program component described in paragraph (3) (d)
490 ~~(3) (e)~~ is not eligible for a contract or grant award for any
491 other program component described in subsection (3) in the same
492 state fiscal year. ~~A school or college of medicine that is~~
493 ~~represented on the council is not eligible to receive a contract~~
494 ~~or grant under this section. For the 2007-2008 and 2008-2009~~
495 ~~fiscal years only,~~ The department shall award a contract or
496 grant in the amount of \$10 million to the AHEC network for the
497 purpose of developing the components described in paragraph
498 (3) (i). ~~The AHEC network may apply for a competitive contract or~~
499 ~~grant after the 2008-2009 fiscal year.~~

500 (a) In order to ensure that all proposals for funding are
501 appropriate and are evaluated fairly on the basis of merit, the
502 State Surgeon General, in consultation with the council, shall
503 appoint a ~~peer~~ review panel of independent, qualified experts in
504 the field of tobacco control to review the content of each
505 proposal and establish its priority score. The priority scores



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506 shall be forwarded to the council and must be considered in
507 determining which proposals will be recommended for funding.

508 (b) The council and the ~~peer~~ review panel shall establish
509 and follow rigorous guidelines for ethical conduct and adhere to
510 a strict policy with regard to conflicts of interest. Council
511 members are subject to the applicable provisions of chapter 112.

512 ~~A member of the council or panel may not participate in any~~
513 ~~discussion or decision with respect to a research proposal by~~
514 ~~any firm, entity, or agency with which the member is associated~~
515 ~~as a member of the governing body or as an employee or with~~
516 ~~which the member has entered into a contractual arrangement.~~
517 ~~Meetings of the council and the peer review panels are subject~~
518 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~
519 ~~Constitution.~~

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

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

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



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535 county.

536 (7) ANNUAL REPORT REQUIRED.—By February 28 ~~January 31~~ of
537 each year, the department shall provide to the Governor, the
538 President of the Senate, and the Speaker of the House of
539 Representatives a report that evaluates the program's
540 effectiveness in reducing and preventing tobacco use and that
541 recommends improvements to enhance the program's effectiveness.
542 The report must contain, at a minimum, an annual survey of youth
543 attitudes and behavior toward tobacco, as well as a description
544 of the progress in reducing the prevalence of tobacco use among
545 youth, adults, and pregnant women; reducing per capita tobacco
546 consumption; and reducing exposure to environmental tobacco
547 smoke.

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

553 ~~(9) RULEMAKING AUTHORIZED.—By January 1, 2008, the~~
554 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~
555 ~~120.54 to administer this section.~~

556 Section 8. Section 381.91, Florida Statutes, is transferred
557 and renumbered as section 385.2024, Florida Statutes, to read:

558 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

559 (1) It is the intent of the Legislature to:

560 (a) Reduce the rates of illness and death from lung cancer
561 and other cancers and improve the quality of life among low-
562 income African-American and Hispanic populations through
563 increased access to early, effective screening and diagnosis,



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564 education, and treatment programs.

565 (b) Create a community faith-based disease-prevention
566 program in conjunction with the Health Choice Network and other
567 community health centers to build upon the natural referral and
568 education networks in place within minority communities and to
569 increase access to health service delivery in Florida.

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

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

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

581 Section 9. Section 381.911, Florida Statutes, is
582 transferred, renumbered as section 385.2023, Florida Statutes,
583 and amended to read:

584 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

585 (1) To the extent that funds are specifically made
586 available for this purpose, the Prostate Cancer Awareness
587 Program is established within the Department of Health. The
588 purpose of this program is to implement the recommendations of
589 January 2000 of the Florida Prostate Cancer Task Force to
590 provide for statewide outreach and health education activities
591 to ensure that men are aware of and appropriately seek medical
592 counseling for prostate cancer as an early-detection health care



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593 measure.

594 (2) For purposes of implementing the program, the
595 Department of Health and the Florida Public Health Foundation,
596 Inc., may:

597 (a) Conduct activities directly or enter into a contract
598 with a qualified nonprofit community education entity.

599 (b) Seek any available gifts, grants, or funds from the
600 state, the Federal Government, philanthropic foundations, and
601 industry or business groups.

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

605 (a) The State Surgeon General shall appoint the advisory
606 committee members, who shall consist of:

607 1. Three persons from prostate cancer survivor groups or
608 cancer-related advocacy groups.

609 2. Three persons who are scientists or clinicians from
610 public or nonpublic universities or research organizations.

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

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

618 (4) The program shall coordinate its efforts with those of
619 the Florida Public Health Foundation, Inc.

620 Section 10. Section 381.912, Florida Statutes, is repealed.

621 Section 11. Section 381.92, Florida Statutes, is



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622 transferred and renumbered as section 385.2025, Florida
623 Statutes, to read:

624 385.2025 ~~381.92~~ Florida Cancer Council.—

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

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

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

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

639 1. The chair of the Florida Dialogue on Cancer, who shall
640 serve as the chair of the council;

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

642 3. The chief executive officer of the H. Lee Moffitt Cancer
643 Center or his or her designee;

644 4. The director of the University of Florida Shands Cancer
645 Center or his or her designee;

646 5. The chief executive officer of the University of Miami
647 Sylvester Comprehensive Cancer Center or his or her designee;

648 6. The chief executive officer of the Mayo Clinic,
649 Jacksonville, or his or her designee;

650 7. The chief executive officer of the American Cancer



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651 Society, Florida Division, Inc., or his or her designee;
652 8. The president of the American Cancer Society, Florida
653 Division, Inc., Board of Directors or his or her designee;
654 9. The president of the Florida Society of Clinical
655 Oncology or his or her designee;
656 10. The president of the American College of Surgeons,
657 Florida Chapter, or his or her designee;
658 11. The chief executive officer of Enterprise Florida,
659 Inc., or his or her designee;
660 12. Five representatives from cancer programs approved by
661 the American College of Surgeons. Three shall be appointed by
662 the Governor, one shall be appointed by the Speaker of the House
663 of Representatives, and one shall be appointed by the President
664 of the Senate;
665 13. One member of the House of Representatives, to be
666 appointed by the Speaker of the House of Representatives; and
667 14. One member of the Senate, to be appointed by the
668 President of the Senate.
669 (d) Appointments made by the Speaker of the House of
670 Representatives and the President of the Senate pursuant to
671 paragraph (c) shall be for 2-year terms, concurrent with the
672 bienniums in which they serve as presiding officers.
673 (e) Appointments made by the Governor pursuant to paragraph
674 (c) shall be for 2-year terms, although the Governor may
675 reappoint members.
676 (f) Members of the council or any subsidiaries shall serve
677 without compensation, and each organization represented on the
678 council shall cover the expenses of its representatives.
679 (3) The council shall issue an annual report to the Center



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680 for Universal Research to Eradicate Disease, the Governor, the
681 Speaker of the House of Representatives, and the President of
682 the Senate by December 15 of each year, with policy and funding
683 recommendations regarding cancer research capacity in Florida
684 and related issues.

685 Section 12. Section 381.921, Florida Statutes, is
686 transferred and renumbered as section 385.20251, Florida
687 Statutes, to read:

688 385.20251 ~~381.921~~ Florida Cancer Council mission and
689 duties.—The council, which shall work in concert with the
690 Florida Center for Universal Research to Eradicate Disease to
691 ensure that the goals of the center are advanced, shall endeavor
692 to dramatically improve cancer research and treatment in this
693 state through:

694 (1) Efforts to significantly expand cancer research
695 capacity in the state by:

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

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

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

705 (d) Encouraging the employment of bioinformatics in order
706 to create a cancer informatics infrastructure that enhances
707 information and resource exchange and integration through
708 researchers working in diverse disciplines, to facilitate the



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709 full spectrum of cancer investigations;

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

713 (f) Aiding in other multidisciplinary research-support
714 activities as they inure to the advancement of cancer research.

715 (2) Efforts to improve both research and treatment through
716 greater participation in clinical trials networks by:

717 (a) Identifying ways to increase adult enrollment in cancer
718 clinical trials;

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

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

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

728 (3) Efforts to reduce the impact of cancer on disparate
729 groups by:

730 (a) Identifying those cancers that disproportionately
731 impact certain demographic groups; and

732 (b) Building collaborations designed to reduce health
733 disparities as they relate to cancer.

734 Section 13. Paragraph (a) of subsection (2) and subsection
735 (5) of section 381.922, Florida Statutes, as amended by section
736 2 of chapter 2009-5, Law of Florida, is amended to read:

737 381.922 William G. "Bill" Bankhead, Jr., and David Coley



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738 Cancer Research Program.—

739 (2) The program shall provide grants for cancer research to
740 further the search for cures for cancer.

741 (a) Emphasis shall be given to the goals enumerated in s.
742 385.20251 ~~s. 381.921~~, as those goals support the advancement of
743 such cures.

744 (5) For the 2008-2009 fiscal year and each fiscal year
745 thereafter, the sum of \$6.75 million is appropriated annually
746 from recurring funds in the General Revenue Fund to the
747 Biomedical Research Trust Fund within the Department of Health
748 for purposes of the William G. "Bill" Bankhead, Jr., and David
749 Coley Cancer Research Program and shall be distributed pursuant
750 to this section to provide grants to researchers seeking cures
751 for cancer, with emphasis given to the goals enumerated in s.
752 385.20251 ~~s. 381.921~~. From the total funds appropriated, an
753 amount of up to 10 percent may be used for administrative
754 expenses.

755 Section 14. Section 381.93, Florida Statutes, is
756 transferred and renumbered as section 385.2021, Florida
757 Statutes, to read:

758 385.2021 ~~381.93~~ Breast and cervical cancer early detection
759 program.—This section may be cited as the "Mary Brogan Breast
760 and Cervical Cancer Early Detection Program Act."

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

765 (2) The Department of Health, using available federal funds
766 and state funds appropriated for that purpose, is authorized to



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767 establish the Mary Brogan Breast and Cervical Cancer Screening
768 and Early Detection Program to provide screening, diagnosis,
769 evaluation, treatment, case management, and followup and
770 referral to the Agency for Health Care Administration for
771 coverage of treatment services.

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

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

783 (5) The department may provide other breast and cervical
784 cancer screening and diagnostic services; however, such services
785 shall be funded separately through other sources than this act.

786 Section 15. Section 381.931, Florida Statutes, is
787 transferred and renumbered as section 385.20211, Florida
788 Statutes, to read:

789 385.20211 ~~381.931~~ Annual report on Medicaid expenditures.-
790 The Department of Health and the Agency for Health Care
791 Administration shall monitor the total Medicaid expenditures for
792 services made under this act. If Medicaid expenditures are
793 projected to exceed the amount appropriated by the Legislature,
794 the Department of Health shall limit the number of screenings to
795 ensure Medicaid expenditures do not exceed the amount



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796 appropriated. The Department of Health, in cooperation with the
797 Agency for Health Care Administration, shall prepare an annual
798 report that must include the number of women screened; the
799 percentage of positive and negative outcomes; the number of
800 referrals to Medicaid and other providers for treatment
801 services; the estimated number of women who are not screened or
802 not served by Medicaid due to funding limitations, if any; the
803 cost of Medicaid treatment services; and the estimated cost of
804 treatment services for women who were not screened or referred
805 for treatment due to funding limitations. The report shall be
806 submitted to the President of the Senate, the Speaker of the
807 House of Representatives, and the Executive Office of the
808 Governor by March 1 of each year.

809 Section 16. Chapter 385, Florida Statutes, entitled
810 "Chronic Diseases," is renamed the "Healthy and Fit Florida
811 Act."

812 Section 17. Section 385.101, Florida Statutes, is amended
813 to read:

814 385.101 Short title.—~~This chapter Sections 385.101-385.103~~
815 may be cited as the "Healthy and Fit Florida Chronic Diseases
816 Act."

817 Section 18. Section 385.102, Florida Statutes, is amended
818 to read:

819 385.102 Legislative intent.—It is the finding of the
820 Legislature that:

821 (1) Chronic diseases continue to be the leading cause of
822 death and disability in this state and the country exist in high
823 proportions among the people of this state. These Chronic
824 diseases include, but are not limited to, arthritis,



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825 cardiovascular disease ~~heart disease, hypertension,~~ diabetes,
826 renal disease, cancer, and ~~chronic obstructive~~ lung disease,
827 including chronic obstructive pulmonary disease. These diseases
828 ~~are often~~ have the same preventable risk factors interrelated,
829 ~~and they directly and indirectly~~ account for a high rate of
830 death, disability, and underlying costs to the state's health
831 care system illness.

832 (2) Chronic diseases have a significant impact on quality
833 of life, not only for the individuals who experience their
834 painful symptoms and resulting disabilities, but also for family
835 members and caregivers.

836 (3) Racial and ethnic minorities and other underserved
837 populations are disproportionately affected by chronic diseases.

838 (4) There are enormous medical costs and lost wages
839 associated with chronic diseases and their complications.

840 (5)~~(2)~~ Advances in medical knowledge and technology assist
841 have assisted in the prevention, detection, and management of
842 chronic diseases. Comprehensive approaches that stress the
843 ~~stress~~ application of current medical treatment, continuing
844 research, professional training, and patient education, and
845 community-level policy and environmental changes should be
846 implemented encouraged.

847 (6)~~(3)~~ A comprehensive program dealing with the early
848 detection and prevention of chronic diseases is required to make
849 knowledge and therapy available to all people of this state. The
850 mobilization of scientific, medical, and educational resources,
851 along with the implementation of community-based policy under
852 one comprehensive chronic disease law, act will facilitate the
853 prevention, early intervention, and management treatment of



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854 chronic ~~these~~ diseases and their symptoms. This integration of
855 resources and policy will ~~and~~ result in a decline in death and
856 disability ~~illness~~ among the people of this state.

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

860 (a) Heart disease and stroke, which have remained the first
861 and third leading causes of death for both men and women in the
862 United States for over seven decades and account for
863 approximately one-third of total deaths each year in this state.

864 (b) Cancer, which is the second leading cause of death and
865 is responsible for one in four deaths in this state.

866 (c) Lung disease, which is the third leading cause of death
867 and accounts for one in every six deaths in this state.

868 (d) Diabetes, which is the sixth leading cause of death in
869 this state.

870 (e) Arthritis, which is the leading cause of disability in
871 the United States, limiting daily activities for more than 19
872 million citizens. In this state, arthritis limits daily
873 activities for an estimated 1.3 million people.

874 (8) The department shall establish, promote, and maintain
875 state-level and local-level programs for chronic disease
876 prevention and health promotion to the extent that funds are
877 specifically made available for this purpose.

878 Section 19. Section 385.1021, Florida Statutes, is created
879 to read:

880 385.1021 Definitions.—As used in this chapter, the term:

881 (1) "CDC" means the United States Centers for Disease
882 Control and Prevention.



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883 (2) "Chronic disease" means an illness that is prolonged,
884 does not resolve spontaneously, and is rarely cured completely.

885 (3) "Department" means the Department of Health.

886 (4) "Environmental changes" means changes to the economic,
887 social, or physical natural or built environments which
888 encourage or enable behaviors.

889 (5) "Policy change" means altering an informal or formal
890 agreement between public or private sectors which sets forth
891 values, behaviors, or resource allocation in order to improve
892 health.

893 (6) "Primary prevention" means an intervention that is
894 directed toward healthy populations and focuses on avoiding
895 disease before it occurs.

896 (7) "Risk factor" means a characteristic or condition
897 identified during the course of an epidemiological study of a
898 disease that appears to be statistically associated with a high
899 incidence of that disease.

900 (8) "Secondary prevention" means an intervention that is
901 designed to promote the early detection and management of
902 diseases and reduce the risks experienced by at-risk
903 populations.

904 (9) "System changes" means altering standard activities,
905 protocols, policies, processes, and structures carried out in
906 population-based settings, such as schools, worksites, health
907 care facilities, faith-based organizations, and the overall
908 community, which promote and support new behaviors.

909 (10) "Tertiary prevention" means an intervention that is
910 directed at rehabilitating and minimizing the effects of disease
911 in a chronically ill population.



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912 (11) "Tobacco" means, without limitation, tobacco itself
913 and tobacco products that include tobacco and are intended or
914 expected for human use or consumption, including, but not
915 limited to, cigarettes, cigars, pipe tobacco, and smokeless
916 tobacco.

917 (12) "Wellness program" means a structured program that is
918 designed or approved by the department to offer intervention
919 activities on or off the worksite which help state employees
920 change certain behaviors or adopt healthy lifestyles.

921 (13) "Youth" means children and young adults, up through 24
922 years of age, inclusive.

923 Section 20. Section 385.1022, Florida Statutes, is created
924 to read:

925 385.1022 Chronic disease prevention program.—The department
926 shall support public health programs to reduce the incidence of
927 mortality and morbidity from diseases for which risk factors can
928 be identified. Such risk factors include, but are not limited
929 to, being overweight or obese, physical inactivity, poor
930 nutrition and diet, tobacco use, sun exposure, and other
931 practices that are detrimental to health. The programs shall
932 educate and screen the general public as well as groups at
933 particularly high risk of chronic diseases.

934 Section 21. Section 385.1023, Florida Statutes, is created
935 to read:

936 385.1023 State-level prevention programs for chronic
937 disease.—

938 (1) The department shall create state-level programs that
939 address the leading, preventable chronic disease risk factors of
940 poor nutrition and obesity, tobacco use, sun exposure, and



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941 physical inactivity in order to decrease the incidence of
942 arthritis, cancer, diabetes, heart disease, lung disease,
943 stroke, and other chronic diseases.

944 (2) State-level programs shall address, but need not be
945 limited to, the following activities:

946 (a) Monitoring specific causal and behavioral risk factors
947 that affect the health of residents in the state.

948 (b) Analyzing data regarding chronic disease mortality and
949 morbidity to track changes over time.

950 (c) Promoting public awareness and increasing knowledge
951 concerning the causes of chronic diseases, the importance of
952 early detection, diagnosis, and appropriate evidence-based
953 prevention, management, and treatment strategies.

954 (d) Disseminating educational materials and information
955 concerning evidence-based results, available services, and
956 pertinent new research findings and prevention strategies to
957 patients, health insurers, health professionals, and the public.

958 (e) Using education and training resources and services
959 developed by organizations having appropriate expertise and
960 knowledge of chronic diseases for technical assistance.

961 (f) Evaluating the quality and accessibility of existing
962 community-based services for chronic disease.

963 (g) Increasing awareness among state and local officials
964 involved in health and human services, health professionals and
965 providers, and policymakers about evidence-based chronic-disease
966 prevention, tobacco cessation, and treatment strategies and
967 their benefits for people who have chronic diseases.

968 (h) Developing a partnership with state and local
969 governments, voluntary health organizations, hospitals, health



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970 insurers, universities, medical centers, employer groups,
971 private companies, and health care providers to address the
972 burden of chronic disease in this state.

973 (i) Implementing and coordinating state-level policies in
974 order to reduce the burden of chronic disease.

975 (j) Providing lasting improvements in the delivery of
976 health care for individuals who have chronic disease and their
977 families, thus improving their quality of life while also
978 containing health care costs.

979 Section 22. Section 385.103, Florida Statutes, is amended
980 to read:

981 385.103 Community-level ~~Community intervention~~ programs for
982 chronic disease prevention and health promotion.-

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

984 (a) "Chronic disease prevention and health promotion
985 control program" means a program that may include, but is not
986 limited to, including a combination of the following elements:

987 1. Staff who are sufficiently trained and skilled in public
988 health, community health, or school health education to
989 facilitate the operation of the program ~~Health screening;~~

990 2. Community input into the planning, implementation, and
991 evaluation processes ~~Risk factor detection;~~

992 3. Use of public health data to make decisions and to
993 develop and prioritize community-based interventions focusing on
994 chronic diseases and their risk factors; ~~Appropriate~~
995 intervention to enable and encourage changes in behaviors that
996 create health risks; and

997 4. Adherence to a population-based approach by using a
998 socioecological model that addresses the influence on individual



999 behavior, interpersonal behavior, organizational behavior, the
1000 community, and public policy; ~~Counseling in nutrition, physical~~
1001 activity, the effects of tobacco use, hypertension, blood
1002 pressure control, and diabetes control and the provision of
1003 other clinical prevention services.

1004 5. Focus on at least the common preventable risk factors
1005 for chronic disease, such as physical inactivity, obesity, poor
1006 nutrition, and tobacco use;

1007 6. Focus on developing and implementing interventions and
1008 activities through communities, schools, worksites, faith-based
1009 organizations, and health-care settings;

1010 7. Use of evidence-based interventions as well as best and
1011 promising practices to guide specific activities and effect
1012 change, which may include guidelines developed by organizations,
1013 volunteer scientists, and health care professionals who write
1014 published medical, scientific statements on various chronic
1015 disease topics. The statements shall be supported by scientific
1016 studies published in recognized journals that have a rigorous
1017 review and approval process. Scientific statements generally
1018 include a review of data available on a specific subject and an
1019 evaluation of its relationship to overall chronic disease
1020 science;

1021 8. Use of policy, system, and environmental changes that
1022 support healthy behaviors so as to affect large segments of the
1023 population and encourage healthy choices;

1024 9. Development of extensive and comprehensive evaluation
1025 that is linked to program planning at the state level and the
1026 community level in order to determine the program's
1027 effectiveness or necessary program modifications; and



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1028 10. Reduction of duplication of efforts through
1029 coordination among appropriate entities for the efficient use of
1030 resources.

1031 (b) "~~Community~~ Health education program" means a program
1032 that follows involving the planned and coordinated use of ~~the~~
1033 educational standards and teaching methods ~~resources available~~
1034 ~~in a community~~ in an effort to provide:

1035 1. Appropriate medical, research-based interventions to
1036 enable and encourage changes in behaviors which reduce or
1037 eliminate health risks;

1038 2. Counseling in nutrition, weight management, physical
1039 inactivity, and tobacco-use prevention and cessation strategies;
1040 hypertension, blood pressure, high cholesterol, and diabetes
1041 control; and other clinical prevention services;

1042 ~~3.1. Motivation and assistance to individuals or groups in~~
1043 adopting and maintaining ~~Motivate and assist citizens to adopt~~
1044 ~~and maintain~~ healthful practices and lifestyles; and

1045 ~~4.2. Make available~~ Learning opportunities that ~~which~~ will
1046 increase the ability of people to make informed decisions
1047 affecting their personal, family, and community well-being and
1048 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of
1049 behavior that ~~which~~ will improve or maintain health.~~;~~

1050 ~~3. Reduce, through coordination among appropriate agencies,~~
1051 ~~duplication of health education efforts; and~~

1052 ~~4. Facilitate collaboration among appropriate agencies for~~
1053 ~~efficient use of scarce resources.~~

1054 (c) "Community intervention program" means a program
1055 combining the required elements of a chronic disease prevention
1056 and health promotion ~~control~~ program and the principles of a



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1057 ~~community~~ health education program that addresses system,
1058 policy, and environmental changes that ensure that communities
1059 provide support for healthy lifestyles ~~into a unified program~~
1060 ~~over which a single administrative entity has authority and~~
1061 ~~responsibility.~~

1062 ~~(d) "Department" means the Department of Health.~~

1063 ~~(e) "Risk factor" means a factor identified during the~~
1064 ~~course of an epidemiological study of a disease, which factor~~
1065 ~~appears to be statistically associated with a high incidence of~~
1066 ~~that disease.~~

1067 (2) OPERATION OF COMMUNITY-LEVEL COMMUNITY INTERVENTION
1068 PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.-

1069 (a) The department shall develop and implement a
1070 comprehensive, community-based program for chronic disease
1071 prevention and health promotion. The program shall be designed
1072 to reduce major behavioral risk factors that are associated with
1073 chronic diseases by enhancing the knowledge, skills, motivation,
1074 and opportunities for individuals, organizations, health care
1075 providers, small businesses, health insurers, and communities to
1076 develop and maintain healthy lifestyles. ~~The department shall~~
1077 ~~assist the county health departments in developing and operating~~
1078 ~~community intervention programs throughout the state. At a~~
1079 ~~minimum, the community intervention programs shall address one~~
1080 ~~to three of the following chronic diseases: cancer, diabetes,~~
1081 ~~heart disease, stroke, hypertension, renal disease, and chronic~~
1082 ~~obstructive lung disease.~~

1083 (b) The program shall include:

1084 1. Countywide assessments of specific, causal, and
1085 behavioral risk factors that affect the health of residents;



1086 2. The development of community-based programs for chronic
1087 disease prevention and health promotion which incorporate health
1088 promotion and preventive care practices that are supported in
1089 scientific and medical literature;

1090 3. The development and implementation of statewide age-
1091 specific, disease-specific, and community-specific health
1092 promotion and preventive care strategies using primary,
1093 secondary, and tertiary prevention interventions;

1094 4. The promotion of community, research-based health-
1095 promotion model programs that meet specific criteria, address
1096 major risk factors, and motivate individuals to permanently
1097 adopt healthy behaviors and increase social and personal
1098 responsibilities;

1099 5. The development of policies that encourage the use of
1100 alternative community delivery sites for health promotion,
1101 disease prevention, and preventive care programs and promote the
1102 use of neighborhood delivery sites that are close to work, home,
1103 and school; and

1104 6. An emphasis on the importance of healthy and physically
1105 active lifestyles to build self-esteem and reduce morbidity and
1106 mortality associated with chronic disease and being overweight
1107 or obese. Existing community resources, when available, shall be
1108 used to support the programs. The department shall seek funding
1109 for the programs from federal and state financial assistance
1110 programs which presently exist or which may be hereafter
1111 created. Additional services, as appropriate, may be
1112 incorporated into a program to the extent that resources are
1113 available. The department may accept gifts and grants in order
1114 to carry out a program.



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1115 ~~(c) Volunteers shall be used to the maximum extent possible~~
1116 ~~in carrying out the programs. The department shall contract for~~
1117 ~~the necessary insurance coverage to protect volunteers from~~
1118 ~~personal liability while acting within the scope of their~~
1119 ~~volunteer assignments under a program.~~

1120 ~~(d) The department may contract for the provision of all or~~
1121 ~~any portion of the services required by a program, and shall so~~
1122 ~~contract whenever the services so provided are more cost-~~
1123 ~~efficient than those provided by the department.~~

1124 ~~(e) If the department determines that it is necessary for~~
1125 ~~clients to help pay for services provided by a program, the~~
1126 ~~department may require clients to make contribution therefor in~~
1127 ~~either money or personal services. The amount of money or value~~
1128 ~~of the personal services shall be fixed according to a fee~~
1129 ~~schedule established by the department or by the entity~~
1130 ~~developing the program. In establishing the fee schedule, the~~
1131 ~~department or the entity developing the program shall take into~~
1132 ~~account the expenses and resources of a client and his or her~~
1133 ~~overall ability to pay for the services.~~

1134 Section 23. Section 385.105, Florida Statutes, is created
1135 to read:

1136 385.105 Physical activity, obesity prevention, nutrition,
1137 other health-promotion services, and wellness programs.-

1138 (1) PHYSICAL ACTIVITY-.

1139 (a) The department shall develop programs for people at
1140 every stage of their lives to increase physical fitness and
1141 promote behavior changes.

1142 (b) The department shall work with school health advisory
1143 or wellness committees in each school district as established in



1144 s. 381.0056.

1145 (c) The department shall develop public and private
1146 partnerships that allow the public to easily access recreational
1147 facilities and public land areas that are suitable for physical
1148 activity.

1149 (d) The department shall work in collaboration with the
1150 Executive Office of the Governor and Volunteer Florida, Inc., to
1151 promote school initiatives, such as the Governor's Fitness
1152 Challenge.

1153 (e) The department shall collaborate with the Department of
1154 Education in recognizing nationally accepted best practices for
1155 improving physical education in schools.

1156 (2) OBESITY PREVENTION.—The department shall promote
1157 healthy lifestyles to reduce the prevalence of excess weight
1158 gain and being overweight or obese through programs that are
1159 directed towards all residents of this state by:

1160 (a) Using all appropriate media to promote maximum public
1161 awareness of the latest research on healthy lifestyles and
1162 chronic diseases and disseminating relevant information through
1163 a statewide clearinghouse relating to wellness, physical
1164 activity, and nutrition and the effect of these factors on
1165 chronic diseases and disabling conditions.

1166 (b) Providing technical assistance, training, and resources
1167 on healthy lifestyles and chronic diseases to the public, health
1168 care providers, school districts, and other persons or entities,
1169 including faith-based organizations that request such assistance
1170 to promote physical activity, nutrition, and healthy lifestyle
1171 programs.

1172 (c) Developing, implementing, and using all available



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1173 research methods to collect data, including, but not limited to,
1174 population-specific data, and tracking the incidence and effects
1175 of weight gain, obesity, and related chronic diseases. The
1176 department shall include an evaluation and data-collection
1177 component in all programs as appropriate. All research conducted
1178 under this paragraph is subject to review and approval as
1179 required by the department's institutional review board under s.
1180 381.86.

1181 (d) Entering into partnerships with the Department of
1182 Education, local communities, school districts, and other
1183 entities to encourage schools in this state to promote
1184 activities during and after school to help students meet a
1185 minimum goal of 30 minutes of physical activity or physical
1186 fitness per day.

1187 (e) Entering into partnerships with the Department of
1188 Education, school districts, and the Florida Sports Foundation
1189 to develop a programs recognizing the schools at which students
1190 demonstrate excellent physical fitness or fitness improvement.

1191 (f) Collaborating with other state agencies to develop
1192 policies and strategies for preventing and treating obesity,
1193 which shall be incorporated into programs administered by each
1194 agency and shall include promoting healthy lifestyles of
1195 employees of each agency.

1196 (g) Advising, in accordance with s. 456.081, health care
1197 practitioners about the morbidity, mortality, and costs
1198 associated with being overweight or obese, informing such
1199 practitioners of promising clinical practices for preventing and
1200 treating obesity, and encouraging practitioners to counsel their
1201 patients regarding the adoption of healthy lifestyles.



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1202 (h) Maximizing all local, state, and federal funding
1203 sources, including grants, public-private partnerships, and
1204 other mechanisms to strengthen the department's programs
1205 promoting physical activity and nutrition.

1206 (3) NUTRITION.—The department shall promote optimal
1207 nutritional status in all stages of people's lives by developing
1208 strategies to:

1209 (a) Promote and maintain optimal nutritional status in the
1210 population through activities, including, but not limited to:

1211 1. Nutrition screening and assessment and nutrition
1212 counseling, including nutrition therapy, followup, case
1213 management, and referrals for persons who have medical
1214 conditions or nutrition-risk factors and who are provided health
1215 services through public health programs or through referrals
1216 from private health care providers or facilities;

1217 2. Nutrition education to assist residents of the state in
1218 achieving optimal health and preventing chronic disease; and

1219 3. Consultative nutrition services to group facilities
1220 which promote the provision of safe and nutritionally adequate
1221 diets.

1222 (b) Monitor and conduct surveillance of the nutritional
1223 status of this state's population.

1224 (c) Conduct or support research or evaluations related to
1225 public health nutrition. All research conducted under this
1226 paragraph is subject to review and approval as required by the
1227 department's institutional review board under s. 381.86.

1228 (d) Establish policies and standards for public health
1229 nutrition practices.

1230 (e) Promote interagency cooperation, professional



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1231 education, and consultation.

1232 (f) Provide technical assistance and advise state agencies,
1233 private institutions, and local organizations regarding public
1234 health nutrition standards.

1235 (g) Work with the Department of Agriculture and Consumer
1236 Services, the Department of Education, and the Department of
1237 Management Services to further the use of fresh produce from
1238 this state in schools and encourage the development of community
1239 gardens. Nutritional services shall be available to eligible
1240 persons in accordance with eligibility criteria adopted by the
1241 department. The department shall provide by rule requirements
1242 for the service fees, when applicable, which may not exceed the
1243 department's actual costs.

1244
1245 The department may adopt rules to administer this subsection.

1246 (4) OTHER HEALTH-PROMOTION SERVICES.-

1247 (a) The department shall promote personal responsibility by
1248 encouraging residents of this state to be informed, follow
1249 health recommendations, seek medical consultations and health
1250 assessments, take healthy precautions, and comply with medical
1251 guidelines, including those that lead to earlier detection of
1252 chronic diseases in order to prevent chronic diseases or slow
1253 the progression of established chronic diseases.

1254 (b) The department shall promote regular health visits
1255 during a person's lifetime, including annual physical
1256 examinations that include measuring body mass index and vital
1257 signs, blood work, immunizations, screenings, and dental
1258 examinations in order to reduce the financial, social, and
1259 personal burden of chronic disease.



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1260 (5) WELLNESS PROGRAMS.-
1261 (a) Each state agency may conduct employee wellness
1262 programs in buildings and lands owned or leased by the state.
1263 The department shall serve as a model to develop and implement
1264 employee wellness programs that may include physical fitness,
1265 healthy nutrition, self-management of disease, education, and
1266 behavioral change. The department shall assist other state
1267 agencies to develop and implement employee wellness programs.
1268 These programs shall use existing resources, facilities, and
1269 programs or resources procured through grant funding and
1270 donations that are obtained in accordance with state ethics and
1271 procurement policies, and shall provide equal access to any such
1272 programs, resources, and facilities to all state employees.
1273 (b) The department shall coordinate its efforts with the
1274 Department of Management Services and other state agencies.
1275 (c) Each agency may establish an employee wellness work
1276 group to design the program. The department shall be available
1277 to provide policy guidance and assist in identifying effective
1278 wellness program strategies.
1279 (d) The department shall provide by rule requirements for
1280 nominal participation fees, when applicable, which may not
1281 exceed the department's actual costs; collaborations with
1282 businesses; and the procurement of equipment and incentives.
1283 Section 24. Section 385.202, Florida Statutes, is amended
1284 to read:
1285 385.202 Statewide cancer registry.-
1286 (1) Each facility, laboratory, or practitioner licensed
1287 under chapter 395, chapter 458, chapter 459, chapter 464,
1288 chapter 483, and each freestanding radiation therapy center as



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1289 defined in s. 408.07, shall report to the department ~~of Health~~
1290 ~~such~~ information, specified by the department, by rule. The
1291 department may adopt rules regarding reporting requirements for
1292 the cancer registry, which shall include the data required, the
1293 timeframe for reporting, and those professionals who are
1294 responsible for ensuring compliance with reporting requirements,
1295 ~~which indicates diagnosis, stage of disease, medical history,~~
1296 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~
1297 ~~other methods of diagnosis or treatment for each cancer~~
1298 ~~diagnosed or treated by the facility or center. Failure to~~
1299 ~~comply with this requirement may be cause for registration or~~
1300 ~~licensure suspension or revocation.~~

1301 (2) The department shall establish, or cause to have
1302 established, by contract with a recognized medical organization
1303 in this state and its affiliated institutions, a statewide
1304 cancer registry program to ensure that cancer reports required
1305 under this section shall be maintained and available for use in
1306 the course of public health surveillance and any study for the
1307 purpose of reducing morbidity or mortality; and no liability of
1308 any kind or character for damages or other relief shall arise or
1309 be enforced against any facility or practitioner ~~hospital~~ by
1310 reason of having provided such information or material to the
1311 department.

1312 (3) The department may adopt rules regarding the
1313 establishment and operation of a statewide cancer registry
1314 program.

1315 ~~(4)~~-(3) The department or a contractual designee operating
1316 the statewide cancer registry program required by this section
1317 shall use or publish said material only for the purpose of



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1318 public health surveillance and advancing medical research or
1319 medical education in the interest of reducing morbidity or
1320 mortality, except that a summary of such studies may be released
1321 for general publication. Information which discloses or could
1322 lead to the disclosure of the identity of any person whose
1323 condition or treatment has been reported and studied shall be
1324 confidential and exempt from the provisions of s. 119.07(1),
1325 except that:

1326 (a) Release may be made with the written consent of all
1327 persons to whom the information applies;

1328 (b) The department or a contractual designee may contact
1329 individuals for the purpose of epidemiologic investigation and
1330 monitoring, provided information that is confidential under this
1331 section is not further disclosed; or

1332 (c) The department may exchange personal data with any
1333 other governmental agency or a contractual designee for the
1334 purpose of public health surveillance and medical or scientific
1335 research, ~~if provided~~ such governmental agency or contractual
1336 designee does shall not further disclose information that is
1337 confidential under this section.

1338 ~~(5)~~(4) Funds appropriated for this section shall be used
1339 for establishing, administering, compiling, processing, and
1340 providing biometric and statistical analyses to the reporting
1341 facilities and practitioners. Funds may also be used to ensure
1342 the quality and accuracy of the information reported and to
1343 provide management information to the reporting facilities and
1344 practitioners.

1345 ~~(6)~~(5) The department may adopt rules regarding the
1346 classifications of, by rule, classify facilities that are



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1347 responsible for making reports to the cancer registry, the
1348 content and frequency of the reports, and the penalty for
1349 failure to comply with these requirements for purposes of
1350 reports made to the cancer registry and specify the content and
1351 frequency of the reports. In classifying facilities, the
1352 department shall exempt certain facilities from reporting cancer
1353 information that was previously reported to the department or
1354 retrieved from existing state reports made to the department or
1355 the Agency for Health Care Administration. The provisions of
1356 This section does shall not apply to any facility whose primary
1357 function is to provide psychiatric care to its patients.

1358 (7) Notwithstanding subsection (1), each facility and
1359 practitioner that reports cancer cases to the department shall
1360 make their records available for onsite review by the department
1361 or its authorized representative.

1362 Section 25. Subsection (3) of section 385.203, Florida
1363 Statutes, is amended to read:

1364 385.203 Diabetes Advisory Council; creation; function;
1365 membership.-

1366 (3) The council shall be composed of 26 ~~25~~ citizens of the
1367 state who have knowledge of, or work in, the area of diabetes
1368 mellitus as follows:

1369 (a) Five interested citizens, three of whom are affected by
1370 diabetes.

1371 (b) Twenty-one ~~Twenty~~ members, who must include one
1372 representative from each of the following areas: nursing with
1373 diabetes-educator certification; dietary with diabetes educator
1374 certification; podiatry; ophthalmology or optometry; psychology;
1375 pharmacy; adult endocrinology; pediatric endocrinology; the



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1376 American Diabetes Association (ADA); the Juvenile Diabetes
1377 Foundation (JDF); the Florida Academy of Family Physicians; a
1378 community health center; a county health department; an American
1379 Diabetes Association recognized community education program;
1380 each medical school in the state; an osteopathic medical school;
1381 the insurance industry; a Children's Medical Services diabetes
1382 regional program; and an employer.

1383 (c) One or more representatives from the Department of
1384 Health, who shall serve on the council as ex officio members.

1385 Section 26. Section 385.206, Florida Statutes, is amended
1386 to read:

1387 385.206 Pediatric Hematology-Oncology care ~~care~~ Center Program.—

1388 (1) DEFINITIONS.—As used in this section, the term:

1389 (a) "Department" means the Department of Health.

1390 (b) "Hematology" means the study, diagnosis, and treatment
1391 of blood and blood-forming tissues.

1392 (c) "Oncology" means the study, diagnosis, and treatment of
1393 malignant neoplasms or cancer.

1394 (d) "Hemophilia" or "other hemostatic disorder" means a
1395 bleeding disorder resulting from a genetic abnormality of
1396 mechanisms related to the control of bleeding.

1397 (e) "Sickle-cell anemia or other hemoglobinopathy" means an
1398 hereditary, chronic disease caused by an abnormal type of
1399 hemoglobin.

1400 (f) "Patient" means a person under the age of 21 who is in
1401 need of hematologic-oncologic services and who is enrolled in
1402 the Children's Medical Services Network ~~declared medically and~~
1403 ~~financially eligible by the department; or a person who received~~
1404 ~~such services prior to age 21 and who requires long-term~~



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1405 ~~monitoring and evaluation to ascertain the sequelae and the~~
1406 ~~effectiveness of treatment.~~

1407 (g) "Center" means a facility designated by the department
1408 as having a program specifically designed to provide a full
1409 range of medical and specialty services to patients with
1410 hematologic and oncologic disorders.

1411 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;
1412 AUTHORITY.—The department may designate ~~is authorized to make~~
1413 ~~grants and reimbursements to designated centers and provide~~
1414 funding to ~~establish and~~ maintain programs for the care of
1415 patients with hematologic and oncologic disorders. Program
1416 administration costs shall be paid by the department from funds
1417 appropriated for this purpose.

1418 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.~~—

1419 (a) Funding provided ~~A grant made~~ under this section shall
1420 be pursuant to a contract ~~contractual agreement~~ made between a
1421 center and the department. Each contract ~~agreement~~ shall provide
1422 that patients will receive services ~~specified types of treatment~~
1423 ~~and care~~ from the center without additional charge to the
1424 patients or their parents or guardians. ~~Grants shall be~~
1425 ~~disbursed in accordance with conditions set forth in the~~
1426 ~~disbursement guidelines.~~

1427 (4) ~~GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~
1428 ~~PROGRAMS.~~—

1429 (b) ~~(a)~~ Funding may be provided ~~Grant disbursements may be~~
1430 ~~made~~ to centers that ~~which~~ meet the following criteria:

1431 1. The personnel shall include at least one board-certified
1432 pediatric hematologist-oncologist, at least one board-certified
1433 pediatric surgeon, at least one board-certified radiotherapist,



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1434 and at least one board-certified pathologist.

1435 2. ~~As approved by the department,~~ The center shall actively
1436 participate in a national children's cancer study group,
1437 maintain a pediatric tumor registry, have a multidisciplinary
1438 pediatric tumor board, and meet other guidelines for
1439 development, including, but not limited to, guidelines from such
1440 organizations as the American Academy of Pediatrics and the
1441 American Pediatric Surgical Association.

1442 ~~(b) Programs shall also be established to provide care to~~
1443 ~~hematology oncology patients within each district of the~~
1444 ~~department. The guidelines for local programs shall be~~
1445 ~~formulated by the department. Special disbursements may be made~~
1446 ~~by the program office to centers for educational programs~~
1447 ~~designed for the districts of the department. These programs may~~
1448 ~~include teaching total supportive care of the dying patient and~~
1449 ~~his or her family, home therapy to hemophiliacs and patients~~
1450 ~~with other hemostatic disorders, and screening and counseling~~
1451 ~~for patients with sickle-cell anemia or other~~
1452 ~~hemoglobinopathies.~~

1453 (4) ~~(5)~~ PROGRAM AND PEER REVIEW.—The department shall
1454 evaluate ~~at least annually during the grant period~~ the services
1455 rendered by the centers ~~and the districts of the department.~~
1456 Data from the centers and other sources relating to pediatric
1457 cancer shall be reviewed annually by the Florida Association of
1458 Pediatric Tumor Programs, Inc.; and a written report with
1459 recommendations shall be made to the department. This database
1460 will be available to the department for program planning and
1461 quality assurance initiatives ~~formulation of its annual program~~
1462 ~~and financial evaluation report.~~ A portion of the funds



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1463 appropriated for this section may be used to provide statewide
1464 consultation, supervision, and evaluation of the programs of the
1465 centers, as well as central program office support personnel.

1466 Section 27. Paragraph (g) of subsection (2) and subsection
1467 (7) of section 385.207, Florida Statutes, are amended to read:

1468 385.207 Care and assistance of persons with epilepsy;
1469 establishment of programs in epilepsy control.-

1470 (2) The Department of Health shall:

1471 (g) Continue current programs and develop cooperative
1472 programs and services designed to enhance the vocational
1473 rehabilitation of epilepsy clients, including the current jobs
1474 programs. The department shall, as part of its contract with a
1475 provider of epilepsy services, collect information regarding the
1476 number of clients served, the outcomes reached, the expenses
1477 incurred, and the fees collected by such providers for the
1478 provision of services ~~keep~~ and make this information available
1479 to the Governor and the Legislature upon request ~~information~~
1480 ~~regarding the number of clients served, the outcome reached, and~~
1481 ~~the expense incurred by such programs and services.~~

1482 ~~(7) The department shall limit total administrative~~
1483 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~
1484 ~~of annual receipts.~~

1485 Section 28. Paragraphs (b), (d), and (g) of subsection (2)
1486 and paragraph (b) of subsection (5) of section 385.210, Florida
1487 Statutes, are amended to read:

1488 385.210 Arthritis prevention and education.-

1489 (2) LEGISLATIVE FINDINGS.—The Legislature finds the
1490 following:

1491 (b) Arthritis is the leading cause of disability in the



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1492 United States, limiting daily activities for more than 19 7
1493 million citizens.

1494 (d) There are enormous economic and social costs associated
1495 with treating arthritis and its complications; the economic
1496 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~
1497 ~~(1997)~~ annually in the United States.

1498 (g) The National Arthritis Foundation, the CDC ~~Centers for~~
1499 ~~Disease Control and Prevention~~, and the Association of State and
1500 Territorial Health Officials have led the development of a
1501 public health strategy, the National Arthritis Action Plan, to
1502 respond to this challenge.

1503 (5) FUNDING.—

1504 (b) The State Surgeon General may ~~shall~~ seek any federal
1505 waiver or waivers that may be necessary to maximize funds from
1506 the Federal Government to implement this program.

1507 Section 29. Section 385.301, Florida Statutes, is created
1508 to read:

1509 385.301 Rulemaking authority.—The department may adopt
1510 rules pursuant to chapter 120 to administer this chapter.

1511 Section 30. Paragraph (1) of subsection (4) of section
1512 400.9905, Florida Statutes, is amended to read:

1513 400.9905 Definitions.—

1514 (4) "Clinic" means an entity at which health care services
1515 are provided to individuals and which tenders charges for
1516 reimbursement for such services, including a mobile clinic and a
1517 portable equipment provider. For purposes of this part, the term
1518 does not include and the licensure requirements of this part do
1519 not apply to:

1520 (1) Orthotic, ~~or~~ prosthetic, pediatric cardiological, or



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1521 perinatalogical clinical facilities that are a publicly traded
1522 corporation or that are wholly owned, directly or indirectly, by
1523 a publicly traded corporation. As used in this paragraph, a
1524 publicly traded corporation is a corporation that issues
1525 securities traded on an exchange registered with the United
1526 States Securities and Exchange Commission as a national
1527 securities exchange.

1528 Section 31. Subsection (9) of section 409.904, Florida
1529 Statutes, is amended to read:

1530 409.904 Optional payments for eligible persons.—The agency
1531 may make payments for medical assistance and related services on
1532 behalf of the following persons who are determined to be
1533 eligible subject to the income, assets, and categorical
1534 eligibility tests set forth in federal and state law. Payment on
1535 behalf of these Medicaid eligible persons is subject to the
1536 availability of moneys and any limitations established by the
1537 General Appropriations Act or chapter 216.

1538 (9) Eligible women with incomes at or below 200 percent of
1539 the federal poverty level and under age 65, for cancer treatment
1540 pursuant to the federal Breast and Cervical Cancer Prevention
1541 and Treatment Act of 2000, screened through the Mary Brogan
1542 Breast and Cervical Cancer Early Detection Program established
1543 under s. 385.2021 ~~s. 381.93~~.

1544 Section 32. The amendment to s. 409.912(17), Florida
1545 Statutes, contained in CS/CS/CS/SB 1986, as enacted by the 2009
1546 Regular Session of the Legislature, shall not take effect if
1547 that act becomes law.

1548 Section 33. The repeal of s. 429.26(9), Florida Statutes,
1549 contained in CS/CS/CS/SB 1986, as enacted by the 2009 Regular



1550 Session of the Legislature, shall not take effect if that act
1551 becomes law.

1552 Section 34. The Pharmacy and Therapeutic Advisory Council.—

1553 (1) The Pharmacy and Therapeutic Advisory Council is
1554 created within the Executive Office of the Governor to serve in
1555 an advisory capacity to the Department of Health and other
1556 governmental agencies. The council may not interfere with
1557 existing mandated Medicaid services and may not develop or
1558 implement new ones. Specifically, the council may not interfere
1559 with the work of the Agency for Health Care Administration as it
1560 complies with federal and state statutory obligations to develop
1561 a preferred drug list, to negotiate rebate agreements for
1562 medications included in the preferred drug list, and to protect
1563 the confidentiality of rebate agreements. The council may not
1564 interfere with the Medicaid Pharmacy and Therapeutics Committee
1565 or the Drug Utilization Review Board, which oversee clinical
1566 activities within the Bureau of Pharmacy Services if such
1567 interference would violate any federal or state statutory
1568 obligations.

1569 (2) The Pharmacy and Therapeutic Advisory Council shall use
1570 Medicaid processes within the existing Medicaid structure of the
1571 Agency for Health Care Administration as a guide for assisting
1572 state agencies in:

1573 (a) Developing an unbiased clinical perspective on drug
1574 evaluations and utilization protocols that are relevant to
1575 patient care provided through programs administered by state
1576 agencies.

1577 (b) Developing drug-utilization-review processes that are
1578 relevant to the agencies and those receiving care through



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1579 programs administered by the agencies.

1580 (c) Building a formulary structure that enforces formulary
1581 compliance or adherence within each agency.

1582 (d) Performing pharmacoeconomic analyses on formulary
1583 management so that the state maximizes the cost-effectiveness of
1584 its pharmaceutical purchasing.

1585 (e) Reviewing new and existing therapies using criteria
1586 established for efficacy, safety, and quality in order to
1587 maximize cost-effective purchasing.

1588 (f) Reviewing state agency proposals to maximize the cost-
1589 effectiveness of pharmaceutical purchasing in compliance with s.
1590 381.0203.

1591 (3) The council shall verify the cost-effectiveness and
1592 clinical efficacy of any state contracts under s. 381.0203(1),
1593 Florida Statutes, no less than once every 2 years.

1594 (4) The members of the council and the chair shall be
1595 appointed by the Governor to 4-year staggered terms or until
1596 their successors are appointed. Members may be appointed to more
1597 than one term. The Governor shall fill any vacancies for the
1598 remainder of the unexpired term in the same manner as the
1599 original appointment.

1600 (5) The council shall include voting and nonvoting members,
1601 and the chair, who is a voting member, must be a pharmacist
1602 employed by a state agency.

1603 (a) The voting members shall represent:

1604 1. The Agency for Health Care Administration.

1605 2. The Agency for Persons with Disabilities.

1606 3. The Department of Children and Family Services.

1607 4. The Department of Corrections.



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- 1608 5. The Department of Elderly Affairs.
- 1609 6. The Department of Health.
- 1610 7. The Department of Juvenile Justice.
- 1611 8. The Bureau of Pharmacy Services within the Agency for
1612 Health Care Administration, which shall be represented by the
1613 bureau chief.
- 1614 9. The Bureau of Statewide Pharmaceutical Services within
1615 the Department of Health, which shall be represented by the
1616 bureau chief.
- 1617 (b) The nonvoting members shall be:
- 1618 1. A representative from the Agency for Health Care
1619 Administration's drug contracting program.
- 1620 2. The contracting officer for the Department of Health's
1621 drug procurement program.
- 1622 3. A clinical pharmacy program manager from the Agency for
1623 Health Care Administration.
- 1624 4. The chair of the Department of Health's Pharmacy and
1625 Therapeutics Committee.
- 1626 5. The general counsel for the Agency for Health Care
1627 Administration or his or her designee.
- 1628 6. The general counsel for a state agency in the executive
1629 branch of state government, or his or her designee.
- 1630 7. A representative from the Executive Office of the
1631 Governor.
- 1632 8. The statewide pharmacy director of the Department of
1633 Corrections' Office of Health Services.
- 1634 (6) Members of the council shall consist of at least one
1635 physician licensed under chapter 458 or chapter 459, Florida
1636 Statutes, at least one pharmacist licensed under chapter 465,



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1637 Florida Statutes, and at least one registered nurse licensed
1638 under chapter 464, Florida Statutes. Each member designated in
1639 this subsection must have an active license in his or her
1640 profession and may not have been the subject of any agency
1641 disciplinary action.

1642 (7) Members, who must be residents of this state, shall be
1643 selected on the basis of specialty, board certification, prior
1644 pharmacy and therapeutic experience, experience treating medical
1645 assistance recipients, ability to represent a broad base of
1646 constituents, and number of years of practice. Members must not
1647 have any conflicts of interest due to their service on the
1648 council.

1649 (8) The council may request the participation of additional
1650 subject-matter experts to address specific drug, therapeutic, or
1651 drug-procurement issues under review by the council.

1652 (9) A majority of the members of the council constitutes a
1653 quorum, and an affirmative vote of a majority of the voting
1654 members is necessary to take action.

1655 (10) The council shall meet quarterly or at the call of the
1656 chair.

1657 (11) The council shall be staffed by the chair's department
1658 or agency.

1659 (12) The council members shall serve without compensation,
1660 but are entitled to reimbursement for travel and per diem
1661 expenses incurred in the performance of their duties in
1662 accordance with s. 112.061, Florida Statutes.

1663 Section 35. Subsections (1) and (3) of section 430.80,
1664 Florida Statutes, are amended to read:

1665 430.80 Implementation of a teaching nursing home pilot



1666 project.-

1667 (1) As used in this section, the term "teaching nursing
1668 home" means a nursing home facility licensed under chapter 400
1669 which contains a minimum of 275 ~~400~~ licensed nursing home beds;
1670 has access to a resident senior population of sufficient size to
1671 support education, training, and research relating to geriatric
1672 care; and has a contractual relationship with a federally funded
1673 accredited geriatric research center in this state or operates
1674 in its own right a geriatric research center.

1675 (3) To be designated as a teaching nursing home, a nursing
1676 home licensee must, at a minimum:

1677 (a) Provide a comprehensive program of integrated senior
1678 services that include institutional services and community-based
1679 services;

1680 (b) Participate in a nationally recognized accreditation
1681 program and hold a valid accreditation, such as the
1682 accreditation awarded by the Joint Commission on Accreditation
1683 of Healthcare Organizations, or possess a Gold Seal Award as
1684 conferred by the Agency for Health Care Administration on its
1685 licensed nursing home;

1686 (c) Have been in business in this state for a minimum of 10
1687 consecutive years;

1688 (d) Demonstrate an active program in multidisciplinary
1689 education and research that relates to gerontology;

1690 (e) Have a formalized contractual relationship with at
1691 least one accredited health profession education program located
1692 in this state;

1693 ~~(f) Have a formalized contractual relationship with an~~
1694 ~~accredited hospital that is designated by law as a teaching~~



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1695 ~~hospital; and~~

1696 ~~(f)(g)~~ Have senior staff members who hold formal faculty
1697 appointments at universities, which must include at least one
1698 accredited health profession education program; ~~and.~~

1699 ~~(g)(h)~~ Maintain insurance coverage pursuant to s.
1700 400.141(20) or proof of financial responsibility in a minimum
1701 amount of \$750,000. Such proof of financial responsibility may
1702 include:

- 1703 1. Maintaining an escrow account consisting of cash or
1704 assets eligible for deposit in accordance with s. 625.52; or
1705 2. Obtaining and maintaining pursuant to chapter 675 an
1706 unexpired, irrevocable, nontransferable and nonassignable letter
1707 of credit issued by any bank or savings association organized
1708 and existing under the laws of this state or any bank or savings
1709 association organized under the laws of the United States that
1710 has its principal place of business in this state or has a
1711 branch office which is authorized to receive deposits in this
1712 state. The letter of credit shall be used to satisfy the
1713 obligation of the facility to the claimant upon presentment of a
1714 final judgment indicating liability and awarding damages to be
1715 paid by the facility or upon presentment of a settlement
1716 agreement signed by all parties to the agreement when such final
1717 judgment or settlement is a result of a liability claim against
1718 the facility.

1719 Section 36. Paragraph (g) is added to subsection (53) of
1720 section 499.003, Florida Statutes, to read:

1721 499.003 Definitions of terms used in this part.—As used in
1722 this part, the term:

1723 (53) "Wholesale distribution" means distribution of



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1724 prescription drugs to persons other than a consumer or patient,
1725 but does not include:

1726 (g) The sale, purchase, trade, or transfer of a
1727 prescription drug among agencies and health care entities of the
1728 state to complete the dispensing of the prescription drug to a
1729 patient under the care of a state agency or health care entity,
1730 or to a patient for whom the state is responsible for providing
1731 or arranging health care services. The agency or health care
1732 entity that received the prescription drug on behalf of the
1733 patient is deemed the patient's agent under s. 465.003(6).

1734 Section 37. Subsection (1) of section 651.105, Florida
1735 Statutes, is amended to read:

1736 651.105 Examination and inspections.-

1737 (1) The office may at any time, and shall at least once
1738 every 5 ~~3~~ years, examine the business of any applicant for a
1739 certificate of authority and any provider engaged in the
1740 execution of care contracts or engaged in the performance of
1741 obligations under such contracts, in the same manner as is
1742 provided for examination of insurance companies pursuant to s.
1743 624.316. Such examinations shall be made by a representative or
1744 examiner designated by the office, whose compensation will be
1745 fixed by the office pursuant to s. 624.320. Routine examinations
1746 may be made by having the necessary documents submitted to the
1747 office; and, for this purpose, financial documents and records
1748 conforming to commonly accepted accounting principles and
1749 practices, as required under s. 651.026, will be deemed
1750 adequate. The final written report of each such examination
1751 shall be filed with the office and, when so filed, will
1752 constitute a public record. Any provider being examined shall,



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1753 upon request, give reasonable and timely access to all of its
1754 records. The representative or examiner designated by the office
1755 may at any time examine the records and affairs and inspect the
1756 physical property of any provider, whether in connection with a
1757 formal examination or not.

1758 Section 38. Effective upon this act becoming a law,
1759 paragraphs (d) and (g) of subsection (5) of section 627.6692,
1760 Florida Statutes, are amended to read:

1761 627.6692 Florida Health Insurance Coverage Continuation
1762 Act.—

1763 (5) CONTINUATION OF COVERAGE UNDER GROUP HEALTH PLANS.—

1764 (d)1. A qualified beneficiary must give written notice to
1765 the insurance carrier within 63 days after the occurrence of a
1766 qualifying event. Unless otherwise specified in the notice, a
1767 notice by any qualified beneficiary constitutes notice on behalf
1768 of all qualified beneficiaries. The written notice must inform
1769 the insurance carrier of the occurrence and type of the
1770 qualifying event giving rise to the potential election by a
1771 qualified beneficiary of continuation of coverage under the
1772 group health plan issued by that insurance carrier, except that
1773 in cases where the covered employee has been involuntarily
1774 discharged, the nature of such discharge need not be disclosed.
1775 The written notice must, at a minimum, identify the employer,
1776 the group health plan number, the name and address of all
1777 qualified beneficiaries, and such other information required by
1778 the insurance carrier under the terms of the group health plan
1779 or the commission by rule, to the extent that such information
1780 is known by the qualified beneficiary.

1781 2. A special election period shall be provided for



1782 qualified beneficiaries whose qualifying event was involuntary
1783 termination of employment during the period from September 1,
1784 2008, through February 16, 2009, who did not elect continuation
1785 coverage when it was first offered, or who did elect
1786 continuation coverage but are no longer enrolled. The carrier
1787 that issued the small employer's group health plan shall provide
1788 notice to individuals eligible for this special continuation
1789 coverage election period informing them of this opportunity. The
1790 notice must be provided by June 15, 2009.

1791 a. Individuals have 30 days after notice is provided to
1792 elect continuation coverage by written notice to the insurer.
1793 The written notice must, at a minimum, identify the employer,
1794 the group health plan number, the name and address of all
1795 qualified beneficiaries, and such other information required by
1796 the insurance carrier under the terms of the group health plan
1797 or the commission by rule, to the extent that such information
1798 is known by the qualified beneficiary.

1799 b. Coverage shall be effective with the first period of
1800 coverage on or after February 17, 2009.

1801 c. For individuals electing continuation coverage during
1802 this election period, the period between the loss of coverage
1803 and beginning of coverage under this election is to be
1804 disregarded for purposes of determining the 63-day periods
1805 referred to in s. 627.6561(6).

1806 3.2- Within 14 days after the receipt of written notice
1807 under subparagraphs ~~subparagraph~~ 1. and 2., the insurance
1808 carrier shall send each qualified beneficiary by certified mail
1809 an election and premium notice form, approved by the office,
1810 which form must provide for the qualified beneficiary's election



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1811 or nonelection of continuation of coverage under the group
1812 health plan and the applicable premium amount due after the
1813 election to continue coverage. This subparagraph does not
1814 require separate mailing of notices to qualified beneficiaries
1815 residing in the same household, but requires a separate mailing
1816 for each separate household.

1817 (g) If an insurance carrier fails to comply with the notice
1818 requirements of subparagraph (d)~~3.2~~ and such noncompliance
1819 results in the failure of an eligible qualified beneficiary to
1820 elect continuation under the group health plan, the qualified
1821 beneficiary shall be deemed to have timely elected continuation
1822 of coverage within the election period and shall be covered
1823 under the group health plan at the expense of the noncomplying
1824 insurance carrier. The liability exposure of a noncomplying
1825 insurance carrier under this paragraph shall be limited to that
1826 period which includes the effective date of coverage pursuant to
1827 an affirmative election through the date on which the qualified
1828 beneficiary receives actual notice. This paragraph does not
1829 apply to the extent that the failure of the insurance carrier to
1830 comply with applicable notice requirements was due to
1831 noncompliance by the qualified beneficiary with notice
1832 requirements applicable to the qualified beneficiary.

1833 Section 39. Paragraph (1) is added to subsection (13) of
1834 section 627.6699, Florida Statutes, to read:

1835 627.6699 Employee Health Care Access Act.—

1836 (13) STANDARDS TO ASSURE FAIR MARKETING.—

1837 (1)1. In order to improve the ability of small employers to
1838 obtain information including premium rates for small employer
1839 health benefit plans and to facilitate the application process,



1840 all small employer carriers shall use a uniform employee health
1841 status form. The commission shall adopt rules specifying such
1842 form. The form shall be designed by the Office of Insurance
1843 Regulation, in consultation with small employer carriers, to
1844 permit its use as a written document and through electronic or
1845 other and alternative delivery formats. The form shall include
1846 the following health data elements for all persons to be covered
1847 under the policy that occurred in the 2 years before the date of
1848 completion of the form:

1849 a. Any treatment or diagnosis by any licensed medical
1850 practitioner.

1851 b. Any procedure or treatment in a hospital, rehabilitation
1852 program, or surgical center.

1853 c. All current medications prescribed by a licensed
1854 practitioner.

1855 d. Current diagnosis of pregnancy.

1856 e. Current use of any tobacco products.

1857 f. Pending test results.

1858 g. Workers' compensation injury or illness.

1859 h. Tests or treatments recommended but not completed.

1860 2. The form shall require the signature of the employee
1861 completing the form. Use of a standardized form does not prevent
1862 a small employer carrier from obtaining information from other
1863 sources in order to determine the appropriate premium rate for a
1864 small employer.

1865 Section 40. Subsection (1) of section 641.407, Florida
1866 Statutes, is amended to read:

1867 641.407 Minimum surplus.—

1868 (1) Each prepaid health clinic that is licensed before July



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1869 1, 2009, shall have and maintain minimum surplus in accordance
1870 with the following schedule: On January 1, 2010 ~~1996~~, \$225,000
1871 \$150,000 or 10 percent of total liabilities, whichever is
1872 greater; on January 1, 2011, \$300,000 or 10 percent of total
1873 liabilities, whichever is greater. A prepaid health clinic that
1874 is licensed on or after July 1, 2009, shall have and maintain a
1875 surplus of \$300,000 or 10 percent of total liabilities,
1876 whichever is greater. A prepaid health clinic that is licensed
1877 on or before January 1, 2004, and that has an active membership
1878 on July 1, 2009, shall have and maintain a minimum surplus of
1879 \$150,000 or 10 percent of total liabilities, whichever is
1880 greater.

1881 Section 41. Except as otherwise expressly provided in this
1882 act, and except for this section, which shall take effect upon
1883 becoming a law, this act shall take effect July 1, 2009.

1884
1885 ===== T I T L E A M E N D M E N T =====

1886 And the title is amended as follows:

1887 Delete everything before the enacting clause
1888 and insert:

1889 A bill to be entitled

1890 An act relating to health care; amending s. 154.503,
1891 F.S.; conforming a cross-reference; repealing s.
1892 381.0053, F.S., relating to a comprehensive nutrition
1893 program; repealing s. 381.0054, F.S., relating to
1894 healthy lifestyles promotion; repealing ss. 381.732,
1895 381.733, and 381.734, F.S., relating to the Healthy
1896 Communities, Healthy People Act; amending s. 381.006,
1897 F.S.; requiring the Department of Health, when



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1898 conducting an environmental health program inspection
1899 of a certified domestic violence center and certain
1900 residential child-caring agencies to limit the
1901 inspection of the domestic violence center or
1902 residential child-caring agency to the requirements
1903 set forth in the department's rules applicable to
1904 community-based residential facilities with five or
1905 fewer residents; requiring the Department of Health to
1906 include in its environmental health program the
1907 testing of the air in enclosed ice rinks; authorizing
1908 the department to adopt rules relating to air quality
1909 standards, monitoring, testing, record keeping, the
1910 maintenance and operation of equipment that affects
1911 air quality, and assessment of fees; authorizing the
1912 department to enter and inspect an enclosed ice
1913 skating rink at reasonable hours to determine
1914 compliance with applicable air quality statutes or
1915 rules; authorizing the department to assess a fee for
1916 a specified purpose; requiring the air quality
1917 standards be consistent with federal risk values or
1918 exposure guidelines; amending s. 381.0061, F.S.;
1919 providing that the department may impose a fine, which
1920 may not exceed a specified amount for a violation of
1921 the ice rink air quality standards; amending s.
1922 381.0072, F.S.; requiring the Department of Health,
1923 when conducting a food service inspection of a
1924 certified domestic violence center to limit the
1925 inspection of the domestic violence center to the
1926 requirements set forth in the department's rules



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1927 applicable to community-based residential facilities
1928 with five or fewer residents; amending s. 381.0203,
1929 F.S.; requiring certain state agencies to purchase
1930 drugs through the statewide purchasing contract
1931 administered by the Department of Health; providing an
1932 exception; requiring the department to establish and
1933 maintain certain pharmacy services program;
1934 transferring, renumbering, and amending s. 381.84,
1935 F.S., relating to the Comprehensive Statewide Tobacco
1936 Education and Use Prevention Program; revising
1937 definitions; revising program components; requiring
1938 program components to include efforts to educate youth
1939 and their parents about tobacco use; requiring a
1940 youth-directed focus in each program component;
1941 requiring the Tobacco Education and Use Prevention
1942 Advisory Council to adhere to state ethics laws;
1943 providing that meetings of the council are subject to
1944 public-records and public-meetings requirements;
1945 revising the duties of the council; deleting a
1946 provision that prohibits a member of the council from
1947 participating in a discussion or decision with respect
1948 to a research proposal by a firm, entity, or agency
1949 with which the member is associated as a member of the
1950 governing body or as an employee or with which the
1951 member has entered into a contractual arrangement;
1952 revising the submission date of an annual report;
1953 deleting an expired provision relating to rulemaking
1954 authority of the department; transferring and
1955 renumbering s. 381.91, F.S., relating to the Jessie



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1956 Trice Cancer Prevention Program; transferring,
1957 renumbering, and amending s. 381.911, F.S., relating
1958 to the Prostate Cancer Awareness Program; revising the
1959 criteria for members of the prostate cancer advisory
1960 committee; repealing s. 381.912, F.S., relating to the
1961 Cervical Cancer Elimination Task Force; transferring
1962 and renumbering s. 381.92, F.S., relating to the
1963 Florida Cancer Council; transferring and renumbering
1964 s. 381.921, F.S., relating to the mission and duties
1965 of the Florida Cancer Council; amending s. 381.922,
1966 F.S.; conforming cross-references; transferring and
1967 renumbering s. 381.93, F.S., relating to a breast and
1968 cervical cancer early detection program; transferring
1969 and renumbering s. 381.931, F.S., relating to an
1970 annual report on Medicaid expenditures; renaming ch.
1971 385, F.S., as the "Healthy and Fit Florida Act";
1972 amending s. 385.101, F.S.; renaming the "Chronic
1973 Diseases Act" as the "Healthy and Fit Florida Act";
1974 amending s. 385.102, F.S.; revising legislative
1975 intent; creating s. 385.1021, F.S.; providing
1976 definitions; creating s. 385.1022, F.S.; requiring the
1977 Department of Health to support public health programs
1978 to reduce the incidence of mortality and morbidity
1979 from chronic diseases; creating s. 385.1023, F.S.;
1980 requiring the department to create state-level
1981 programs that address the risk factors of certain
1982 chronic diseases; providing required activities of the
1983 state-level programs; amending s. 385.103, F.S.;
1984 providing for community-level programs for the



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1985 prevention of chronic diseases; revising definitions;
1986 requiring the department to develop and implement a
1987 community-based chronic disease prevention and health
1988 promotion program; providing the purpose of the
1989 program; providing requirements for the program;
1990 creating s. 385.105, F.S.; requiring the department to
1991 develop programs to increase physical fitness, to work
1992 with school districts, to develop partnerships that
1993 allow the public to access recreational facilities and
1994 public land areas suitable for physical activity, to
1995 work with the Executive Office of the Governor and
1996 Volunteer Florida, Inc., to promote school
1997 initiatives, and to collaborate with the Department of
1998 Education in recognizing nationally accepted best
1999 practices for improving physical education in schools;
2000 requiring the Department of Health to promote healthy
2001 lifestyles to reduce obesity; requiring the department
2002 to promote optimal nutritional status in all stages of
2003 people's lives, personal responsibility to prevent
2004 chronic disease or slow its progression, and regular
2005 health visits during a person's life span; authorizing
2006 state agencies to conduct employee wellness programs;
2007 requiring the department to serve as a model to
2008 develop and implement employee wellness programs;
2009 requiring the department to assist state agencies to
2010 develop the employee wellness programs; providing
2011 equal access to the programs by agency employees;
2012 requiring the department to coordinate efforts with
2013 the Department of Management Services and other state



2014 agencies; authorizing each state agency to establish
2015 an employee wellness work group to design the wellness
2016 program; requiring the department to provide
2017 requirements for participation fees, collaborations
2018 with businesses, and procurement of equipment and
2019 incentives; amending s. 385.202, F.S.; requiring
2020 facilities, laboratories, and practitioners to report
2021 information; authorizing the department to adopt rules
2022 regarding reporting requirements for the cancer
2023 registry; providing immunity from liability for
2024 facilities and practitioners reporting certain
2025 information; requiring the department to adopt rules
2026 regarding the establishment and operation of a
2027 statewide cancer registry program; requiring the
2028 department or contractual designee operating the
2029 statewide cancer registry program to use or publish
2030 material only for the purpose of public health
2031 surveillance and advancing medical research or medical
2032 education in the interest of reducing morbidity or
2033 mortality; authorizing the department to exchange
2034 personal data with any agency or contractual designee
2035 for the purpose of public health surveillance and
2036 medical or scientific research under certain
2037 circumstances; clarifying that the department may
2038 adopt rules regarding the classifications of
2039 facilities related to reports made to the cancer
2040 registry; requiring each facility and practitioner
2041 that reports cancer cases to the department to make
2042 their records available for onsite review; amending s.



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2043 385.203, F.S.; increasing the size of the Diabetes
2044 Advisory Council to include one representative of the
2045 Florida Academy of Family Physicians; amending s.
2046 385.206, F.S.; renaming the "hematology-oncology care
2047 center program" as the "Pediatric Hematology-Oncology
2048 Center Program"; revising definitions; authorizing the
2049 department to designate centers and provide funding to
2050 maintain programs for the care of patients with
2051 hematologic and oncologic disorders; clarifying
2052 provisions related to grant-funding agreements and
2053 grant disbursements; revising the department's
2054 requirement to evaluate services rendered by the
2055 centers; requiring data from the centers and other
2056 sources relating to pediatric cancer to be available
2057 to the department for program planning and quality
2058 assurance initiatives; amending s. 385.207, F.S.;
2059 clarifying provisions that require the department to
2060 collect information regarding the number of clients
2061 served, the outcomes reached, the expense incurred,
2062 and fees collected by providers of epilepsy services;
2063 deleting the provision that requires the department to
2064 limit administrative expenses from the Epilepsy
2065 Services Trust Fund to a certain percentage of annual
2066 receipts; amending s. 385.210, F.S.; revising
2067 legislative findings regarding the economic costs of
2068 treating arthritis and its complications; authorizing
2069 the State Surgeon General to seek any federal waivers
2070 that may be necessary to maximize funds from the
2071 Federal Government to implement the Arthritis



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2072 Prevention and Education Program; creating s. 385.301,
2073 F.S.; authorizing the department to adopt rules to
2074 administer the act; amending s. 400.9905, F.S.;
2075 revising the definition of the term "clinic" as it
2076 relates to the Health Care Clinic Act; amending s.
2077 409.904, F.S.; conforming a cross-reference;
2078 abrogating an amendment to s. 409.912(17), F.S.,
2079 relating to a requirement that entities providing
2080 services under the Medicaid program maintain certain
2081 surplus funds; abrogating the repeal of 429.26(9),
2082 F.S., relating to assisted living facility resident
2083 examinations and evaluations in certain circumstances;
2084 creating the Pharmacy and Therapeutic Advisory Council
2085 within the Executive Office of the Governor; providing
2086 duties of the council; providing for the appointment
2087 and qualification of members; providing for the use of
2088 subject-matter experts when necessary; providing
2089 requirements for voting and a quorum; providing for
2090 quarterly meetings of the council; providing for
2091 staffing; providing for reimbursement of per diem and
2092 travel expenses for members of the council; amending
2093 s. 430.80, F.S.; redefining the term "teaching nursing
2094 home" as it relates to the implementation of a
2095 teaching nursing home pilot project; revising the
2096 requirements to be designated as a teaching nursing
2097 home; amending s. 499.003, F.S.; excluding from the
2098 definition of "wholesale distribution" certain
2099 activities of state agencies; amending s. 651.105,
2100 F.S.; revising the time period in which the Office of



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2101 Insurance Regulation is required to examine the
2102 business of an applicant for a certificate of
2103 authority and a provider engaged in the execution of
2104 continuing care contracts; amending s. 627.6692, F.S.;
2105 providing for a special election period for
2106 continuation of coverage under group health plans for
2107 certain qualified beneficiaries; providing carrier
2108 notification requirements; providing for effectiveness
2109 of such coverage; providing for disregarding certain
2110 periods for which coverage is not provided; amending
2111 s. 627.6699, F.S.; requiring small employer carriers
2112 to use a uniform employee health status form;
2113 requiring the Financial Service Commission to adopt
2114 rules; requiring the Office of Insurance Regulation to
2115 design the form in consultation with small employer
2116 carriers; providing form delivery formats; specifying
2117 form requirements; amending s. 641.407, F.S.; revising
2118 the minimum surplus that a prepaid health clinic is
2119 required to maintain; providing a schedule for
2120 compliance; providing effective dates.