



947302

LEGISLATIVE ACTION

Senate	.	House
	.	
	.	
Floor: 3/RE/3R	.	
05/01/2009 02:21 PM	.	
	.	

---

---

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



947302

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17 and 381.734, Florida Statutes, are repealed.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



947302

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



947302

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



947302

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



947302

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



947302

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:



947302

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





947302

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.



947302

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:



947302

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



947302

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~~



947302

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



947302

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.



947302

- 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



947302

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





947302

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.



947302

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



947302

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



947302

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,



947302

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



947302

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



947302

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



947302

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





947302

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



947302

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



947302

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



947302

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



947302

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,



947302

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



947302

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.



947302

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.





947302

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



947302

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



947302

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



947302

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



947302

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.~~7~~

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



947302

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;



947302

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.



947302

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





947302

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



947302

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.



947302

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



947302

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.



947302

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



947302

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



947302

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



947302

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





947302

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~~



947302

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,



947302

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



947302

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



947302

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



947302

1521 perinatological 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



947302

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



947302

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.





947302

- 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,



947302

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



947302

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~~



947302

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



947302

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,



947302

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



947302

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



947302

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,





947302

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 c. 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. Except as otherwise expressly provided in this  
1866 act, and except for this section, which shall take effect upon  
1867 becoming a law, this act shall take effect July 1, 2009.  
1868



947302

1869 ===== T I T L E A M E N D M E N T =====

1870 And the title is amended as follows:

1871 Delete everything before the enacting clause

1872 and insert:

1873 A bill to be entitled

1874 An act relating to health care; amending s. 154.503,  
1875 F.S.; conforming a cross-reference; repealing s.  
1876 381.0053, F.S., relating to a comprehensive nutrition  
1877 program; repealing s. 381.0054, F.S., relating to  
1878 healthy lifestyles promotion; repealing ss. 381.732,  
1879 381.733, and 381.734, F.S., relating to the Healthy  
1880 Communities, Healthy People Act; amending s. 381.006,  
1881 F.S.; requiring the Department of Health, when  
1882 conducting an environmental health program inspection  
1883 of a certified domestic violence center and certain  
1884 residential child-caring agencies to limit the  
1885 inspection of the domestic violence center or  
1886 residential child-caring agency to the requirements  
1887 set forth in the department's rules applicable to  
1888 community-based residential facilities with five or  
1889 fewer residents; requiring the Department of Health to  
1890 include in its environmental health program the  
1891 testing of the air in enclosed ice rinks; authorizing  
1892 the department to adopt rules relating to air quality  
1893 standards, monitoring, testing, record keeping, the  
1894 maintenance and operation of equipment that affects  
1895 air quality, and assessment of fees; authorizing the  
1896 department to enter and inspect an enclosed ice  
1897 skating rink at reasonable hours to determine



947302

1898 compliance with applicable air quality statutes or  
1899 rules; authorizing the department to assess a fee for  
1900 a specified purpose; requiring the air quality  
1901 standards be consistent with federal risk values or  
1902 exposure guidelines; amending s. 381.0061, F.S.;  
1903 providing that the department may impose a fine, which  
1904 may not exceed a specified amount for a violation of  
1905 the ice rink air quality standards; amending s.  
1906 381.0072, F.S.; requiring the Department of Health,  
1907 when conducting a food service inspection of a  
1908 certified domestic violence center to limit the  
1909 inspection of the domestic violence center to the  
1910 requirements set forth in the department's rules  
1911 applicable to community-based residential facilities  
1912 with five or fewer residents; amending s. 381.0203,  
1913 F.S.; requiring certain state agencies to purchase  
1914 drugs through the statewide purchasing contract  
1915 administered by the Department of Health; providing an  
1916 exception; requiring the department to establish and  
1917 maintain certain pharmacy services program;  
1918 transferring, renumbering, and amending s. 381.84,  
1919 F.S., relating to the Comprehensive Statewide Tobacco  
1920 Education and Use Prevention Program; revising  
1921 definitions; revising program components; requiring  
1922 program components to include efforts to educate youth  
1923 and their parents about tobacco use; requiring a  
1924 youth-directed focus in each program component;  
1925 requiring the Tobacco Education and Use Prevention  
1926 Advisory Council to adhere to state ethics laws;



947302

1927 providing that meetings of the council are subject to  
1928 public-records and public-meetings requirements;  
1929 revising the duties of the council; deleting a  
1930 provision that prohibits a member of the council from  
1931 participating in a discussion or decision with respect  
1932 to a research proposal by a firm, entity, or agency  
1933 with which the member is associated as a member of the  
1934 governing body or as an employee or with which the  
1935 member has entered into a contractual arrangement;  
1936 revising the submission date of an annual report;  
1937 deleting an expired provision relating to rulemaking  
1938 authority of the department; transferring and  
1939 renumbering s. 381.91, F.S., relating to the Jessie  
1940 Trice Cancer Prevention Program; transferring,  
1941 renumbering, and amending s. 381.911, F.S., relating  
1942 to the Prostate Cancer Awareness Program; revising the  
1943 criteria for members of the prostate cancer advisory  
1944 committee; repealing s. 381.912, F.S., relating to the  
1945 Cervical Cancer Elimination Task Force; transferring  
1946 and renumbering s. 381.92, F.S., relating to the  
1947 Florida Cancer Council; transferring and renumbering  
1948 s. 381.921, F.S., relating to the mission and duties  
1949 of the Florida Cancer Council; amending s. 381.922,  
1950 F.S.; conforming cross-references; transferring and  
1951 renumbering s. 381.93, F.S., relating to a breast and  
1952 cervical cancer early detection program; transferring  
1953 and renumbering s. 381.931, F.S., relating to an  
1954 annual report on Medicaid expenditures; renaming ch.  
1955 385, F.S., as the "Healthy and Fit Florida Act";



947302

1956 amending s. 385.101, F.S.; renaming the "Chronic  
1957 Diseases Act" as the "Healthy and Fit Florida Act";  
1958 amending s. 385.102, F.S.; revising legislative  
1959 intent; creating s. 385.1021, F.S.; providing  
1960 definitions; creating s. 385.1022, F.S.; requiring the  
1961 Department of Health to support public health programs  
1962 to reduce the incidence of mortality and morbidity  
1963 from chronic diseases; creating s. 385.1023, F.S.;  
1964 requiring the department to create state-level  
1965 programs that address the risk factors of certain  
1966 chronic diseases; providing required activities of the  
1967 state-level programs; amending s. 385.103, F.S.;  
1968 providing for community-level programs for the  
1969 prevention of chronic diseases; revising definitions;  
1970 requiring the department to develop and implement a  
1971 community-based chronic disease prevention and health  
1972 promotion program; providing the purpose of the  
1973 program; providing requirements for the program;  
1974 creating s. 385.105, F.S.; requiring the department to  
1975 develop programs to increase physical fitness, to work  
1976 with school districts, to develop partnerships that  
1977 allow the public to access recreational facilities and  
1978 public land areas suitable for physical activity, to  
1979 work with the Executive Office of the Governor and  
1980 Volunteer Florida, Inc., to promote school  
1981 initiatives, and to collaborate with the Department of  
1982 Education in recognizing nationally accepted best  
1983 practices for improving physical education in schools;  
1984 requiring the Department of Health to promote healthy



947302

1985 lifestyles to reduce obesity; requiring the department  
1986 to promote optimal nutritional status in all stages of  
1987 people's lives, personal responsibility to prevent  
1988 chronic disease or slow its progression, and regular  
1989 health visits during a person's life span; authorizing  
1990 state agencies to conduct employee wellness programs;  
1991 requiring the department to serve as a model to  
1992 develop and implement employee wellness programs;  
1993 requiring the department to assist state agencies to  
1994 develop the employee wellness programs; providing  
1995 equal access to the programs by agency employees;  
1996 requiring the department to coordinate efforts with  
1997 the Department of Management Services and other state  
1998 agencies; authorizing each state agency to establish  
1999 an employee wellness work group to design the wellness  
2000 program; requiring the department to provide  
2001 requirements for participation fees, collaborations  
2002 with businesses, and procurement of equipment and  
2003 incentives; amending s. 385.202, F.S.; requiring  
2004 facilities, laboratories, and practitioners to report  
2005 information; authorizing the department to adopt rules  
2006 regarding reporting requirements for the cancer  
2007 registry; providing immunity from liability for  
2008 facilities and practitioners reporting certain  
2009 information; requiring the department to adopt rules  
2010 regarding the establishment and operation of a  
2011 statewide cancer registry program; requiring the  
2012 department or contractual designee operating the  
2013 statewide cancer registry program to use or publish



947302

2014 material only for the purpose of public health  
2015 surveillance and advancing medical research or medical  
2016 education in the interest of reducing morbidity or  
2017 mortality; authorizing the department to exchange  
2018 personal data with any agency or contractual designee  
2019 for the purpose of public health surveillance and  
2020 medical or scientific research under certain  
2021 circumstances; clarifying that the department may  
2022 adopt rules regarding the classifications of  
2023 facilities related to reports made to the cancer  
2024 registry; requiring each facility and practitioner  
2025 that reports cancer cases to the department to make  
2026 their records available for onsite review; amending s.  
2027 385.203, F.S.; increasing the size of the Diabetes  
2028 Advisory Council to include one representative of the  
2029 Florida Academy of Family Physicians; amending s.  
2030 385.206, F.S.; renaming the "hematology-oncology care  
2031 center program" as the "Pediatric Hematology-Oncology  
2032 Center Program"; revising definitions; authorizing the  
2033 department to designate centers and provide funding to  
2034 maintain programs for the care of patients with  
2035 hematologic and oncologic disorders; clarifying  
2036 provisions related to grant-funding agreements and  
2037 grant disbursements; revising the department's  
2038 requirement to evaluate services rendered by the  
2039 centers; requiring data from the centers and other  
2040 sources relating to pediatric cancer to be available  
2041 to the department for program planning and quality  
2042 assurance initiatives; amending s. 385.207, F.S.;



947302

2043 clarifying provisions that require the department to  
2044 collect information regarding the number of clients  
2045 served, the outcomes reached, the expense incurred,  
2046 and fees collected by providers of epilepsy services;  
2047 deleting the provision that requires the department to  
2048 limit administrative expenses from the Epilepsy  
2049 Services Trust Fund to a certain percentage of annual  
2050 receipts; amending s. 385.210, F.S.; revising  
2051 legislative findings regarding the economic costs of  
2052 treating arthritis and its complications; authorizing  
2053 the State Surgeon General to seek any federal waivers  
2054 that may be necessary to maximize funds from the  
2055 Federal Government to implement the Arthritis  
2056 Prevention and Education Program; creating s. 385.301,  
2057 F.S.; authorizing the department to adopt rules to  
2058 administer the act; amending s. 400.9905, F.S.;  
2059 revising the definition of the term "clinic" as it  
2060 relates to the Health Care Clinic Act; amending s.  
2061 409.904, F.S.; conforming a cross-reference;  
2062 abrogating an amendment to s. 409.912(17), F.S.,  
2063 relating to a requirement that entities providing  
2064 services under the Medicaid program maintain certain  
2065 surplus funds; abrogating the repeal of 429.26(9),  
2066 F.S., relating to assisted living facility resident  
2067 examinations and evaluations in certain circumstances;  
2068 creating the Pharmacy and Therapeutic Advisory Council  
2069 within the Executive Office of the Governor; providing  
2070 duties of the council; providing for the appointment  
2071 and qualification of members; providing for the use of





947302

2072 subject-matter experts when necessary; providing  
2073 requirements for voting and a quorum; providing for  
2074 quarterly meetings of the council; providing for  
2075 staffing; providing for reimbursement of per diem and  
2076 travel expenses for members of the council; amending  
2077 s. 430.80, F.S.; redefining the term "teaching nursing  
2078 home" as it relates to the implementation of a  
2079 teaching nursing home pilot project; revising the  
2080 requirements to be designated as a teaching nursing  
2081 home; amending s. 499.003, F.S.; excluding from the  
2082 definition of "wholesale distribution" certain  
2083 activities of state agencies; amending s. 651.105,  
2084 F.S.; revising the time period in which the Office of  
2085 Insurance Regulation is required to examine the  
2086 business of an applicant for a certificate of  
2087 authority and a provider engaged in the execution of  
2088 continuing care contracts; amending s. 627.6692, F.S.;  
2089 providing for a special election period for  
2090 continuation of coverage under group health plans for  
2091 certain qualified beneficiaries; providing carrier  
2092 notification requirements; providing for effectiveness  
2093 of such coverage; providing for disregarding certain  
2094 periods for which coverage is not provided; amending  
2095 s. 627.6699, F.S.; requiring small employer carriers  
2096 to use a uniform employee health status form;  
2097 requiring the Financial Service Commission to adopt  
2098 rules; requiring the Office of Insurance Regulation to  
2099 design the form in consultation with small employer  
2100 carriers; providing form delivery formats; specifying



947302

2101

form requirements; providing effective dates.