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LEGISLATIVE ACTION

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| Senate | . | House |
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| Floor: WD/2R | . | |
| 04/28/2009 05:46 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



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

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17 and 381.734, Florida Statutes, are repealed.

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

20 381.006 Environmental health.—The department shall conduct
21 an environmental health program as part of fulfilling the
22 state's public health mission. The purpose of this program is to
23 detect and prevent disease caused by natural and manmade factors
24 in the environment. The environmental health program shall
25 include, but not be limited to:

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



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

64
65 The department may adopt rules to carry out the provisions of
66 this section.

67 Section 4. Paragraph (a) of subsection (2) of section
68 381.0072, Florida Statutes, is amended to read:

69 381.0072 Food service protection.—It shall be the duty of
70 the Department of Health to adopt and enforce sanitation rules



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71 consistent with law to ensure the protection of the public from
72 food-borne illness. These rules shall provide the standards and
73 requirements for the storage, preparation, serving, or display
74 of food in food service establishments as defined in this
75 section and which are not permitted or licensed under chapter
76 500 or chapter 509.

77 (2) DUTIES.-

78 (a) The department shall adopt rules, including definitions
79 of terms which are consistent with law prescribing minimum
80 sanitation standards and manager certification requirements as
81 prescribed in s. 509.039, and which shall be enforced in food
82 service establishments as defined in this section. The
83 sanitation standards must address the construction, operation,
84 and maintenance of the establishment; lighting, ventilation,
85 laundry rooms, lockers, use and storage of toxic materials and
86 cleaning compounds, and first-aid supplies; plan review; design,
87 construction, installation, location, maintenance, sanitation,
88 and storage of food equipment and utensils; employee training,
89 health, hygiene, and work practices; food supplies, preparation,
90 storage, transportation, and service, including access to the
91 areas where food is stored or prepared; and sanitary facilities
92 and controls, including water supply and sewage disposal;
93 plumbing and toilet facilities; garbage and refuse collection,
94 storage, and disposal; and vermin control. Public and private
95 schools, if the food service is operated by school employees;
96 hospitals licensed under chapter 395; nursing homes licensed
97 under part II of chapter 400; child care facilities as defined
98 in s. 402.301; residential facilities colocated with a nursing
99 home or hospital, if all food is prepared in a central kitchen



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100 that complies with nursing or hospital regulations; and bars and
101 lounges, as defined by department rule, are exempt from the
102 rules developed for manager certification. The department shall
103 administer a comprehensive inspection, monitoring, and sampling
104 program to ensure such standards are maintained. With respect to
105 food service establishments permitted or licensed under chapter
106 500 or chapter 509, the department shall assist the Division of
107 Hotels and Restaurants of the Department of Business and
108 Professional Regulation and the Department of Agriculture and
109 Consumer Services with rulemaking by providing technical
110 information. Food service inspections of a certified domestic
111 violence center are limited to the requirements in the
112 department's rules applicable to community-based residential
113 facilities with five or fewer residents.

114 Section 5. Subsection (1) and paragraph (a) of subsection
115 (2) of section 381.0203, Florida Statutes, are amended to read:
116 381.0203 Pharmacy services.—

117 (1) The department shall ~~may~~ contract on a statewide basis
118 for the purchase of drugs, as defined in s. 499.003, to be used
119 by state agencies and political subdivisions, and may adopt
120 rules to administer this section. Effective January 1, 2010, all
121 state agencies, except the Agency for Health Care
122 Administration, the Department of Veterans' Affairs, and the
123 Department of Management Services, must purchase drugs through
124 the statewide contract unless:

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

127 (b) The drugs required are not available through the
128 statewide purchasing contract.



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129 (2) The department shall ~~may~~ establish and maintain a
130 pharmacy services program that includes, ~~including~~, but is not
131 limited to:

132 (a) A central pharmacy to support pharmaceutical services
133 provided by the county health departments, including
134 pharmaceutical repackaging, dispensing, and the purchase and
135 distribution of immunizations and other pharmaceuticals. Such
136 services shall be provided to other state agencies and political
137 subdivisions of the state upon written agreement. Cost savings
138 realized by the state through the use of a central pharmacy may
139 be used by the department to offset additional costs.

140 Section 6. Section 381.84, Florida Statutes, is
141 transferred, renumbered as section 385.106, Florida Statutes,
142 and amended to read:

143 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education
144 and Use Prevention Program.—

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

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

150 (b) "Best practices" means the Best Practices for
151 Comprehensive Tobacco Control Programs as established by the
152 CDC, as amended.

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

155 (d) ~~(c)~~ "Council" means the Tobacco Education and Use
156 Prevention Advisory Council.

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



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158 ~~(e) "Tobacco" means, without limitation, tobacco itself and~~
159 ~~tobacco products that include tobacco and are intended or~~
160 ~~expected for human use or consumption, including, but not~~
161 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~
162 ~~tobacco.~~

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

164 (2) PURPOSE, FINDINGS, AND INTENT.—~~It is~~ The purpose of
165 this section is to implement s. 27, Art. X of the State
166 Constitution. The Legislature finds that s. 27, Art. X of the
167 State Constitution requires the funding of a statewide tobacco
168 education and use prevention program that focuses on tobacco use
169 by youth. The Legislature further finds that the primary goals
170 of the program are to reduce the prevalence of tobacco use among
171 youth, adults, and pregnant women; reduce per capita tobacco
172 consumption; and reduce exposure to environmental tobacco smoke.
173 ~~Further,~~ It is the intent of the Legislature to base increases
174 in funding for individual components of the program on the
175 results of assessments and evaluations. Recognizing that some
176 components will need to grow faster than inflation, it is the
177 intent of the Legislature to fund portions of the program on a
178 nonrecurring basis in the early years so that those components
179 that are most effective can be supported as the program matures.

180 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department
181 shall conduct a comprehensive, statewide tobacco education and
182 use prevention program consistent with the recommendations for
183 effective program components contained in the 1999 Best
184 Practices for Comprehensive Tobacco Control Programs of the CDC,
185 as amended by the CDC. The program must ~~shall~~ include the
186 following components, each of which ~~shall~~ focus on educating



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187 ~~people, particularly youth and their parents,~~ about the health
188 hazards of tobacco and discouraging the use of tobacco. All
189 program components must include efforts to educate youth and
190 their parents about tobacco use, and a youth-directed focus must
191 exist in all components outlined in this subsection.

192 (a) State and community interventions.—Interventions
193 include, but not be limited to, a statewide tobacco control
194 program that combines and coordinates community-based
195 interventions that focus on preventing initiation of tobacco use
196 among youth and young adults; promoting quitting among adults,
197 youth, and pregnant women; eliminating exposure to secondhand
198 smoke; identifying and eliminating tobacco-related disparities
199 among population groups; and promoting a range of collaborations
200 to prevent and alleviate the effects of chronic diseases.

201 ~~Counter-marketing and advertising; cyberspace resource center.~~
202 ~~The counter-marketing and advertising campaign shall include, at~~
203 ~~a minimum, Internet, print, radio, and television advertising~~
204 ~~and shall be funded with a minimum of one-third of the total~~
205 ~~annual appropriation required by s. 27, Art. X of the State~~
206 ~~Constitution. A cyberspace resource center for copyrighted~~
207 ~~materials and information concerning tobacco education and use~~
208 ~~prevention, including cessation, shall be maintained by the~~
209 ~~program. Such resource center must be accessible to the public,~~
210 ~~including parents, teachers, and students, at each level of~~
211 ~~public and private schools, universities, and colleges in the~~
212 ~~state and shall provide links to other relevant resources. The~~
213 ~~Internet address for the resource center must be incorporated in~~
214 ~~all advertising. The information maintained in the resource~~
215 ~~center shall be used by the other components of the program.~~



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216 (b) Health communication interventions.—Effective media and
217 health communication intervention efforts include, but are not
218 limited to, audience research to define themes and execute
219 messages for influential, high impact, and specifically targeted
220 campaigns; market research to identify the target market and the
221 behavioral theory motivating change; counter-marketing
222 surveillance; community tie-ins to support and reinforce the
223 statewide campaign; technologies such as viral marketing, social
224 networks, personal web pages, and web logs; traditional media;
225 process and outcome evaluation of communication efforts; and
226 promotion of available services, including the state telephone
227 cessation quitline. ~~Cessation programs, counseling, and~~
228 ~~treatment. This program component shall include two~~
229 ~~subcomponents:~~

230 1. ~~A statewide toll-free cessation service, which may~~
231 ~~include counseling, referrals to other local resources and~~
232 ~~support services, and treatment to the extent funds are~~
233 ~~available for treatment services; and~~

234 2. ~~A local community-based program to disseminate~~
235 ~~information about smoking cessation, how smoking cessation~~
236 ~~relates to prenatal care and obesity prevention, and other~~
237 ~~chronic tobacco-related diseases.~~

238 (c) Cessation interventions.—Cessation interventions
239 include, but are not limited to, sustaining, expanding, and
240 promoting the service through population-based counseling and
241 treatment programs; encouraging public and private insurance
242 coverage for counseling and FDA-approved medication treatments
243 for tobacco-use cessation; eliminating cost and other barriers
244 to treatment for underserved populations; and making health care



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245 system changes. Youth interventions to prevent tobacco-use
246 initiation and encourage cessation among young people are needed
247 in order to reshape the environment to support tobacco-free
248 norms. Because most people who start smoking are younger than 18
249 years of age, intervening during adolescence is critical.
250 Community programs and school-based policies and interventions
251 should be a part of a comprehensive effort that is implemented
252 in coordination with community and school environments and in
253 conjunction with increasing the unit price of tobacco products,
254 sustaining anti-tobacco media campaigns, making environments
255 tobacco free, and engaging in other efforts to create tobacco-
256 free social norms. ~~Surveillance and evaluation. The program~~
257 ~~shall conduct ongoing epidemiological surveillance and shall~~
258 ~~contract for annual independent evaluations of the effectiveness~~
259 ~~of the various components of the program in meeting the goals as~~
260 ~~set forth in subsection (2).~~

261 (d) Surveillance and evaluation.~~The surveillance and~~
262 evaluation of all program components shall monitor and document
263 short-term, intermediate, and long-term intervention outcomes to
264 inform program and policy direction and ensure accountability.
265 The surveillance and evaluation must be conducted objectively
266 through scientifically sound methodology. ~~Youth school~~
267 ~~programs. School and after-school programs shall use current~~
268 ~~evidence-based curricula and programs that involve youth to~~
269 ~~educate youth about the health hazards of tobacco, help youth~~
270 ~~develop skills to refuse tobacco, and demonstrate to youth how~~
271 ~~to stop using tobacco.~~

272 (e) Administration and management.~~Administration and~~
273 management activities include, but are not limited to, strategic



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274 planning to guide program efforts and resources in order to
275 accomplish goals; recruiting and developing qualified and
276 diverse technical, program, and administrative staff; awarding
277 and monitoring program contracts and grants to coordinate
278 implementation across program areas; developing and maintaining
279 a fiscal-management system to track allocations and the
280 expenditure of funds; increasing capacity at the community level
281 through ongoing training and technical assistance; creating
282 effective communications internally among chronic disease
283 prevention programs and local coalitions and partners; and
284 educating the public and decisionmakers on the health effects of
285 tobacco and evidence-based effective program and policy
286 interventions. ~~Community programs and chronic disease~~
287 ~~prevention. The department shall promote and support local~~
288 ~~community-based partnerships that emphasize programs involving~~
289 ~~youth, including programs for the prevention, detection, and~~
290 ~~early intervention of smoking-related chronic diseases.~~

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

298 (g) County health departments Administration, statewide
299 ~~programs, and county health departments.~~—Each county health
300 department is eligible to receive a portion of the annual
301 appropriation, on a per capita basis, for coordinating tobacco
302 education and use prevention programs within that county.



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303 Appropriated funds may be used to improve the infrastructure of
304 the county health department to implement the comprehensive,
305 statewide tobacco education and use prevention program. Each
306 county health department shall prominently display in all
307 treatment rooms and waiting rooms, counter-marketing and
308 advertisement materials in the form of wall posters, brochures,
309 television advertising if televisions are used in the lobby or
310 waiting room, and screensavers and Internet advertising if
311 computer kiosks are available for use or viewing by people at
312 the county health department.

313 (h) Enforcement and awareness of related laws.—In
314 coordination with the Department of Business and Professional
315 Regulation, the program shall monitor the enforcement of laws,
316 rules, and policies prohibiting the sale or other provision of
317 tobacco to minors, as well as the continued enforcement of the
318 Clean Indoor Air Act prescribed in chapter 386. The
319 advertisements produced in accordance with paragraph (b)
320 ~~paragraph (a)~~ may also include information designed to make the
321 public aware of these related laws and rules. The departments
322 may enter into interagency agreements to carry out this program
323 component.

324 (i) AHEC smoking-cessation initiative.—~~For the 2007-2008~~
325 ~~and 2008-2009 fiscal years only,~~ The AHEC network shall expand
326 the AHEC smoking-cessation initiative to each county ~~within the~~
327 ~~state~~ and perform other activities as determined by the
328 department.

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



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- 332 (a) The council shall consist of 23 members, including:
333 1. The State Surgeon General, who shall serve as the
334 chairperson.
335 2. One county health department director, appointed by the
336 State Surgeon General.
337 3. Two members appointed by the Commissioner of Education,
338 of whom one must be a school district superintendent.
339 4. The chief executive officer of the Florida Division of
340 the American Cancer Society, or his or her designee.
341 5. The chief executive officer of the Greater Southeast
342 Affiliate of the American Heart Association, or his or her
343 designee.
344 6. The chief executive officer of the American Lung
345 Association of Florida, or his or her designee.
346 7. The dean of the University of Miami School of Medicine,
347 or his or her designee.
348 8. The dean of the University of Florida College of
349 Medicine, or his or her designee.
350 9. The dean of the University of South Florida College of
351 Medicine, or his or her designee.
352 10. The dean of the Florida State University College of
353 Medicine, or his or her designee.
354 11. The dean of Nova Southeastern College of Osteopathic
355 Medicine, or his or her designee.
356 12. The dean of the Lake Erie College of Osteopathic
357 Medicine in Bradenton, Florida, or his or her designee.
358 13. The chief executive officer of the Campaign for Tobacco
359 Free Kids, or his or her designee.
360 14. The chief executive officer of the Legacy Foundation,



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361 or his or her designee.

362 15. Four members appointed by the Governor, of whom two
363 must have expertise in the field of tobacco-use prevention and
364 education or smoking cessation and one individual who must ~~shall~~
365 be between the ages of 16 and 21 at the time of his or her
366 appointment.

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

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

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

377 (c) An appointed member may not serve more than two
378 consecutive terms.

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

382 (e) Members of the council shall serve without
383 compensation, but are entitled to reimbursement for per diem and
384 travel expenses pursuant to s. 112.061. Members who are state
385 officers or employees or who are appointed by state officers or
386 employees shall be reimbursed ~~for per diem and travel expenses~~
387 ~~pursuant to s. 112.061~~ from the state agency through which they
388 serve.

389 (f) The council shall adhere to all state ethics laws.



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390 Meetings of the council and the review panels are subject to
391 chapter 119, s. 286.011, and s. 24, Art. I of the State
392 Constitution. ~~The department shall provide council members with~~
393 ~~information and other assistance as is reasonably necessary to~~
394 ~~assist the council in carrying out its responsibilities.~~

395 (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall
396 advise the State Surgeon General as to the direction and scope
397 of the Comprehensive Statewide Tobacco Education and Use
398 Prevention Program. The responsibilities of the council may
399 include, but are not limited to:

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

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

402 (c) Providing advice on copyrighted material, trademark,
403 and future transactions as they pertain to the tobacco education
404 and use prevention program.

405 (d) Reviewing, as requested by the department, broadcast
406 material prepared for the Internet, portable media players,
407 radio, and television advertisement ~~as it relates to the~~
408 ~~advertising component of the tobacco education and use~~
409 ~~prevention program.~~

410 (e) Participating in periodic program evaluation, as
411 requested by the department.

412 (f) Assisting the department in developing ~~the development~~
413 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to
414 the principles of merit and quality in the conduct of the
415 program.

416 (g) Assisting the department in developing ~~the development~~
417 ~~of~~ administrative procedures relating to solicitation, review,
418 and award of contracts and grants in order to ensure an



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419 impartial, high-quality peer review system.

420 (h) Assisting the department in developing panels to review
421 and evaluate potential fund recipients ~~the development and~~
422 ~~supervision of peer review panels.~~

423 (i) Assisting the department in reviewing reports of ~~peer~~
424 review panels and making recommendations for funding allocations
425 ~~contracts and grants.~~

426 (j) Assisting the department in reviewing the activities
427 and ~~evaluating~~ the performance of the AHEC network to avoid
428 duplicative efforts using state funds.

429 (k) Recommending specific measureable outcomes ~~meaningful~~
430 ~~outcome measures~~ through a regular review of evidence-based and
431 promising tobacco-use prevention and education strategies and
432 programs of other states and the Federal Government.

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

437 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the
438 program components or subcomponents described in paragraphs
439 (3) (a)-(f) shall be awarded by the State Surgeon General, after
440 consultation with the council, on the basis of merit, as
441 determined by an open, competitive, peer-reviewed process that
442 ensures objectivity, consistency, and high quality. The
443 department shall award such grants or contracts by no later than
444 October 1 for each fiscal year. A recipient of a contract or
445 grant for the program component described in paragraph (3) (d)
446 ~~(3) (e)~~ is not eligible for a contract or grant award for any
447 other program component described in subsection (3) in the same



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448 state fiscal year. ~~A school or college of medicine that is~~
449 ~~represented on the council is not eligible to receive a contract~~
450 ~~or grant under this section. For the 2007-2008 and 2008-2009~~
451 ~~fiscal years only,~~ The department shall award a contract or
452 grant in the amount of \$11 ~~\$10~~ million to the AHEC network for
453 the purpose of developing the components described in paragraph
454 (3) (i). ~~The AHEC network may apply for a competitive contract or~~
455 ~~grant after the 2008-2009 fiscal year.~~

456 (a) In order to ensure that all proposals for funding are
457 appropriate and are evaluated fairly on the basis of merit, the
458 State Surgeon General, in consultation with the council, shall
459 appoint a ~~peer~~ review panel of independent, qualified experts in
460 the field of tobacco control to review the content of each
461 proposal and establish its priority score. The priority scores
462 shall be forwarded to the council and must be considered in
463 determining which proposals are ~~will be~~ recommended for funding.

464 (b) The council and the ~~peer~~ review panel shall establish
465 and follow rigorous guidelines for ethical conduct and adhere to
466 a strict policy with regard to conflicts of interest. Council
467 members are subject to the applicable provisions of chapter 112.
468 ~~A member of the council or panel may not participate in any~~
469 ~~discussion or decision with respect to a research proposal by~~
470 ~~any firm, entity, or agency with which the member is associated~~
471 ~~as a member of the governing body or as an employee or with~~
472 ~~which the member has entered into a contractual arrangement.~~
473 ~~Meetings of the council and the peer review panels are subject~~
474 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~
475 ~~Constitution.~~

476 (c) In each contract or grant agreement, the department



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477 shall limit the use of food and promotional items to no more
478 than 2.5 percent of the total amount of the contract or grant
479 and limit overhead or indirect costs to no more than 7.5 percent
480 of the total amount of the contract or grant. The department, in
481 consultation with the Department of Financial Services, shall
482 publish guidelines for appropriate food and promotional items.

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

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

492 (7) ANNUAL REPORT REQUIRED.—By February 28 ~~January 31~~ of
493 each year, the department shall provide to the Governor, the
494 President of the Senate, and the Speaker of the House of
495 Representatives a report that evaluates the program's
496 effectiveness in reducing and preventing tobacco use and that
497 recommends improvements to enhance the program's effectiveness.
498 The report must contain, at a minimum, an annual survey of youth
499 attitudes and behavior toward tobacco, as well as a description
500 of the progress in reducing the prevalence of tobacco use among
501 youth, adults, and pregnant women; reducing per capita tobacco
502 consumption; and reducing exposure to environmental tobacco
503 smoke.

504 (8) LIMITATION ON ADMINISTRATIVE EXPENSES.—From the total
505 funds appropriated for the Comprehensive Statewide Tobacco



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506 Education and Use Prevention Program in the General
507 Appropriations Act, ~~an amount of~~ up to 5 percent may be used by
508 the department for administrative expenses.

509 ~~(9) RULEMAKING AUTHORIZED. By January 1, 2008, the~~
510 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~
511 ~~120.54 to administer this section.~~

512 Section 7. Section 381.91, Florida Statutes, is transferred
513 and renumbered as section 385.2024, Florida Statutes, to read:

514 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

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

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

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

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

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

532 ~~(b)~~ Funding may be provided to develop contracts with
533 community health centers and local community faith-based
534 education programs to provide cancer screening, diagnosis,



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535 education, and treatment services to low-income populations
536 throughout the state.

537 Section 8. Section 381.911, Florida Statutes, is
538 transferred, renumbered as section 385.2023, Florida Statutes,
539 and amended to read:

540 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

541 (1) To the extent that funds are specifically made
542 available for this purpose, the Prostate Cancer Awareness
543 Program is established within the department ~~of Health~~. The
544 purpose of this program is to implement the recommendations of
545 January 2000 of the Florida Prostate Cancer Task Force to
546 provide ~~for~~ statewide outreach and health education activities
547 to ensure that men are aware of and appropriately seek medical
548 counseling for prostate cancer as an early-detection health care
549 measure.

550 (2) For purposes of implementing the program, the
551 department ~~of Health~~ and the Florida Public Health Foundation,
552 Inc., may:

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

555 (b) Seek any available gifts, grants, or funds from the
556 state, the Federal Government, philanthropic foundations, and
557 industry or business groups.

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

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

563 1. Three persons from prostate cancer survivor groups or



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564 cancer-related advocacy groups.

565 2. Three persons who are scientists or clinicians from
566 public or nonpublic universities or research organizations.

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

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

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

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

577 Section 10. Section 381.92, Florida Statutes, is
578 transferred and renumbered as section 385.2025, Florida
579 Statutes, to read:

580 385.2025 ~~381.92~~ Florida Cancer Council.—

581 ~~(1) Effective July 1, 2004,~~ The Florida Cancer Council
582 within the department ~~of Health~~ is established for the purpose
583 of making the state a center of excellence for cancer research.

584 ~~(1)(2)(a)~~ The council shall be representative of the
585 state's cancer centers, hospitals, and patient groups and shall
586 be organized and shall operate in accordance with this act.

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



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593 related activities of the council.

594 (3) (a) ~~(e)~~ The members of the council shall consist of:

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

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

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

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

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

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

606 7. The chief executive officer of the American Cancer
607 Society, Florida Division, Inc., or his or her designee;

608 8. The president of the American Cancer Society, Florida
609 Division, Inc., Board of Directors or his or her designee;

610 9. The president of the Florida Society of Clinical
611 Oncology or his or her designee;

612 10. The president of the American College of Surgeons,
613 Florida Chapter, or his or her designee;

614 11. The chief executive officer of Enterprise Florida,
615 Inc., or his or her designee;

616 12. Five representatives from cancer programs approved by
617 the American College of Surgeons. Three shall be appointed by
618 the Governor, one shall be appointed by the Speaker of the House
619 of Representatives, and one shall be appointed by the President
620 of the Senate;

621 13. One member of the House of Representatives, to be



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622 appointed by the Speaker of the House of Representatives; and
623 14. One member of the Senate, to be appointed by the
624 President of the Senate.

625 (b)~~(d)~~ Appointments made by the Speaker of the House of
626 Representatives and the President of the Senate pursuant to
627 paragraph (c) shall be for 2-year terms, concurrent with the
628 bienniums in which they serve as presiding officers.

629 (c)~~(e)~~ Appointments made by the Governor pursuant to
630 paragraph (c) shall be for 2-year terms, although the Governor
631 may reappoint members.

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

635 (4)~~(3)~~ The council shall issue an annual report to the
636 Center for Universal Research to Eradicate Disease, the
637 Governor, the Speaker of the House of Representatives, and the
638 President of the Senate by December 15 of each year, with policy
639 and funding recommendations regarding cancer research capacity
640 in Florida and related issues.

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

644 385.20251 ~~381.921~~ Florida Cancer Council mission and
645 duties.—The council, which shall work in concert with the
646 Florida Center for Universal Research to Eradicate Disease to
647 ensure that the goals of the center are advanced, shall endeavor
648 to dramatically improve cancer research and treatment in this
649 state through:

650 (1) Efforts to significantly expand cancer research



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651 capacity in the state by:

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

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

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

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

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

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

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

673 (a) Identifying ways to increase adult enrollment in cancer
674 clinical trials;

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

678 (c) Providing tools to cancer patients and community-based
679 oncologists to aid in the identification of cancer clinical



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680 trials available in the state; and

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

684 (3) Efforts to reduce the impact of cancer on disparate
685 groups by:

686 (a) Identifying those cancers that disproportionately
687 impact certain demographic groups; and

688 (b) Building collaborations designed to reduce health
689 disparities as they relate to cancer.

690 Section 12. Paragraph (a) of subsection (2) and subsection
691 (5) of section 381.922, Florida Statutes, as amended by section
692 2 of chapter 2009-5, Laws of Florida, are amended to read:

693 381.922 William G. "Bill" Bankhead, Jr., and David Coley
694 Cancer Research Program.—

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

697 (a) Emphasis shall be given to the goals enumerated in s.
698 385.20251 ~~s. 381.921~~, as those goals support the advancement of
699 ~~such~~ cures.

700 (5) For the 2008-2009 fiscal year and each fiscal year
701 thereafter, the sum of \$6.75 million is appropriated annually
702 from recurring funds in the General Revenue Fund to the
703 Biomedical Research Trust Fund within the department ~~of Health~~
704 for purposes of the William G. "Bill" Bankhead, Jr., and David
705 Coley Cancer Research Program and shall be distributed pursuant
706 to this section to provide grants to researchers seeking cures
707 for cancer, with emphasis given to the goals enumerated in s.
708 385.20251 ~~s. 381.921~~. From the total funds appropriated, ~~an~~



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709 ~~amount of~~ up to 10 percent may be used for administrative
710 expenses.

711 Section 13. Section 381.93, Florida Statutes, is
712 transferred and renumbered as section 385.2021, Florida
713 Statutes, to read:

714 385.2021 ~~381.93~~ Breast and cervical cancer early detection
715 program.—This section may be cited as the “Mary Brogan Breast
716 and Cervical Cancer Early Detection Program Act.”

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

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

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

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



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738 guidelines.

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

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

745 385.20211 ~~381.931~~ Annual report on Medicaid expenditures.—
746 The department ~~of Health~~ and the Agency for Health Care
747 Administration shall monitor the total Medicaid expenditures for
748 services made under this act. If Medicaid expenditures are
749 projected to exceed the amount appropriated by the Legislature,
750 the Department of Health shall limit the number of screenings to
751 ensure Medicaid expenditures do not exceed the amount
752 appropriated. The department ~~of Health~~, in cooperation with the
753 Agency for Health Care Administration, shall prepare an annual
754 report that must include the number of women screened; the
755 percentage of positive and negative outcomes; the number of
756 referrals to Medicaid and other providers for treatment
757 services; the estimated number of women who are not screened or
758 not served by Medicaid due to funding limitations, if any; the
759 cost of Medicaid treatment services; and the estimated cost of
760 treatment services for women who were not screened or referred
761 for treatment due to funding limitations. The report shall be
762 submitted to the President of the Senate, the Speaker of the
763 House of Representatives, and the Executive Office of the
764 Governor by March 1 of each year.

765 Section 15. Chapter 385, Florida Statutes, entitled
766 "Chronic Diseases," is renamed the "Healthy and Fit Florida



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767 Act."

768 Section 16. Section 385.101, Florida Statutes, is amended
769 to read:

770 385.101 Short title.—This chapter Sections 385.101-385.103
771 may be cited as the "Healthy and Fit Florida Chronic Diseases
772 Act."

773 Section 17. Section 385.102, Florida Statutes, is amended
774 to read:

775 385.102 Legislative intent.—It is the finding of the
776 Legislature that:

777 (1) Chronic diseases continue to be the leading cause of
778 death and disability in this state and the country exist in high
779 proportions among the people of this state. These Chronic
780 diseases include, but are not limited to, arthritis,
781 cardiovascular disease heart disease, hypertension, diabetes,
782 renal disease, cancer, and chronic obstructive lung disease,
783 including chronic obstructive pulmonary disease. These diseases
784 are often have the same preventable risk factors interrelated,
785 and they directly and indirectly account for a high rate of
786 death, disability, and underlying costs to the state's health
787 care system illness.

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

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

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



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796 (5)~~(2)~~ Advances in medical knowledge and technology assist
797 ~~have assisted~~ in the prevention, detection, and management of
798 chronic diseases. Comprehensive approaches that stress the
799 ~~stressing~~ application of current medical treatment, continuing
800 research, professional training, ~~and~~ patient education, and
801 community-level policy and environmental changes should be
802 implemented encouraged.

803 (6)~~(3)~~ ~~A comprehensive program dealing with the early~~
804 ~~detection and prevention of chronic diseases is required to make~~
805 ~~knowledge and therapy available to all people of this state. The~~
806 mobilization of scientific, medical, and educational resources,
807 along with the implementation of community-based policy under
808 one comprehensive chronic disease law, act will facilitate the
809 prevention, early intervention, and management treatment of
810 chronic these diseases and their symptoms. This integration of
811 resources and policy will ~~and~~ result in a decline in death and
812 disability illness among the people of this state.

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

816 (a) Heart disease and stroke, which have remained the first
817 and third leading causes of death for both men and women in the
818 United States for over 7 decades and account for approximately
819 one-third of total deaths in this state each year.

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

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

824 (d) Diabetes, which is the sixth leading cause of death in



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825 this state.

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

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

834 Section 18. Section 385.1021, Florida Statutes, is created
835 to read:

836 385.1021 Definitions.—As used in this chapter, the term:

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

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

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

842 (4) "Environmental changes" means changes to the economic,
843 social, or physical natural or built environments which
844 encourage or enable behaviors.

845 (5) "Policy change" means altering an informal or formal
846 agreement between public or private sectors which sets forth
847 values, behaviors, or resource allocation in order to improve
848 health.

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

852 (7) "Risk factor" means a characteristic or condition
853 identified during the course of an epidemiological study of a



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854 disease that appears to be statistically associated with a high
855 incidence of that disease.

856 (8) "Secondary prevention" means an intervention that is
857 designed to promote the early detection and management of
858 diseases and reduce the risks experienced by at-risk
859 populations.

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

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

868 (11) "Tobacco" means, without limitation, tobacco itself
869 and tobacco products that include tobacco and are intended or
870 expected for human use or consumption, including, but not
871 limited to, cigarettes, cigars, pipe tobacco, and smokeless
872 tobacco.

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

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

879 Section 19. Section 385.1022, Florida Statutes, is created
880 to read:

881 385.1022 Chronic disease prevention program.—The department
882 shall support public health programs to reduce the incidence of



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883 mortality and morbidity from diseases for which risk factors can
884 be identified. Such risk factors include, but are not limited
885 to, being overweight or obese, physical inactivity, poor
886 nutrition and diet, tobacco use, sun exposure, and other
887 practices that are detrimental to health. The programs shall
888 educate and screen the general public as well as groups at
889 particularly high risk of chronic diseases.

890 Section 20. Section 385.1023, Florida Statutes, is created
891 to read:

892 385.1023 State-level prevention programs for chronic
893 disease.-

894 (1) The department shall create state-level programs that
895 address the leading, preventable chronic disease risk factors of
896 poor nutrition and obesity, tobacco use, sun exposure, and
897 physical inactivity in order to decrease the incidence of
898 arthritis, cancer, diabetes, heart disease, lung disease,
899 stroke, and other chronic diseases.

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

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

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

906 (c) Promoting public awareness and increasing knowledge
907 concerning the causes of chronic diseases, the importance of
908 early detection, diagnosis, and appropriate evidence-based
909 prevention, management, and treatment strategies.

910 (d) Disseminating educational materials and information
911 concerning evidence-based results, available services, and



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912 pertinent new research findings and prevention strategies to
913 patients, health insurers, health professionals, and the public.

914 (e) Using education and training resources and services
915 developed by organizations having appropriate expertise and
916 knowledge of chronic diseases for technical assistance.

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

919 (g) Increasing awareness among state and local officials
920 involved in health and human services, health professionals and
921 providers, and policymakers about evidence-based chronic-disease
922 prevention, tobacco cessation, and treatment strategies and
923 their benefits for people who have chronic diseases.

924 (h) Developing a partnership with state and local
925 governments, voluntary health organizations, hospitals, health
926 insurers, universities, medical centers, employer groups,
927 private companies, and health care providers to address the
928 burden of chronic disease in this state.

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

931 (j) Providing lasting improvements in the delivery of
932 health care for individuals who have chronic disease and their
933 families, thus improving their quality of life while also
934 containing health care costs.

935 Section 21. Section 385.103, Florida Statutes, is amended
936 to read:

937 385.103 Community-level ~~Community intervention~~ programs for
938 chronic disease prevention and health promotion.—

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

940 (a) "Chronic disease prevention and health promotion



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941 ~~control~~ program" means a program that may include, but is not
942 limited to, including a combination of the following elements:
943 1. Staff who are sufficiently trained and skilled in public
944 health, community health, or school health education to
945 facilitate the operation of the program ~~Health screening;~~
946 2. Community input into the planning, implementation, and
947 evaluation processes ~~Risk factor detection;~~
948 3. Use of public health data to make decisions and to
949 develop and prioritize community-based interventions focusing on
950 chronic diseases and their risk factors; ~~Appropriate~~
951 ~~intervention to enable and encourage changes in behaviors that~~
952 ~~create health risks; and~~
953 4. Adherence to a population-based approach by using a
954 socioecological model that addresses the influence on individual
955 behavior, interpersonal behavior, organizational behavior, the
956 community, and public policy; ~~Counseling in nutrition, physical~~
957 ~~activity, the effects of tobacco use, hypertension, blood~~
958 ~~pressure control, and diabetes control and the provision of~~
959 ~~other clinical prevention services.~~
960 5. Focus on at least the common preventable risk factors
961 for chronic disease, such as physical inactivity, obesity, poor
962 nutrition, and tobacco use;
963 6. Focus on developing and implementing interventions and
964 activities through communities, schools, worksites, faith-based
965 organizations, and health-care settings;
966 7. Use of evidence-based interventions as well as best and
967 promising practices to guide specific activities and effect
968 change, which may include guidelines developed by organizations,
969 volunteer scientists, and health care professionals who write



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970 published medical, scientific statements on various chronic
971 disease topics. The statements must be supported by scientific
972 studies published in recognized journals that have a rigorous
973 review and approval process. Scientific statements generally
974 include a review of data available on a specific subject and an
975 evaluation of its relationship to overall chronic disease
976 science;

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

980 9. Development of extensive and comprehensive evaluation
981 that is linked to program planning at the state level and the
982 community level in order to determine the program's
983 effectiveness or necessary program modifications; and

984 10. Reduction of duplication of efforts through
985 coordination among appropriate entities for the efficient use of
986 resources.

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

991 1. Appropriate medical, research-based interventions to
992 enable and encourage changes in behaviors which reduce or
993 eliminate health risks;

994 2. Counseling in nutrition, weight management, physical
995 inactivity, and tobacco-use prevention and cessation strategies;
996 hypertension, blood pressure, high cholesterol, and diabetes
997 control; and other clinical prevention services;

998 3.1- Motivation and assistance to individuals or groups in



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999 adopting and maintaining ~~Motivate and assist citizens to adopt~~
1000 ~~and maintain~~ healthful practices and lifestyles; and

1001 ~~4.2. Make available~~ Learning opportunities that ~~which will~~
1002 increase the ability of people to make informed decisions
1003 affecting their personal, family, and community well-being and
1004 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of
1005 behavior that ~~which~~ will improve or maintain health. ~~;~~

1006 ~~3. Reduce, through coordination among appropriate agencies,~~
1007 ~~duplication of health education efforts; and~~

1008 ~~4. Facilitate collaboration among appropriate agencies for~~
1009 ~~efficient use of scarce resources.~~

1010 (c) "Community intervention program" means a program
1011 combining the required elements of a chronic disease prevention
1012 and health promotion control program and the principles of a
1013 ~~community~~ health education program that addresses system,
1014 policy, and environmental changes that ensure that communities
1015 provide support for healthy lifestyles ~~into a unified program~~
1016 ~~over which a single administrative entity has authority and~~
1017 ~~responsibility.~~

1018 ~~(d) "Department" means the Department of Health.~~

1019 ~~(e) "Risk factor" means a factor identified during the~~
1020 ~~course of an epidemiological study of a disease, which factor~~
1021 ~~appears to be statistically associated with a high incidence of~~
1022 ~~that disease.~~

1023 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~
1024 ~~PROGRAMS.~~—

1025 (a) The department shall develop and implement a
1026 comprehensive, community-based program for chronic disease
1027 prevention and health promotion. The program shall be designed



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1028 to reduce major behavioral risk factors that are associated with
1029 chronic diseases by enhancing the knowledge, skills, motivation,
1030 and opportunities for individuals, organizations, health care
1031 providers, small businesses, health insurers, and communities to
1032 develop and maintain healthy lifestyles. ~~The department shall~~
1033 ~~assist the county health departments in developing and operating~~
1034 ~~community intervention programs throughout the state. At a~~
1035 ~~minimum, the community intervention programs shall address one~~
1036 ~~to three of the following chronic diseases: cancer, diabetes,~~
1037 ~~heart disease, stroke, hypertension, renal disease, and chronic~~
1038 ~~obstructive lung disease.~~

1039 (b) The program shall include:

1040 1. Countywide assessments of specific, causal, and
1041 behavioral risk factors that affect the health of residents;

1042 2. The development of community-based programs for chronic
1043 disease prevention and health promotion which incorporate health
1044 promotion and preventive care practices that are supported in
1045 scientific and medical literature;

1046 3. The development and implementation of statewide age-
1047 specific, disease-specific, and community-specific health
1048 promotion and preventive care strategies using primary,
1049 secondary, and tertiary prevention interventions;

1050 4. The promotion of community, research-based health-
1051 promotion model programs that meet specific criteria, address
1052 major risk factors, and motivate individuals to permanently
1053 adopt healthy behaviors and increase social and personal
1054 responsibilities;

1055 5. The development of policies that encourage the use of
1056 alternative community delivery sites for health promotion,



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1057 disease prevention, and preventive care programs and promote the
1058 use of neighborhood delivery sites that are close to work, home,
1059 and school; and

1060 6. An emphasis on the importance of healthy and physically
1061 active lifestyles to build self-esteem and reduce morbidity and
1062 mortality associated with chronic disease and being overweight
1063 or obese. Existing community resources, when available, shall be
1064 used to support the programs. The department shall seek funding
1065 for the programs from federal and state financial assistance
1066 programs which presently exist or which may be hereafter
1067 created. Additional services, as appropriate, may be
1068 incorporated into a program to the extent that resources are
1069 available. The department may accept gifts and grants in order
1070 to carry out a program.

1071 ~~(c) Volunteers shall be used to the maximum extent possible~~
1072 ~~in carrying out the programs. The department shall contract for~~
1073 ~~the necessary insurance coverage to protect volunteers from~~
1074 ~~personal liability while acting within the scope of their~~
1075 ~~volunteer assignments under a program.~~

1076 ~~(d) The department may contract for the provision of all or~~
1077 ~~any portion of the services required by a program, and shall so~~
1078 ~~contract whenever the services so provided are more cost-~~
1079 ~~efficient than those provided by the department.~~

1080 ~~(e) If the department determines that it is necessary for~~
1081 ~~clients to help pay for services provided by a program, the~~
1082 ~~department may require clients to make contribution therefor in~~
1083 ~~either money or personal services. The amount of money or value~~
1084 ~~of the personal services shall be fixed according to a fee~~
1085 ~~schedule established by the department or by the entity~~



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1086 ~~developing the program. In establishing the fee schedule, the~~
1087 ~~department or the entity developing the program shall take into~~
1088 ~~account the expenses and resources of a client and his or her~~
1089 ~~overall ability to pay for the services.~~

1090 Section 22. Section 385.105, Florida Statutes, is created
1091 to read:

1092 385.105 Physical activity, obesity prevention, nutrition,
1093 other health-promotion services, and wellness programs.—

1094 (1) PHYSICAL ACTIVITY—.

1095 (a) The department shall develop programs for people at
1096 every stage of their lives to increase physical fitness and
1097 promote behavior changes.

1098 (b) The department shall work with school health advisory
1099 or wellness committees in each school district as established in
1100 s. 381.0056.

1101 (c) The department shall develop public and private
1102 partnerships that allow the public to easily access recreational
1103 facilities and public land areas that are suitable for physical
1104 activity.

1105 (d) The department shall work in collaboration with the
1106 Executive Office of the Governor and Volunteer Florida, Inc., to
1107 promote school initiatives, such as the Governor's Fitness
1108 Challenge.

1109 (e) The department shall collaborate with the Department of
1110 Education in recognizing nationally accepted best practices for
1111 improving physical education in schools.

1112 (2) OBESITY PREVENTION.—The department shall promote
1113 healthy lifestyles to reduce the prevalence of excess weight
1114 gain and being overweight or obese through programs that are



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1115 directed towards all residents of this state by:

1116 (a) Using all appropriate media to promote maximum public
1117 awareness of the latest research on healthy lifestyles and
1118 chronic diseases and disseminating relevant information through
1119 a statewide clearinghouse relating to wellness, physical
1120 activity, and nutrition and the effect of these factors on
1121 chronic diseases and disabling conditions.

1122 (b) Providing technical assistance, training, and resources
1123 on healthy lifestyles and chronic diseases to the public, health
1124 care providers, school districts, and other persons or entities,
1125 including faith-based organizations that request such assistance
1126 to promote physical activity, nutrition, and healthy lifestyle
1127 programs.

1128 (c) Developing, implementing, and using all available
1129 research methods to collect data, including, but not limited to,
1130 population-specific data, and tracking the incidence and effects
1131 of weight gain, obesity, and related chronic diseases. The
1132 department shall include an evaluation and data-collection
1133 component in all programs as appropriate. All research conducted
1134 under this paragraph is subject to review and approval as
1135 required by the department's institutional review board under s.
1136 381.86.

1137 (d) Entering into partnerships with the Department of
1138 Education, local communities, school districts, and other
1139 entities to encourage schools in this state to promote
1140 activities during and after school to help students meet a
1141 minimum goal of 30 minutes of physical activity or physical
1142 fitness per day.

1143 (e) Entering into partnerships with the Department of



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1144 Education, school districts, and the Florida Sports Foundation
1145 to develop a program recognizing the schools at which students
1146 demonstrate excellent physical fitness or fitness improvement.

1147 (f) Collaborating with other state agencies to develop
1148 policies and strategies for preventing and treating obesity,
1149 which shall be incorporated into programs administered by each
1150 agency and shall include promoting healthy lifestyles of
1151 employees of each agency.

1152 (g) Advising, in accordance with s. 456.081, health care
1153 practitioners about the morbidity, mortality, and costs
1154 associated with being overweight or obese, informing such
1155 practitioners of promising clinical practices for preventing and
1156 treating obesity, and encouraging practitioners to counsel their
1157 patients regarding the adoption of healthy lifestyles.

1158 (h) Maximizing all local, state, and federal funding
1159 sources, including grants, public-private partnerships, and
1160 other mechanisms to strengthen the department's programs
1161 promoting physical activity and nutrition.

1162 (3) NUTRITION.—The department shall promote optimal
1163 nutritional status in all stages of people's lives by developing
1164 strategies to:

1165 (a) Promote and maintain optimal nutritional status in the
1166 population through activities, including, but not limited to:

1167 1. Nutrition screening and assessment and nutrition
1168 counseling, including nutrition therapy, followup, case
1169 management, and referrals for persons who have medical
1170 conditions or nutrition-risk factors and who are provided health
1171 services through public health programs or through referrals
1172 from private health care providers or facilities;



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1173 2. Nutrition education to assist residents of the state in
1174 achieving optimal health and preventing chronic disease; and

1175 3. Consultative nutrition services to group facilities
1176 which promote the provision of safe and nutritionally adequate
1177 diets.

1178 (b) Monitor and conduct surveillance of the nutritional
1179 status of this state's population.

1180 (c) Conduct or support research or evaluations related to
1181 public health nutrition. All research conducted under this
1182 paragraph is subject to review and approval as required by the
1183 department's institutional review board under s. 381.86.

1184 (d) Establish policies and standards for public health
1185 nutrition practices.

1186 (e) Promote interagency cooperation, professional
1187 education, and consultation.

1188 (f) Provide technical assistance and advise state agencies,
1189 private institutions, and local organizations regarding public
1190 health nutrition standards.

1191 (g) Work with the Department of Agriculture and Consumer
1192 Services, the Department of Education, and the Department of
1193 Management Services to further the use of fresh produce from
1194 this state in schools and encourage the development of community
1195 gardens. Nutritional services shall be available to eligible
1196 persons in accordance with eligibility criteria adopted by the
1197 department. The department shall provide by rule requirements
1198 for the service fees, when applicable, which may not exceed the
1199 department's actual costs.

1200
1201 The department may adopt rules to administer this subsection.



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1202 (4) OTHER HEALTH-PROMOTION SERVICES.-

1203 (a) The department shall promote personal responsibility by
1204 encouraging residents of this state to be informed, follow
1205 health recommendations, seek medical consultations and health
1206 assessments, take healthy precautions, and comply with medical
1207 guidelines, including those that lead to earlier detection of
1208 chronic diseases in order to prevent chronic diseases or slow
1209 the progression of established chronic diseases.

1210 (b) The department shall promote regular health visits
1211 during a person's lifetime, including annual physical
1212 examinations that include measuring body mass index and vital
1213 signs, blood work, immunizations, screenings, and dental
1214 examinations in order to reduce the financial, social, and
1215 personal burden of chronic disease.

1216 (5) WELLNESS PROGRAMS.-

1217 (a) Each state agency may conduct employee wellness
1218 programs in buildings and lands owned or leased by the state.
1219 The department shall serve as a model to develop and implement
1220 employee wellness programs that may include physical fitness,
1221 healthy nutrition, self-management of disease, education, and
1222 behavioral change. The department shall assist other state
1223 agencies to develop and implement employee wellness programs.
1224 These programs shall use existing resources, facilities, and
1225 programs or resources procured through grant funding and
1226 donations that are obtained in accordance with state ethics and
1227 procurement policies, and that provide equal access to such
1228 programs, resources, and facilities to all state employees.

1229 (b) The department shall coordinate its efforts with the
1230 Department of Management Services and other state agencies.



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1231 (c) Each agency may establish an employee wellness work
1232 group to design the program. The department shall be available
1233 to provide policy guidance and assist in identifying effective
1234 wellness program strategies.

1235 (d) The department shall provide by rule requirements for
1236 nominal participation fees, when applicable, which may not
1237 exceed the department's actual costs; collaborations with
1238 businesses; and the procurement of equipment and incentives.

1239 Section 23. Section 385.202, Florida Statutes, is amended
1240 to read:

1241 385.202 Statewide cancer registry.-

1242 (1) Each facility, laboratory, or practitioner licensed
1243 under chapter 395, chapter 458, chapter 459, chapter 464,
1244 chapter 483, and each freestanding radiation therapy center as
1245 defined in s. 408.07, shall report to the department of Health
1246 ~~such~~ information, specified by the department, by rule. The
1247 department may adopt rules regarding reporting requirements for
1248 the cancer registry, which include the data required, the
1249 timeframe for reporting, and the professionals who are
1250 responsible for ensuring compliance with reporting requirements,
1251 ~~which indicates diagnosis, stage of disease, medical history,~~
1252 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~
1253 ~~other methods of diagnosis or treatment for each cancer~~
1254 ~~diagnosed or treated by the facility or center. Failure to~~
1255 ~~comply with this requirement may be cause for registration or~~
1256 ~~licensure suspension or revocation.~~

1257 (2) The department shall establish, or cause to have
1258 established, by contract with a recognized medical organization
1259 in this state and its affiliated institutions, a statewide



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1260 cancer registry program to ensure that cancer reports required
1261 under this section shall be maintained and available for use in
1262 the course of public health surveillance and any study for the
1263 purpose of reducing morbidity or mortality. ~~and~~ No liability of
1264 any kind or character for damages or other relief shall arise or
1265 be enforced against any facility or practitioner ~~hospital~~ by
1266 reason of having provided such information or material to the
1267 department.

1268 (3) The department may adopt rules regarding the
1269 establishment and operation of a statewide cancer registry
1270 program.

1271 (4) ~~(3)~~ The department or a contractual designee operating
1272 the statewide cancer registry program required by this section
1273 shall use or publish said material only for the purpose of
1274 public health surveillance and advancing medical research or
1275 medical education in the interest of reducing morbidity or
1276 mortality, except that a summary of such studies may be released
1277 for general publication. Information which discloses or could
1278 lead to the disclosure of the identity of any person whose
1279 condition or treatment has been reported and studied is ~~shall be~~
1280 confidential and exempt from ~~the provisions of~~ s. 119.07(1),
1281 except that:

1282 (a) Release may be made with the written consent of all
1283 persons to whom the information applies;

1284 (b) The department or a contractual designee may contact
1285 individuals for the purpose of epidemiologic investigation and
1286 monitoring, if ~~provided~~ information that is confidential under
1287 this section is not further disclosed; or

1288 (c) The department may exchange personal data with any



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1289 other governmental agency or a contractual designee for the
1290 purpose of public health surveillance and medical or scientific
1291 research, ~~if provided~~ such governmental agency or contractual
1292 designee does ~~shall~~ not further disclose information that is
1293 confidential under this section.

1294 (5) ~~(4)~~ Funds appropriated for this section shall be used
1295 for establishing, administering, compiling, processing, and
1296 providing biometric and statistical analyses to the reporting
1297 facilities and practitioners. Funds may also be used to ensure
1298 the quality and accuracy of the information reported and to
1299 provide management information to the reporting facilities and
1300 practitioners.

1301 (6) ~~(5)~~ The department may adopt rules regarding the
1302 classifications of, by rule, classify facilities that are
1303 responsible for making reports to the cancer registry, the
1304 content and frequency of the reports, and the penalty for
1305 failure to comply with these requirements ~~for purposes of~~
1306 ~~reports made to the cancer registry and specify the content and~~
1307 ~~frequency of the reports. In classifying facilities, the~~
1308 ~~department shall exempt certain facilities from reporting cancer~~
1309 ~~information that was previously reported to the department or~~
1310 ~~retrieved from existing state reports made to the department or~~
1311 ~~the Agency for Health Care Administration. The provisions of~~
1312 This section does ~~shall~~ not apply to any facility whose primary
1313 function is to provide psychiatric care to its patients.

1314 (7) Notwithstanding subsection (1), each facility and
1315 practitioner that reports cancer cases to the department shall
1316 make their records available for onsite review by the department
1317 or its authorized representative.



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1318 Section 24. Subsection (3) of section 385.203, Florida
1319 Statutes, is amended to read:

1320 385.203 Diabetes Advisory Council; creation; function;
1321 membership.—

1322 (3) The council shall be composed of 26 residents ~~25~~
1323 ~~citizens~~ of the state who have knowledge of, or work in, the
1324 area of diabetes mellitus as follows:

1325 (a) Five interested residents ~~citizens~~, three of whom are
1326 affected by diabetes.

1327 (b) Twenty-one ~~Twenty~~ members, who must include one
1328 representative from each of the following areas: nursing with
1329 diabetes-educator certification; dietary with diabetes educator
1330 certification; podiatry; ophthalmology or optometry; psychology;
1331 pharmacy; adult endocrinology; pediatric endocrinology; the
1332 American Diabetes Association (ADA); the Juvenile Diabetes
1333 Foundation (JDF); the Florida Academy of Family Physicians; a
1334 community health center; a county health department; an American
1335 Diabetes Association recognized community education program;
1336 each medical school in the state; an osteopathic medical school;
1337 the insurance industry; a Children's Medical Services diabetes
1338 regional program; and an employer.

1339 (c) One or more representatives from the Department of
1340 Health, who shall serve on the council as ex officio members.

1341 Section 25. Section 385.206, Florida Statutes, is amended
1342 to read:

1343 385.206 Pediatric Hematology-Oncology care ~~care~~ Center Program.—

1344 (1) DEFINITIONS.—As used in this section, the term:

1345 ~~(a) "Department" means the Department of Health.~~

1346 (a) ~~(b)~~ "Hematology" means the study, diagnosis, and



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1347 treatment of blood and blood-forming tissues.

1348 (b)~~(e)~~ "Oncology" means the study, diagnosis, and treatment
1349 of malignant neoplasms or cancer.

1350 (c)~~(d)~~ "Hemophilia" or "other hemostatic disorder" means a
1351 bleeding disorder resulting from a genetic abnormality of
1352 mechanisms related to the control of bleeding.

1353 (d)~~(e)~~ "Sickle-cell anemia or other hemoglobinopathy" means
1354 an hereditary, chronic disease caused by an abnormal type of
1355 hemoglobin.

1356 (e)~~(f)~~ "Patient" means a person under the age of 21 who is
1357 in need of hematologic-oncologic services and who is enrolled in
1358 the Children's Medical Services Network ~~declared medically and~~
1359 ~~financially eligible by the department; or a person who received~~
1360 ~~such services prior to age 21 and who requires long-term~~
1361 ~~monitoring and evaluation to ascertain the sequelae and the~~
1362 ~~effectiveness of treatment.~~

1363 (f)~~(g)~~ "Center" means a facility designated by the
1364 department as having a program specifically designed to provide
1365 a full range of medical and specialty services to patients with
1366 hematologic and oncologic disorders.

1367 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM,
1368 AUTHORITY.~~The department may designate is authorized to make~~
1369 ~~grants and reimbursements to designated centers and provide~~
1370 funding to establish and maintain programs for the care of
1371 patients with hematologic and oncologic disorders. Program
1372 administration costs shall be paid by the department from funds
1373 appropriated for this purpose.

1374 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.~~

1375 (a) Funding provided ~~A grant made~~ under this section shall



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1376 be pursuant to a contract ~~contractual agreement~~ made between a
1377 center and the department. Each contract ~~must agreement shall~~
1378 provide that patients will receive services ~~specified types of~~
1379 ~~treatment and care~~ from the center without additional charge to
1380 the patients or their parents or guardians. ~~Grants shall be~~
1381 ~~disbursed in accordance with conditions set forth in the~~
1382 ~~disbursement guidelines.~~

1383 ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~
1384 ~~PROGRAMS.—~~

1385 (b)(a) Funding may be provided ~~Grant disbursements may be~~
1386 ~~made~~ to centers that ~~which~~ meet the following criteria:

1387 1. The personnel includes ~~shall include~~ at least one board-
1388 certified pediatric hematologist-oncologist, at least one board-
1389 certified pediatric surgeon, at least one board-certified
1390 radiotherapist, and at least one board-certified pathologist.

1391 2. ~~As approved by the department,~~ The center shall actively
1392 participates ~~participate~~ in a national children's cancer study
1393 group, maintains ~~maintain~~ a pediatric tumor registry, has ~~have~~ a
1394 multidisciplinary pediatric tumor board, and meets ~~meet~~ other
1395 guidelines for development, including, but not limited to,
1396 guidelines from such organizations as the American Academy of
1397 Pediatrics and the American Pediatric Surgical Association.

1398 ~~(b) Programs shall also be established to provide care to~~
1399 ~~hematology-oncology patients within each district of the~~
1400 ~~department. The guidelines for local programs shall be~~
1401 ~~formulated by the department. Special disbursements may be made~~
1402 ~~by the program office to centers for educational programs~~
1403 ~~designed for the districts of the department. These programs may~~
1404 ~~include teaching total supportive care of the dying patient and~~



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1405 ~~his or her family, home therapy to hemophiliacs and patients~~
1406 ~~with other hemostatic disorders, and screening and counseling~~
1407 ~~for patients with sickle cell anemia or other~~
1408 ~~hemoglobinopathies.~~

1409 (4) ~~(5)~~ PROGRAM AND PEER REVIEW.—The department shall
1410 evaluate ~~at least annually during the grant period~~ the services
1411 rendered by the centers ~~and the districts of the department.~~
1412 Data from the centers and other sources relating to pediatric
1413 cancer shall be reviewed annually by the Florida Association of
1414 Pediatric Tumor Programs, Inc., ~~+~~ and a written report with
1415 recommendations shall be made to the department. This database
1416 must will be available to the department for program planning
1417 and quality assurance initiatives ~~formulation of its annual~~
1418 ~~program and financial evaluation report.~~ A portion of the funds
1419 appropriated for this section may be used to provide statewide
1420 consultation, supervision, and evaluation of the programs of the
1421 centers, as well as central program office support personnel.

1422 Section 26. Paragraph (g) of subsection (2) and subsection
1423 (7) of section 385.207, Florida Statutes, are amended to read:

1424 385.207 Care and assistance of persons with epilepsy;
1425 establishment of programs in epilepsy control.—

1426 (2) The department ~~of Health~~ shall:

1427 (g) Continue current programs and develop cooperative
1428 programs and services designed to enhance the vocational
1429 rehabilitation of epilepsy clients, including the current jobs
1430 programs. The department shall, as part of its contract with a
1431 provider of epilepsy services, collect information regarding the
1432 number of clients served, the outcomes reached, the expenses
1433 incurred, and the fees collected by such providers for the



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1434 provision of services ~~keep~~ and make this information available
1435 to the Governor and the Legislature upon request ~~information~~
1436 ~~regarding the number of clients served, the outcome reached, and~~
1437 ~~the expense incurred by such programs and services.~~

1438 ~~(7) The department shall limit total administrative~~
1439 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~
1440 ~~of annual receipts.~~

1441 Section 27. Paragraphs (b), (d), and (g) of subsection (2)
1442 and paragraph (b) of subsection (5) of section 385.210, Florida
1443 Statutes, are amended to read:

1444 385.210 Arthritis prevention and education.—

1445 (2) LEGISLATIVE FINDINGS.—The Legislature finds the
1446 following:

1447 (b) Arthritis is the leading cause of disability in the
1448 United States, limiting daily activities for more than 19 7
1449 million citizens.

1450 (d) There are enormous economic and social costs associated
1451 with treating arthritis and its complications; the economic
1452 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~
1453 ~~(1997)~~ annually in the United States.

1454 (g) The National Arthritis Foundation, the Centers for
1455 Disease Control and Prevention, and the Association of State and
1456 Territorial Health Officials have led the development of a
1457 public health strategy, the National Arthritis Action Plan, to
1458 respond to this challenge.

1459 (5) FUNDING.—

1460 (b) The State Surgeon General may ~~shall~~ seek any federal
1461 waiver or waivers ~~that may be~~ necessary to maximize funds from
1462 the Federal Government to implement this program.



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1463 Section 28. Section 385.301, Florida Statutes, is created
1464 to read:

1465 385.301 Rulemaking authority.—The department may adopt
1466 rules to administer this chapter.

1467 Section 29. Section 385.401, Florida Statutes, is created
1468 to read:

1469 385.401 Direct-support organization.—

1470 (1) DIRECT-SUPPORT ORGANIZATION ESTABLISHED.—The department
1471 may establish a direct-support organization to provide
1472 assistance, funding, and support for the department in carrying
1473 out its mission upon written approval by the State Surgeon
1474 General. This section governs the creation, use, powers, and
1475 duties of the direct-support organization.

1476 (2) DEFINITION.—As used in this section, the term “direct-
1477 support organization” means an organization that is:

1478 (a) A Florida corporation, not for profit, incorporated
1479 under chapter 617, exempted from filing fees, and approved by
1480 the Department of State;

1481 (b) Organized and operated to conduct programs and
1482 activities; to initiate developmental projects; to raise funds;
1483 to request and receive grants, gifts, and bequests of moneys; to
1484 acquire, receive, hold, invest, and administer in its own name
1485 securities, funds, or property; and to make expenditures to or
1486 for the direct or indirect benefit of the state public health
1487 system through the department or its individual county health
1488 departments;

1489 (c) Determined by the department to be operating in a
1490 manner consistent with the priority issues and objectives of the
1491 department and in the best interest of the state; and



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1492 (d) Approved in writing by the State Surgeon General to
1493 operate for the direct or indirect benefit of the department or
1494 its individual county health departments. This approval shall be
1495 in a form determined by the department.

1496 (3) BOARD OF DIRECTORS.—The direct-support organization
1497 shall be governed by a board of directors.

1498 (a) The board of directors shall consist of at least seven
1499 members appointed by the State Surgeon General. Networks and
1500 partnerships in this state which are involved in issues related
1501 to public health may recommend nominees to the State Surgeon
1502 General.

1503 (b) The term of office of the board members shall be 3
1504 years, except that the terms of the initial appointees shall be
1505 for 1 year, 2 years, or 3 years in order to achieve staggered
1506 terms. A member may be reappointed when his or her term expires.
1507 The State Surgeon General or his or her designee shall serve as
1508 an ex officio member of the board.

1509 (c) Members must be current residents of this state. A
1510 majority of the board members must be highly knowledgeable about
1511 the department, its service personnel, and its missions. The
1512 board must include members from county government, the health
1513 care industry, the medical community, and other components of
1514 the public health system. The State Surgeon General may remove
1515 any member of the board for cause and with the approval of a
1516 majority of the members. The State Surgeon General shall appoint
1517 a replacement for any vacancy that occurs.

1518 (4) USE OF PROPERTY.—

1519 (a) The department and each county health department may
1520 allow, without charge, the use of the department's fixed



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1521 property and facilities within the state public health system by
1522 the direct-support organization, subject to this section. Use of
1523 the fixed property and facilities by the direct support
1524 organization may not interfere with use of the fixed property
1525 and facilities by the department's clients or staff.

1526 (b) The department may not allow the use of its fixed
1527 property and facilities by a direct-support organization that is
1528 organized under this section and does not provide equal
1529 employment opportunities to all persons regardless of race,
1530 color, national origin, gender, age, or religion.

1531 (5) DIRECTIVES.—The direct-support organization must comply
1532 with directives and requirements established by the sources of
1533 its funding.

1534 (6) ANNUAL BUDGETS AND REPORTS.—

1535 (a) The fiscal year of the direct-support organization
1536 begins on July 1 of each year and end on June 30 of the
1537 following year.

1538 (b) The direct-support organization shall submit to the
1539 department its federal Internal Revenue Service Application for
1540 Recognition of Exemption form and its federal Internal Revenue
1541 Service Return of Organization Exempt from Income Tax form.

1542 (7) ANNUAL AUDIT.—The direct-support organization shall
1543 provide for an annual financial audit in accordance with s.
1544 215.981.

1545 Section 30. Subsection (9) of section 409.904, Florida
1546 Statutes, is amended to read:

1547 409.904 Optional payments for eligible persons.—The agency
1548 may make payments for medical assistance and related services on
1549 behalf of the following persons who are determined to be



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1550 eligible subject to the income, assets, and categorical
1551 eligibility tests set forth in federal and state law. Payment on
1552 behalf of these Medicaid eligible persons is subject to the
1553 availability of moneys and any limitations established by the
1554 General Appropriations Act or chapter 216.

1555 (9) Eligible women with incomes at or below 200 percent of
1556 the federal poverty level and under age 65, for cancer treatment
1557 pursuant to the federal Breast and Cervical Cancer Prevention
1558 and Treatment Act of 2000, screened through the Mary Brogan
1559 Breast and Cervical Cancer Early Detection Program established
1560 under s. 385.2021 ~~s. 381.93~~.

1561 Section 31. The Pharmacy and Therapeutic Advisory Council.-

1562 (1) The Pharmacy and Therapeutic Advisory Council is
1563 created within the Executive Office of the Governor to serve in
1564 an advisory capacity to the Department of Health and other
1565 governmental agencies. The council may not interfere with
1566 existing mandated Medicaid services and may not develop or
1567 implement new ones. Specifically, the council may not interfere
1568 with the work of the Agency for Health Care Administration as it
1569 complies with federal and state statutory obligations to develop
1570 a preferred drug list, to negotiate rebate agreements for
1571 medications included in the preferred drug list, and to protect
1572 the confidentiality of rebate agreements. The council may not
1573 interfere with the Medicaid Pharmacy and Therapeutics Committee
1574 or the Drug Utilization Review Board, which oversee clinical
1575 activities within the Bureau of Pharmacy Services if such
1576 interference would violate any federal or state statutory
1577 obligations.

1578 (2) The Pharmacy and Therapeutic Advisory Council shall use



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1579 Medicaid processes within the existing Medicaid structure of the
1580 Agency for Health Care Administration as a guide for assisting
1581 state agencies in:

1582 (a) Developing an unbiased clinical perspective on drug
1583 evaluations and utilization protocols that are relevant to
1584 patient care provided through programs administered by state
1585 agencies.

1586 (b) Developing drug-utilization-review processes that are
1587 relevant to the agencies and those receiving care through
1588 programs administered by the agencies.

1589 (c) Building a formulary structure that enforces formulary
1590 compliance or adherence within each agency.

1591 (d) Performing pharmacoeconomic analyses on formulary
1592 management so that the state maximizes the cost-effectiveness of
1593 its pharmaceutical purchasing.

1594 (e) Reviewing new and existing therapies using criteria
1595 established for efficacy, safety, and quality in order to
1596 maximize cost-effective purchasing.

1597 (f) Reviewing state agency proposals to maximize the cost-
1598 effectiveness of pharmaceutical purchasing in compliance with s.
1599 381.0203.

1600 (3) The council shall verify the cost-effectiveness and
1601 clinical efficacy of any state contracts under s. 381.0203(1),
1602 Florida Statutes, at least once every 2 years.

1603 (4) The members of the council and the chair shall be
1604 appointed by the Governor to 4-year staggered terms or until
1605 their successors are appointed. Members may be appointed to more
1606 than one term. The Governor shall fill any vacancies for the
1607 remainder of the unexpired term in the same manner as the



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1608 original appointment.
1609 (5) The council shall include voting and nonvoting members,
1610 and the chair, who is a voting member, must be a pharmacist
1611 employed by a state agency.
1612 (a) The voting members shall represent:
1613 1. The Agency for Health Care Administration.
1614 2. The Agency for Persons with Disabilities.
1615 3. The Department of Children and Family Services.
1616 4. The Department of Corrections.
1617 5. The Department of Elderly Affairs.
1618 6. The Department of Health.
1619 7. The Department of Juvenile Justice.
1620 8. The Bureau of Pharmacy Services within the Agency for
1621 Health Care Administration, which shall be represented by the
1622 bureau chief.
1623 9. The Bureau of Statewide Pharmaceutical Services within
1624 the Department of Health, which shall be represented by the
1625 bureau chief.
1626 (b) The nonvoting members shall be:
1627 1. A representative from the Agency for Health Care
1628 Administration's drug contracting program.
1629 2. The contracting officer for the Department of Health's
1630 drug procurement program.
1631 3. A clinical pharmacy program manager from the Agency for
1632 Health Care Administration.
1633 4. The chair of the Department of Health's Pharmacy and
1634 Therapeutics Committee.
1635 5. The general counsel for the Agency for Health Care
1636 Administration or his or her designee.



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1637 6. The general counsel for a state agency in the executive
1638 branch of state government, or his or her designee.

1639 7. A representative from the Executive Office of the
1640 Governor.

1641 8. The statewide pharmacy director of the Department of
1642 Corrections' Office of Health Services.

1643 (6) Members of the council shall consist of at least one
1644 physician licensed under chapter 458 or chapter 459, Florida
1645 Statutes, at least one pharmacist licensed under chapter 465,
1646 Florida Statutes, and at least one registered nurse licensed
1647 under chapter 464, Florida Statutes. Each member designated in
1648 this subsection must have an active license in his or her
1649 profession and may not have been the subject of any agency
1650 disciplinary action.

1651 (7) Members, who must be residents of this state, shall be
1652 selected on the basis of specialty, board certification, prior
1653 pharmacy and therapeutic experience, experience treating medical
1654 assistance recipients, ability to represent a broad base of
1655 constituents, and number of years of practice. Members must not
1656 have any conflicts of interest due to their service on the
1657 council.

1658 (8) The council may request the participation of additional
1659 subject-matter experts to address specific drug, therapeutic, or
1660 drug-procurement issues under review by the council.

1661 (9) A majority of the members of the council constitutes a
1662 quorum, and an affirmative vote of a majority of the voting
1663 members is necessary to take action.

1664 (10) The council shall meet quarterly or at the call of the
1665 chair.



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1666 (11) The council shall be staffed by the chair's department
1667 or agency.

1668 (12) The council members shall serve without compensation,
1669 but are entitled to reimbursement for travel and per diem
1670 expenses incurred in the performance of their duties in
1671 accordance with s. 112.061, Florida Statutes.

1672 Section 32. Paragraph (g) is added to subsection (53) of
1673 section 499.003, Florida Statutes, to read:

1674 499.003 Definitions of terms used in this part.—As used in
1675 this part, the term:

1676 (53) "Wholesale distribution" means distribution of
1677 prescription drugs to persons other than a consumer or patient,
1678 but does not include:

1679 (g) The sale, purchase, trade, or transfer of a
1680 prescription drug among agencies and health care entities of the
1681 state to complete the dispensing of the prescription drug to a
1682 patient under the care of a state agency or health care entity,
1683 or to a patient for whom the state is responsible for providing
1684 or arranging health care services. The agency or health care
1685 entity that received the prescription drug on behalf of the
1686 patient is deemed the patient's agent under s. 465.003(6).

1687 Section 33. This act shall take effect July 1, 2009.

1688
1689 ===== T I T L E A M E N D M E N T =====

1690 And the title is amended as follows:

1691 Delete everything before the enacting clause
1692 and insert:

1693 A bill to be entitled

1694 An act relating to health care; amending s. 154.503,



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1695 F.S.; conforming a cross-reference; repealing s.
1696 381.0053, F.S., relating to a comprehensive nutrition
1697 program; repealing s. 381.0054, F.S., relating to
1698 healthy lifestyles promotion; repealing ss. 381.732,
1699 381.733, and 381.734, F.S., relating to the Healthy
1700 Communities, Healthy People Act; amending s. 381.006,
1701 F.S.; requiring the Department of Health, when
1702 conducting an environmental health program inspection
1703 of a certified domestic violence center to limit the
1704 inspection of the domestic violence center to the
1705 requirements set forth in the department's rules
1706 applicable to community-based residential facilities
1707 with five or fewer residents; amending s. 381.0072,
1708 F.S.; requiring the department, when conducting a food
1709 service inspection of a certified domestic violence
1710 center to limit the inspection of the domestic
1711 violence center to the requirements set forth in the
1712 department's rules applicable to community-based
1713 residential facilities with five or fewer residents;
1714 amending s. 381.0203, F.S.; requiring certain state
1715 agencies to purchase drugs through the statewide
1716 purchasing contract administered by the department;
1717 providing an exception; requiring the department to
1718 establish and maintain certain pharmacy services
1719 program; transferring, renumbering, and amending s.
1720 381.84, F.S., relating to the Comprehensive Statewide
1721 Tobacco Education and Use Prevention Program; revising
1722 definitions; revising program components; requiring
1723 program components to include efforts to educate youth



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1724 and their parents about tobacco use; requiring a
1725 youth-directed focus in each program component;
1726 requiring the Tobacco Education and Use Prevention
1727 Advisory Council to adhere to state ethics laws;
1728 providing that meetings of the council are subject to
1729 public-records and public-meetings requirements;
1730 revising the duties of the council; deleting a
1731 provision that prohibits a member of the council from
1732 participating in a discussion or decision with respect
1733 to a research proposal by a firm, entity, or agency
1734 with which the member is associated as a member of the
1735 governing body or as an employee or with which the
1736 member has entered into a contractual arrangement;
1737 revising the submission date of an annual report;
1738 deleting an expired provision relating to rulemaking
1739 authority of the department; transferring and
1740 renumbering s. 381.91, F.S., relating to the Jessie
1741 Trice Cancer Prevention Program; transferring,
1742 renumbering, and amending s. 381.911, F.S., relating
1743 to the Prostate Cancer Awareness Program; revising the
1744 criteria for members of the prostate cancer advisory
1745 committee; repealing s. 381.912, F.S., relating to the
1746 Cervical Cancer Elimination Task Force; transferring
1747 and renumbering s. 381.92, F.S., relating to the
1748 Florida Cancer Council; transferring and renumbering
1749 s. 381.921, F.S., relating to the mission and duties
1750 of the Florida Cancer Council; amending s. 381.922,
1751 F.S.; conforming cross-references; transferring and
1752 renumbering s. 381.93, F.S., relating to a breast and



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1753 cervical cancer early detection program; transferring
1754 and renumbering s. 381.931, F.S., relating to an
1755 annual report on Medicaid expenditures; renaming ch.
1756 385, F.S., as the "Healthy and Fit Florida Act";
1757 amending s. 385.101, F.S.; renaming the "Chronic
1758 Diseases Act" as the "Healthy and Fit Florida Act";
1759 amending s. 385.102, F.S.; revising legislative
1760 intent; creating s. 385.1021, F.S.; providing
1761 definitions; creating s. 385.1022, F.S.; requiring the
1762 department to support public health programs to reduce
1763 the incidence of mortality and morbidity from chronic
1764 diseases; creating s. 385.1023, F.S.; requiring the
1765 department to create state-level programs that address
1766 the risk factors of certain chronic diseases;
1767 providing required activities of the state-level
1768 programs; amending s. 385.103, F.S.; providing for
1769 community-level programs for the prevention of chronic
1770 diseases; revising definitions; requiring the
1771 department to develop and implement a community-based
1772 chronic disease prevention and health promotion
1773 program; providing the purpose of the program;
1774 providing requirements for the program; creating s.
1775 385.105, F.S.; requiring the department to develop
1776 programs to increase physical fitness, to work with
1777 school districts, to develop partnerships that allow
1778 the public to access recreational facilities and
1779 public land areas suitable for physical activity, to
1780 work with the Executive Office of the Governor and
1781 Volunteer Florida, Inc., to promote school



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1782 initiatives, and to collaborate with the Department of
1783 Education in recognizing nationally accepted best
1784 practices for improving physical education in schools;
1785 requiring the Department of Health to promote healthy
1786 lifestyles to reduce obesity; requiring the department
1787 to promote optimal nutritional status in all stages of
1788 people's lives, personal responsibility to prevent
1789 chronic disease or slow its progression, and regular
1790 health visits during a person's life span; authorizing
1791 state agencies to conduct employee wellness programs;
1792 requiring the department to serve as a model to
1793 develop and implement employee wellness programs;
1794 requiring the department to assist state agencies to
1795 develop the employee wellness programs; providing
1796 equal access to the programs by agency employees;
1797 requiring the department to coordinate efforts with
1798 the Department of Management Services and other state
1799 agencies; authorizing each state agency to establish
1800 an employee wellness work group to design the wellness
1801 program; requiring the department to provide
1802 requirements for participation fees, collaborations
1803 with businesses, and procurement of equipment and
1804 incentives; amending s. 385.202, F.S.; requiring
1805 facilities, laboratories, and practitioners to report
1806 information; authorizing the department to adopt rules
1807 regarding reporting requirements for the cancer
1808 registry; providing immunity from liability for
1809 facilities and practitioners reporting certain
1810 information; requiring the department to adopt rules



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1811 regarding the establishment and operation of a
1812 statewide cancer registry program; requiring the
1813 department or contractual designee operating the
1814 statewide cancer registry program to use or publish
1815 material only for the purpose of public health
1816 surveillance and advancing medical research or medical
1817 education in the interest of reducing morbidity or
1818 mortality; authorizing the department to exchange
1819 personal data with any agency or contractual designee
1820 for the purpose of public health surveillance and
1821 medical or scientific research under certain
1822 circumstances; clarifying that the department may
1823 adopt rules regarding the classifications of
1824 facilities related to reports made to the cancer
1825 registry; requiring each facility and practitioner
1826 that reports cancer cases to the department to make
1827 their records available for onsite review; amending s.
1828 385.203, F.S.; increasing the size of the Diabetes
1829 Advisory Council to include one representative of the
1830 Florida Academy of Family Physicians; amending s.
1831 385.206, F.S.; renaming the "hematology-oncology care
1832 center program" as the "Pediatric Hematology-Oncology
1833 Center Program"; revising definitions; authorizing the
1834 department to designate centers and provide funding to
1835 maintain programs for the care of patients with
1836 hematologic and oncologic disorders; clarifying
1837 provisions related to grant-funding agreements and
1838 grant disbursements; revising the department's
1839 requirement to evaluate services rendered by the



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1840 centers; requiring data from the centers and other
1841 sources relating to pediatric cancer to be available
1842 to the department for program planning and quality
1843 assurance initiatives; amending s. 385.207, F.S.;
1844 clarifying provisions that require the department to
1845 collect information regarding the number of clients
1846 served, the outcomes reached, the expense incurred,
1847 and fees collected by providers of epilepsy services;
1848 deleting the provision that requires the department to
1849 limit administrative expenses from the Epilepsy
1850 Services Trust Fund to a certain percentage of annual
1851 receipts; amending s. 385.210, F.S.; revising
1852 legislative findings regarding the economic costs of
1853 treating arthritis and its complications; authorizing
1854 the State Surgeon General to seek any federal waivers
1855 that may be necessary to maximize funds from the
1856 Federal Government to implement the Arthritis
1857 Prevention and Education Program; creating s. 385.301,
1858 F.S.; authorizing the department to adopt rules to
1859 administer the act; creating s. 385.401, F.S.;
1860 authorizing the department to establish a direct-
1861 support organization; providing definitions; providing
1862 for a board of directors; providing terms; providing
1863 for membership; authorizing the department to allow
1864 the direct-support organization to use the
1865 department's fixed property and facilities within the
1866 state public health system; providing an exception;
1867 requiring that the direct-support organization submit
1868 certain federal forms to the department; requiring



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1869 that the direct-support organization provide an annual
1870 financial audit; amending s. 409.904, F.S.; conforming
1871 a cross-reference; creating the Pharmacy and
1872 Therapeutic Advisory Council within the Executive
1873 Office of the Governor; providing duties of the
1874 council; providing for the appointment and
1875 qualification of members; providing for the use of
1876 subject-matter experts when necessary; providing
1877 requirements for voting and a quorum; providing for
1878 quarterly meetings of the council; providing for
1879 staffing; providing for reimbursement of per diem and
1880 travel expenses for members of the council; amending
1881 s. 499.003, F.S.; excluding from the definition of
1882 "wholesale distribution" certain activities of state
1883 agencies; providing an effective date.