

HB 1471

2009

1 A bill to be entitled
2 An act relating to the Healthy and Fit Florida Act;
3 amending s. 154.503, F.S.; conforming a cross-reference;
4 repealing s. 381.0053, F.S., relating to a comprehensive
5 nutrition program; repealing s. 381.0054, F.S., relating
6 to healthy lifestyles promotion; repealing ss. 381.732,
7 381.733, and 381.734, F.S., relating to the Healthy
8 Communities, Healthy People Act; transferring,
9 renumbering, and amending s. 381.84, F.S., relating to the
10 Comprehensive Statewide Tobacco Education and Use
11 Prevention Program; revising definitions; revising program
12 components; requiring program components to include
13 efforts to educate youth and their parents about tobacco
14 use; requiring a youth-directed focus in each program
15 component; requiring the Tobacco Education and Use
16 Prevention Advisory Council to adhere to state ethics
17 laws; providing that meetings of the council are subject
18 to public-records and public-meetings requirements;
19 revising the duties of the council; deleting a provision
20 that prohibits a member of the council from participating
21 in a discussion or decision with respect to a research
22 proposal by a firm, entity, or agency with which the
23 member is associated as a member of the governing body or
24 as an employee or with which the member has entered into a
25 contractual arrangement; revising the submission date of
26 an annual report; deleting an expired provision relating
27 to rulemaking authority of the department; transferring
28 and renumbering s. 381.91, F.S., relating to the Jessie

29 Trice Cancer Prevention Program; transferring,
30 renumbering, and amending s. 381.911, F.S., relating to
31 the Prostate Cancer Awareness Program; revising the
32 criteria for members of the prostate cancer advisory
33 committee; repealing s. 381.912, F.S., relating to the
34 Cervical Cancer Elimination Task Force; transferring and
35 renumbering s. 381.92, F.S., relating to the Florida
36 Cancer Council; transferring and renumbering s. 381.921,
37 F.S., relating to the mission and duties of the Florida
38 Cancer Council; amending s. 381.922, F.S.; conforming
39 cross-references; transferring and renumbering s. 381.93
40 F.S., relating to a breast and cervical cancer early
41 detection program; transferring and renumbering s.
42 381.931, F.S., relating to an annual report on Medicaid
43 expenditures; renaming ch. 385, F.S., as the "Healthy and
44 Fit Florida Act"; amending s. 385.101, F.S.; renaming the
45 "Chronic Diseases Act" as the "Healthy and Fit Florida
46 Act"; amending s. 385.102, F.S.; revising legislative
47 intent; creating s. 385.1021, F.S.; providing definitions;
48 creating s. 385.1022, F.S.; requiring the Department of
49 Health to support public health programs to reduce the
50 incidence of mortality and morbidity from chronic
51 diseases; creating s. 385.1023, F.S.; requiring the
52 department to create state-level programs that address the
53 risk factors of certain chronic diseases; providing
54 required activities of the state-level programs; amending
55 s. 385.103, F.S.; providing for community-level programs
56 for the prevention of chronic diseases; revising

57 | definitions; requiring the department to develop and
58 | implement a community-based chronic disease prevention and
59 | health promotion program; providing the purpose of the
60 | program; providing requirements for the program; creating
61 | s. 385.105, F.S.; requiring the department to develop
62 | programs to increase physical fitness, to work with school
63 | districts, to develop partnerships that allow the public
64 | to access recreational facilities and public land areas
65 | suitable for physical activity, to work with the Executive
66 | Office of the Governor and Volunteer Florida, Inc., to
67 | promote school initiatives, and to collaborate with the
68 | Department of Education in recognizing nationally accepted
69 | best practices for improving physical education in
70 | schools; requiring the Department of Health to promote
71 | healthy lifestyles to reduce obesity; requiring the
72 | department to promote optimal nutritional status in all
73 | stages of people's lives, personal responsibility to
74 | prevent chronic disease or slow its progression, and
75 | regular health visits during a person's life span;
76 | authorizing state agencies to conduct employee wellness
77 | programs; requiring the department to serve as a model to
78 | develop and implement employee wellness programs;
79 | requiring the department to assist state agencies to
80 | develop the employee wellness programs; providing equal
81 | access to the programs by agency employees; requiring the
82 | department to coordinate efforts with the Department of
83 | Management Services and other state agencies; authorizing
84 | each state agency to establish an employee wellness work

HB 1471

2009

85 | group to design the wellness program; requiring the
86 | department to provide requirements for participation fees,
87 | collaborations with businesses, and procurement of
88 | equipment and incentives; amending s. 385.202, F.S.;
89 | requiring facilities, laboratories, and practitioners to
90 | report information; authorizing the department to adopt
91 | rules regarding reporting requirements for the cancer
92 | registry; providing immunity from liability for facilities
93 | and practitioners reporting certain information; requiring
94 | the department to adopt rules regarding the establishment
95 | and operation of a statewide cancer registry program;
96 | requiring the department or contractual designee operating
97 | the statewide cancer registry program to use or publish
98 | material only for the purpose of public health
99 | surveillance and advancing medical research or medical
100 | education in the interest of reducing morbidity or
101 | mortality; authorizing the department to exchange personal
102 | data with any agency or contractual designee for the
103 | purpose of public health surveillance and medical or
104 | scientific research under certain circumstances;
105 | clarifying that the department may adopt rules regarding
106 | the classifications of facilities related to reports made
107 | to the cancer registry; requiring each facility and
108 | practitioner that reports cancer cases to the department
109 | to make their records available for onsite review;
110 | amending s. 385.206, F.S.; renaming the "hematology-
111 | oncology care center program" as the "Pediatric
112 | Hematology-Oncology Center Program"; revising definitions;

HB 1471

2009

113 | authorizing the department to designate centers and
114 | provide funding to maintain programs for the care of
115 | patients with hematologic and oncologic disorders;
116 | clarifying provisions related to grant-funding agreements
117 | and grant disbursements; revising the department's
118 | requirement to evaluate services rendered by the centers;
119 | requiring data from the centers and other sources relating
120 | to pediatric cancer to be available to the department for
121 | program planning and quality assurance initiatives;
122 | amending s. 385.207, F.S.; clarifying provisions that
123 | require the department to collect information regarding
124 | the number of clients served, the outcomes reached, the
125 | expense incurred, and fees collected by providers of
126 | epilepsy services; deleting the provision that requires
127 | the department to limit administrative expenses from the
128 | Epilepsy Services Trust Fund to a certain percentage of
129 | annual receipts; amending s. 385.210, F.S.; revising
130 | legislative findings regarding the economic costs of
131 | treating arthritis and its complications; authorizing the
132 | State Surgeon General to seek any federal waivers that may
133 | be necessary to maximize funds from the Federal Government
134 | to implement the Arthritis Prevention and Education
135 | Program; creating s. 385.301, F.S.; authorizing the
136 | department to adopt rules to administer the act; amending
137 | s. 409.904, F.S.; conforming a cross-reference; providing
138 | an effective date.

139 |
140 | Be It Enacted by the Legislature of the State of Florida:

Page 5 of 53

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

hb1471-00

141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168

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

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

Section 3. Section 381.84, Florida Statutes, is transferred, renumbered as section 385.106, Florida Statutes, and amended to read:

385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education and Use Prevention Program.--

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

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

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

(c) ~~(b)~~ "CDC" means the United States Centers for Disease

169 Control and Prevention.

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

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

173 ~~(e) "Tobacco" means, without limitation, tobacco itself
 174 and tobacco products that include tobacco and are intended or
 175 expected for human use or consumption, including, but not
 176 limited to, cigarettes, cigars, pipe tobacco, and smokeless
 177 tobacco.~~

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

179 (2) PURPOSE, FINDINGS, AND INTENT.--It is the purpose of
 180 this section to implement s. 27, Art. X of the State
 181 Constitution. The Legislature finds that s. 27, Art. X of the
 182 State Constitution requires the funding of a statewide tobacco
 183 education and use prevention program that focuses on tobacco use
 184 by youth. The Legislature further finds that the primary goals
 185 of the program are to reduce the prevalence of tobacco use among
 186 youth, adults, and pregnant women; reduce per capita tobacco
 187 consumption; and reduce exposure to environmental tobacco smoke.
 188 Further, it is the intent of the Legislature to base increases
 189 in funding for individual components of the program on the
 190 results of assessments and evaluations. Recognizing that some
 191 components will need to grow faster than inflation, it is the
 192 intent of the Legislature to fund portions of the program on a
 193 nonrecurring basis in the early years so that those components
 194 that are most effective can be supported as the program matures.

195 (3) PROGRAM COMPONENTS AND REQUIREMENTS.--The department
 196 shall conduct a comprehensive, statewide tobacco education and

197 use prevention program consistent with the recommendations for
 198 effective program components contained in the 1999 Best
 199 Practices for Comprehensive Tobacco Control Programs of the CDC,
 200 as amended by the CDC. The program shall include the following
 201 components, each of which shall focus on educating people,
 202 ~~particularly youth and their parents,~~ about the health hazards
 203 of tobacco and discouraging the use of tobacco. All program
 204 components shall include efforts to educate youth and their
 205 parents about tobacco use, and a youth-directed focus shall
 206 exist in all components outlined in this subsection.

207 (a) State and community interventions.--These
 208 interventions shall include, but not be limited to, a statewide
 209 tobacco control program that combines and coordinates community-
 210 based interventions that focus on preventing initiation of
 211 tobacco use among youth and young adults; promoting quitting
 212 among adults, youth, and pregnant women; eliminating exposure to
 213 secondhand smoke; identifying and eliminating tobacco-related
 214 disparities among population groups; and promoting a range of
 215 collaborations to prevent and alleviate the effects of chronic
 216 diseases. ~~Counter marketing and advertising; cyberspace resource~~
 217 ~~center.~~--The counter marketing and advertising campaign shall
 218 include, at a minimum, Internet, print, radio, and television
 219 advertising and shall be funded with a minimum of one-third of
 220 the total annual appropriation required by s. 27, Art. X of the
 221 State Constitution. A cyberspace resource center for copyrighted
 222 materials and information concerning tobacco education and use
 223 prevention, including cessation, shall be maintained by the
 224 program. Such resource center must be accessible to the public,

HB 1471

2009

225 ~~including parents, teachers, and students, at each level of~~
226 ~~public and private schools, universities, and colleges in the~~
227 ~~state and shall provide links to other relevant resources. The~~
228 ~~Internet address for the resource center must be incorporated in~~
229 ~~all advertising. The information maintained in the resource~~
230 ~~center shall be used by the other components of the program.~~

231 (b) Health communication interventions.--Effective media
232 and health communication intervention efforts include, but are
233 not limited to, audience research to define themes and execute
234 messages for influential, high impact, and specifically targeted
235 campaigns; market research to identify the target market and the
236 behavioral theory motivating change; counter-marketing
237 surveillance; community tie-ins to support and reinforce the
238 statewide campaign; technologies such as viral marketing, social
239 networks, personal web pages, and web logs; traditional media;
240 process and outcome evaluation of the communication efforts; and
241 promotion of available services, including the state telephone
242 cessation quitline. ~~Cessation programs, counseling, and~~
243 ~~treatment.--This program component shall include two~~
244 ~~subcomponents:~~

245 1. ~~A statewide toll-free cessation service, which may~~
246 ~~include counseling, referrals to other local resources and~~
247 ~~support services, and treatment to the extent funds are~~
248 ~~available for treatment services; and~~

249 2. ~~A local community-based program to disseminate~~
250 ~~information about smoking cessation, how smoking cessation~~
251 ~~relates to prenatal care and obesity prevention, and other~~
252 ~~chronic tobacco-related diseases.~~

HB 1471

2009

253 (c) Cessation interventions.--Cessation interventions
254 include, but are not limited to, sustaining, expanding, and
255 promoting the service through population-based counseling and
256 treatment programs; encouraging public and private insurance
257 coverage for counseling and FDA-approved medication treatments
258 for tobacco-use cessation; eliminating cost and other barriers
259 to treatment for underserved populations; and making health care
260 system changes. Youth interventions to prevent tobacco-use
261 initiation and encourage cessation among young people are needed
262 in order to reshape the environment so that it supports tobacco-
263 free norms. Because most people who start smoking are younger
264 than 18 years of age, intervening during adolescence is
265 critical. Community programs and school-based policies and
266 interventions should be a part of a comprehensive effort that is
267 implemented in coordination with community and school
268 environments and in conjunction with increasing the unit price
269 of tobacco products, sustaining anti-tobacco media campaigns,
270 making environments tobacco free, and engaging in other efforts
271 to create tobacco-free social norms. ~~Surveillance and~~
272 evaluation.--The program shall conduct ongoing epidemiological
273 ~~surveillance and shall contract for annual independent~~
274 ~~evaluations of the effectiveness of the various components of~~
275 ~~the program in meeting the goals as set forth in subsection (2).~~

276 (d) Surveillance and evaluation.--The surveillance and
277 evaluation of all program components shall monitor and document
278 short-term, intermediate, and long-term intervention outcomes to
279 inform program and policy direction and ensure accountability.
280 The surveillance and evaluation must be conducted objectively

HB 1471

2009

281 through scientifically sound methodology. ~~Youth school~~
282 ~~programs.--School and after-school programs shall use current~~
283 ~~evidence-based curricula and programs that involve youth to~~
284 ~~educate youth about the health hazards of tobacco, help youth~~
285 ~~develop skills to refuse tobacco, and demonstrate to youth how~~
286 ~~to stop using tobacco.~~

287 (e) Administration and management.--Administration and
288 management activities include, but are not limited to, strategic
289 planning to guide program efforts and resources in order to
290 accomplish goals; recruiting and developing qualified and
291 diverse technical, program, and administrative staff; awarding
292 and monitoring program contracts and grants to coordinate
293 implementation across program areas; developing and maintaining
294 a fiscal-management system to track allocations and the
295 expenditure of funds; increasing capacity at the community level
296 through ongoing training and technical assistance; creating
297 effective communications internally among chronic disease
298 prevention programs and local coalitions and partners; and
299 educating the public and decisionmakers on the health effects of
300 tobacco and evidence-based effective program and policy
301 interventions. ~~Community programs and chronic disease~~
302 ~~prevention.--The department shall promote and support local~~
303 ~~community-based partnerships that emphasize programs involving~~
304 ~~youth, including programs for the prevention, detection, and~~
305 ~~early intervention of smoking-related chronic diseases.~~

306 (f) Training.--The program shall include the training of
307 health care practitioners, smoking-cessation counselors, and
308 teachers by health professional students and other tobacco-use

309 prevention specialists who are trained in preventing tobacco use
 310 and health education. Smoking-cessation counselors shall be
 311 trained by specialists who are certified in tobacco-use
 312 cessation.

313 (g) County health departments Administration, statewide
 314 ~~programs, and county health departments.~~--Each county health
 315 department is eligible to receive a portion of the annual
 316 appropriation, on a per capita basis, for coordinating tobacco
 317 education and use prevention programs within that county.
 318 Appropriated funds may be used to improve the infrastructure of
 319 the county health department to implement the comprehensive,
 320 statewide tobacco education and use prevention program. Each
 321 county health department shall prominently display in all
 322 treatment rooms and waiting rooms, counter-marketing and
 323 advertisement materials in the form of wall posters, brochures,
 324 television advertising if televisions are used in the lobby or
 325 waiting room, and screensavers and Internet advertising if
 326 computer kiosks are available for use or viewing by people at
 327 the county health department.

328 (h) Enforcement and awareness of related laws.--In
 329 coordination with the Department of Business and Professional
 330 Regulation, the program shall monitor the enforcement of laws,
 331 rules, and policies prohibiting the sale or other provision of
 332 tobacco to minors, as well as the continued enforcement of the
 333 Clean Indoor Air Act prescribed in chapter 386. The
 334 advertisements produced in accordance with paragraph (b)
 335 ~~paragraph (a)~~ may also include information designed to make the
 336 public aware of these related laws and rules. The departments

337 | may enter into interagency agreements to carry out this program
 338 | component.

339 | ~~(i) AHEC smoking cessation initiative.--For the 2007-2008~~
 340 | ~~and 2008-2009 fiscal years only, the AHEC network shall expand~~
 341 | ~~the AHEC smoking cessation initiative to each county within the~~
 342 | ~~state and perform other activities as determined by the~~
 343 | ~~department.~~

344 | (4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND
 345 | MEETINGS.--The Tobacco Education and Use Prevention Advisory
 346 | Council is created within the department.

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

- 348 | 1. The State Surgeon General, who shall serve as the
 349 | chairperson.
- 350 | 2. One county health department director, appointed by the
 351 | State Surgeon General.
- 352 | 3. Two members appointed by the Commissioner of Education,
 353 | of whom one must be a school district superintendent.
- 354 | 4. The chief executive officer of the Florida Division of
 355 | the American Cancer Society, or his or her designee.
- 356 | 5. The chief executive officer of the Greater Southeast
 357 | Affiliate of the American Heart Association, or his or her
 358 | designee.
- 359 | 6. The chief executive officer of the American Lung
 360 | Association of Florida, or his or her designee.
- 361 | 7. The dean of the University of Miami School of Medicine,
 362 | or his or her designee.
- 363 | 8. The dean of the University of Florida College of
 364 | Medicine, or his or her designee.

HB 1471

2009

365 9. The dean of the University of South Florida College of
366 Medicine, or his or her designee.

367 10. The dean of the Florida State University College of
368 Medicine, or his or her designee.

369 11. The dean of Nova Southeastern College of Osteopathic
370 Medicine, or his or her designee.

371 12. The dean of the Lake Erie College of Osteopathic
372 Medicine in Bradenton, Florida, or his or her designee.

373 13. The chief executive officer of the Campaign for
374 Tobacco Free Kids, or his or her designee.

375 14. The chief executive officer of the Legacy Foundation,
376 or his or her designee.

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

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

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

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

392 (c) An appointed member may not serve more than two

393 consecutive terms.

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

397 (e) Members of the council shall serve without
 398 compensation, but are entitled to reimbursement for per diem and
 399 travel expenses pursuant to s. 112.061. Members who are state
 400 officers or employees or who are appointed by state officers or
 401 employees shall be reimbursed for per diem and travel expenses
 402 pursuant to s. 112.061 from the state agency through which they
 403 serve.

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

410 (5) COUNCIL DUTIES AND RESPONSIBILITIES.--The council
 411 shall advise the State Surgeon General as to the direction and
 412 scope of the Comprehensive Statewide Tobacco Education and Use
 413 Prevention Program. The responsibilities of the council may
 414 include, but are not limited to:

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

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

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

420 (d) Reviewing, as requested by the department, broadcast

HB 1471

2009

421 material prepared for the Internet, portable media players,
422 radio, and television advertisement ~~as it relates to the~~
423 ~~advertising component of the tobacco education and use~~
424 ~~prevention program.~~

425 (e) Participating in periodic program evaluation, as
426 requested by the department.

427 (f) Assisting the department in developing ~~the development~~
428 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to
429 the principles of merit and quality in the conduct of the
430 program.

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

435 (h) Assisting the department in developing panels to
436 review and evaluate potential fund recipients ~~the development~~
437 ~~and supervision of peer review panels.~~

438 (i) Assisting the department in reviewing reports of peer
439 review panels and making recommendations for funding allocations
440 ~~contracts and grants.~~

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

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

448 (l) Recommending policies to encourage a coordinated

HB 1471

2009

449 response to tobacco use in this state, focusing specifically on
450 creating partnerships within and between the public and private
451 sectors.

452 (6) CONTRACT REQUIREMENTS.--Contracts or grants for the
453 program components or subcomponents described in paragraphs
454 (3) (a)-(f) shall be awarded by the State Surgeon General, after
455 consultation with the council, on the basis of merit, as
456 determined by an open, competitive, peer-reviewed process that
457 ensures objectivity, consistency, and high quality. The
458 department shall award such grants or contracts no later than
459 October 1 for each fiscal year. A recipient of a contract or
460 grant for the program component described in paragraph (3) (d)
461 ~~(3) (e)~~ is not eligible for a contract or grant award for any
462 other program component described in subsection (3) in the same
463 state fiscal year. ~~A school or college of medicine that is~~
464 ~~represented on the council is not eligible to receive a contract~~
465 ~~or grant under this section. For the 2007-2008 and 2008-2009~~
466 ~~fiscal years only, the department shall award a contract or~~
467 ~~grant in the amount of \$10 million to the AHEC network for the~~
468 ~~purpose of developing the components described in paragraph~~
469 ~~(3) (i).~~ The AHEC network may apply for a competitive contract or
470 grant after the 2008-2009 fiscal year.

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

HB 1471

2009

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

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

483 ~~A member of the council or panel may not participate in any~~
484 ~~discussion or decision with respect to a research proposal by~~
485 ~~any firm, entity, or agency with which the member is associated~~
486 ~~as a member of the governing body or as an employee or with~~
487 ~~which the member has entered into a contractual arrangement.~~
488 ~~Meetings of the council and the peer review panels are subject~~
489 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~
490 ~~Constitution.~~

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

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

502 (e) Notwithstanding the competitive process for contracts
503 prescribed in this subsection, each county health department is
504 eligible for core funding, on a per capita basis, to implement

505 tobacco education and use prevention activities within that
 506 county.

507 (7) ANNUAL REPORT REQUIRED.--By February 28 ~~January 31~~ of
 508 each year, the department shall provide to the Governor, the
 509 President of the Senate, and the Speaker of the House of
 510 Representatives a report that evaluates the program's
 511 effectiveness in reducing and preventing tobacco use and that
 512 recommends improvements to enhance the program's effectiveness.
 513 The report must contain, at a minimum, an annual survey of youth
 514 attitudes and behavior toward tobacco, as well as a description
 515 of the progress in reducing the prevalence of tobacco use among
 516 youth, adults, and pregnant women; reducing per capita tobacco
 517 consumption; and reducing exposure to environmental tobacco
 518 smoke.

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

524 ~~(9) RULEMAKING AUTHORIZED.--By January 1, 2008, the~~
 525 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~
 526 ~~120.54 to administer this section.~~

527 Section 4. Section 381.91, Florida Statutes, is
 528 transferred and renumbered as section 385.2024, Florida
 529 Statutes, to read:

530 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.--

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

532 (a) Reduce the rates of illness and death from lung cancer

533 and other cancers and improve the quality of life among low-
 534 income African-American and Hispanic populations through
 535 increased access to early, effective screening and diagnosis,
 536 education, and treatment programs.

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

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

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

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

553 Section 5. Section 381.911, Florida Statutes, is
 554 transferred, renumbered as section 385.2023, Florida Statutes,
 555 and amended to read:

556 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.--

557 (1) To the extent that funds are specifically made
 558 available for this purpose, the Prostate Cancer Awareness
 559 Program is established within the Department of Health. The
 560 purpose of this program is to implement the recommendations of

HB 1471

2009

561 January 2000 of the Florida Prostate Cancer Task Force to
562 provide for statewide outreach and health education activities
563 to ensure that men are aware of and appropriately seek medical
564 counseling for prostate cancer as an early-detection health care
565 measure.

566 (2) For purposes of implementing the program, the
567 Department of Health and the Florida Public Health Foundation,
568 Inc., may:

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

571 (b) Seek any available gifts, grants, or funds from the
572 state, the Federal Government, philanthropic foundations, and
573 industry or business groups.

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

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

579 1. Three persons from prostate cancer survivor groups or
580 cancer-related advocacy groups.

581 2. Three persons who are scientists or clinicians from
582 public or nonpublic universities or research organizations.

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

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

589 official duties.

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

592 Section 6. Section 381.912, Florida Statutes, is repealed.

593 Section 7. Section 381.92, Florida Statutes, is
594 transferred and renumbered as section 385.2025, Florida
595 Statutes, to read:

596 385.2025 ~~381.92~~ Florida Cancer Council.--

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

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

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

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

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

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

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

616 4. The director of the University of Florida Shands Cancer

617 Center or his or her designee;

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

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

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

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

626 9. The president of the Florida Society of Clinical
627 Oncology or his or her designee;

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

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

632 12. Five representatives from cancer programs approved by
633 the American College of Surgeons. Three shall be appointed by
634 the Governor, one shall be appointed by the Speaker of the House
635 of Representatives, and one shall be appointed by the President
636 of the Senate;

637 13. One member of the House of Representatives, to be
638 appointed by the Speaker of the House of Representatives; and

639 14. One member of the Senate, to be appointed by the
640 President of the Senate.

641 (d) Appointments made by the Speaker of the House of
642 Representatives and the President of the Senate pursuant to
643 paragraph (c) shall be for 2-year terms, concurrent with the
644 bienniums in which they serve as presiding officers.

645 (e) Appointments made by the Governor pursuant to
 646 paragraph (c) shall be for 2-year terms, although the Governor
 647 may reappoint members.

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

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

657 Section 8. Section 381.921, Florida Statutes, is
 658 transferred and renumbered as section 385.20251, Florida
 659 Statutes, to read:

660 385.20251 ~~381.921~~ Florida Cancer Council mission and
 661 duties.--The council, which shall work in concert with the
 662 Florida Center for Universal Research to Eradicate Disease to
 663 ensure that the goals of the center are advanced, shall endeavor
 664 to dramatically improve cancer research and treatment in this
 665 state through:

666 (1) Efforts to significantly expand cancer research
 667 capacity in the state by:

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

671 (b) Implementing a peer-reviewed, competitive process to
 672 identify and fund the best proposals to expand cancer research

673 institutes in this state;

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

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

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

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

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

689 (a) Identifying ways to increase adult enrollment in
 690 cancer clinical trials;

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

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

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

700 (3) Efforts to reduce the impact of cancer on disparate

701 groups by:

702 (a) Identifying those cancers that disproportionately
703 impact certain demographic groups; and

704 (b) Building collaborations designed to reduce health
705 disparities as they relate to cancer.

706 Section 9. Paragraph (a) of subsection (2) and subsection
707 (5) of section 381.922, Florida Statutes, as amended by section
708 2 of chapter 2009-5, Laws of Florida, is amended to read:

709 381.922 William G. "Bill" Bankhead, Jr., and David Coley
710 Cancer Research Program.--

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

713 (a) Emphasis shall be given to the goals enumerated in s.
714 385.20251 ~~s. 381.921~~, as those goals support the advancement of
715 such cures.

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

727 Section 10. Section 381.93, Florida Statutes, is
728 transferred and renumbered as section 385.2021, Florida

729 Statutes, to read:

730 385.2021 ~~381.93~~ Breast and cervical cancer early detection
 731 program.--This section may be cited as the "Mary Brogan Breast
 732 and Cervical Cancer Early Detection Program Act."

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

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

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

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

755 (5) The department may provide other breast and cervical
 756 cancer screening and diagnostic services; however, such services

HB 1471

2009

757 shall be funded separately through other sources than this act.

758 Section 11. Section 381.931, Florida Statutes, is
 759 transferred and renumbered as section 385.20211, Florida
 760 Statutes, to read:

761 385.20211 ~~381.931~~ Annual report on Medicaid
 762 expenditures.--The Department of Health and the Agency for
 763 Health Care Administration shall monitor the total Medicaid
 764 expenditures for services made under this act. If Medicaid
 765 expenditures are projected to exceed the amount appropriated by
 766 the Legislature, the Department of Health shall limit the number
 767 of screenings to ensure Medicaid expenditures do not exceed the
 768 amount appropriated. The Department of Health, in cooperation
 769 with the Agency for Health Care Administration, shall prepare an
 770 annual report that must include the number of women screened;
 771 the percentage of positive and negative outcomes; the number of
 772 referrals to Medicaid and other providers for treatment
 773 services; the estimated number of women who are not screened or
 774 not served by Medicaid due to funding limitations, if any; the
 775 cost of Medicaid treatment services; and the estimated cost of
 776 treatment services for women who were not screened or referred
 777 for treatment due to funding limitations. The report shall be
 778 submitted to the President of the Senate, the Speaker of the
 779 House of Representatives, and the Executive Office of the
 780 Governor by March 1 of each year.

781 Section 12. Chapter 385, Florida Statutes, entitled
 782 "Chronic Diseases," is renamed the "Healthy and Fit Florida
 783 Act."

784 Section 13. Section 385.101, Florida Statutes, is amended

HB 1471

2009

785 to read:

786 385.101 Short title.--~~This chapter Sections 385.101-~~
 787 ~~385.103~~ may be cited as the "Healthy and Fit Florida Chronic
 788 Diseases Act."

789 Section 14. Section 385.102, Florida Statutes, is amended
 790 to read:

791 385.102 Legislative intent.--It is the finding of the
 792 Legislature that:

793 (1) Chronic diseases continue to be the leading cause of
 794 death and disability in this state and the country exist in high
 795 proportions among the people of this state. These Chronic
 796 diseases include, but are not limited to, arthritis,
 797 cardiovascular disease heart disease, hypertension, diabetes,
 798 renal disease, cancer, and ~~chronic obstructive lung disease.~~
 799 These diseases ~~are~~ often have the same preventable risk factors
 800 interrelated, and ~~they directly and indirectly~~ account for a
 801 high rate of death, disability, and underlying costs to the
 802 state's health care system illness.

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

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

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

811 (5) ~~(2)~~ Advances in medical knowledge and technology assist
 812 have assisted in the prevention, detection, and management of

HB 1471

2009

813 chronic diseases. Comprehensive approaches that stress the
814 ~~stressing~~ application of current medical treatment, continuing
815 research, professional training, ~~and patient education,~~ and
816 community-level policy and environmental changes should be
817 implemented encouraged.

818 ~~(6)-(3) A comprehensive program dealing with the early~~
819 ~~detection and prevention of chronic diseases is required to make~~
820 ~~knowledge and therapy available to all people of this state. The~~
821 mobilization of scientific, medical, and educational resources,
822 along with the implementation of community-based policy under
823 one comprehensive chronic disease law, ~~act~~ will facilitate the
824 prevention, early intervention, and management ~~treatment~~ of
825 chronic these diseases and their symptoms. This integration of
826 resources and policy will ~~and~~ result in a decline in death and
827 disability illness among the people of this state.

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

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

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

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

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

HB 1471

2009

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

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

849 Section 15. Section 385.1021, Florida Statutes, is created
850 to read:

851 385.1021 Definitions.--As used in this chapter, the term:

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

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

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

857 (4) "Environmental changes" means changes to the economic,
858 social, or physical natural or built environments which
859 encourage or enable behaviors.

860 (5) "Policy change" means altering an informal or formal
861 agreement between public or private sectors which sets forth
862 values, behaviors, or resource allocation in order to improve
863 health.

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

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

HB 1471

2009

869 disease that appears to be statistically associated with a high
870 incidence of that disease.

871 (8) "Secondary prevention" means an intervention that is
872 designed to promote the early detection and management of
873 diseases and reduce the risks experienced by at-risk
874 populations.

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

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

883 (11) "Tobacco" means, without limitation, tobacco itself
884 and tobacco products that include tobacco and are intended or
885 expected for human use or consumption, including, but not
886 limited to, cigarettes, cigars, pipe tobacco, and smokeless
887 tobacco.

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

892 (13) "Youth" means children and young adults, up through
893 24 years of age, inclusive.

894 Section 16. Section 385.1022, Florida Statutes, is created
895 to read:

896 385.1022 Chronic disease prevention program.--The

HB 1471

2009

897 department shall support public health programs to reduce the
898 incidence of mortality and morbidity from diseases for which
899 risk factors can be identified. Such risk factors include, but
900 are not limited to, being overweight or obese, physical
901 inactivity, poor nutrition and diet, tobacco use, sun exposure,
902 and other practices that are detrimental to health. The programs
903 shall educate and screen the general public as well as groups at
904 particularly high risk of chronic diseases.

905 Section 17. Section 385.1023, Florida Statutes, is created
906 to read:

907 385.1023 State-level prevention programs for chronic
908 disease.--

909 (1) The department shall create state-level programs that
910 address the leading, preventable chronic disease risk factors of
911 poor nutrition and obesity, tobacco use, sun exposure, and
912 physical inactivity in order to decrease the incidence of
913 arthritis, cancer, diabetes, heart disease, lung disease,
914 stroke, and other chronic diseases.

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

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

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

921 (c) Promoting public awareness and increasing knowledge
922 concerning the causes of chronic diseases, the importance of
923 early detection, diagnosis, and appropriate evidence-based
924 prevention, management, and treatment strategies.

HB 1471

2009

925 (d) Disseminating educational materials and information
926 concerning evidence-based results, available services, and
927 pertinent new research findings and prevention strategies to
928 patients, health insurers, health professionals, and the public.

929 (e) Using education and training resources and services
930 developed by organizations having appropriate expertise and
931 knowledge of chronic diseases for technical assistance.

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

934 (g) Increasing awareness among state and local officials
935 involved in health and human services, health professionals and
936 providers, and policymakers about evidence-based chronic-disease
937 prevention, tobacco cessation, and treatment strategies and
938 their benefits for people who have chronic diseases.

939 (h) Developing a partnership with state and local
940 governments, voluntary health organizations, hospitals, health
941 insurers, universities, medical centers, employer groups,
942 private companies, and health care providers to address the
943 burden of chronic disease in this state.

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

946 (j) Providing lasting improvements in the delivery of
947 health care for individuals who have chronic disease and their
948 families, thus improving their quality of life while also
949 containing health care costs.

950 Section 18. Section 385.103, Florida Statutes, is amended
951 to read:

952 385.103 Community-level ~~Community~~ intervention programs

953 for chronic disease prevention and health promotion.--

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

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

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

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

963 3. Use of public health data to make decisions and to
 964 develop and prioritize community-based interventions focusing on
 965 chronic diseases and their risk factors; ~~Appropriate~~
 966 ~~intervention to enable and encourage changes in behaviors that~~
 967 ~~create health risks; and~~

968 4. Adherence to a population-based approach by using a
 969 socioecological model that addresses the influence on individual
 970 behavior, interpersonal behavior, organizational behavior, the
 971 community, and public policy; ~~Counseling in nutrition, physical~~
 972 ~~activity, the effects of tobacco use, hypertension, blood~~
 973 ~~pressure control, and diabetes control and the provision of~~
 974 ~~other clinical prevention services.~~

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

978 6. Focus on developing and implementing interventions and
 979 activities through communities, schools, worksites, faith-based
 980 organizations, and health-care settings;

981 7. Use of evidence-based interventions as well as best and
 982 promising practices to guide specific activities and effect
 983 change, which may include guidelines developed by organizations,
 984 volunteer scientists, and health care professionals who write
 985 published medical, scientific statements on various chronic
 986 disease topics. The statements shall be supported by scientific
 987 studies published in recognized journals that have a rigorous
 988 review and approval process. Scientific statements generally
 989 include a review of data available on a specific subject and an
 990 evaluation of its relationship to overall chronic disease
 991 science;

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

995 9. Development of extensive and comprehensive evaluation
 996 that is linked to program planning at the state level and the
 997 community level in order to determine the program's
 998 effectiveness or necessary program modifications; and

999 10. Reduction of duplication of efforts through
 1000 coordination among appropriate entities for the efficient use of
 1001 resources.

1002 (b) "~~Community~~ Health education program" means a program
 1003 that follows involving the planned and coordinated use of ~~the~~
 1004 educational standards and teaching methods ~~resources available~~
 1005 ~~in a community~~ in an effort to provide:

1006 1. Appropriate medical, research-based interventions to
 1007 enable and encourage changes in behaviors which reduce or
 1008 eliminate health risks;

1009 2. Counseling in nutrition, weight management, physical
 1010 inactivity, and tobacco-use prevention and cessation strategies;
 1011 hypertension, blood pressure, high cholesterol, and diabetes
 1012 control; and other clinical prevention services;

1013 ~~3.1. Motivate and assist citizens to adopt~~ 3.1. Motivation and assistance to individuals or groups in
 1014 adopting and maintaining ~~Motivate and assist citizens to adopt~~
 1015 ~~and maintain~~ healthful practices and lifestyles; and

1016 ~~4.2. Make available Learning opportunities that which will~~
 1017 increase the ability of people to make informed decisions
 1018 affecting their personal, family, and community well-being and
 1019 ~~that which~~ are designed to facilitate ~~voluntary~~ adoption of
 1020 behavior ~~that which~~ will improve or maintain health.~~†~~

1021 ~~3. Reduce, through coordination among appropriate~~
 1022 ~~agencies, duplication of health education efforts; and~~

1023 ~~4. Facilitate collaboration among appropriate agencies for~~
 1024 ~~efficient use of scarce resources.~~

1025 (c) "Community intervention program" means a program
 1026 combining the required elements of a chronic disease ~~chronic~~
 1027 ~~disease~~ prevention and health promotion ~~control~~ program and the
 1028 principles of a community health education program that
 1029 addresses system, policy, and environmental changes that ensure
 1030 that communities provide support for healthy lifestyles ~~into a~~
 1031 ~~unified program over which a single administrative entity has~~
 1032 ~~authority and responsibility.~~

1033 ~~(d) "Department" means the Department of Health.~~

1034 ~~(e) "Risk factor" means a factor identified during the~~
 1035 ~~course of an epidemiological study of a disease, which factor~~
 1036 ~~appears to be statistically associated with a high incidence of~~

1037 ~~that disease.~~

1038 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~
 1039 PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.--

1040 (a) The department shall develop and implement a
 1041 comprehensive, community-based program for chronic disease
 1042 prevention and health promotion. The program shall be designed
 1043 to reduce major behavioral risk factors that are associated with
 1044 chronic diseases by enhancing the knowledge, skills, motivation,
 1045 and opportunities for individuals, organizations, health care
 1046 providers, small businesses, health insurers, and communities to
 1047 develop and maintain healthy lifestyles. ~~The department shall~~
 1048 ~~assist the county health departments in developing and operating~~
 1049 ~~community intervention programs throughout the state. At a~~
 1050 ~~minimum, the community intervention programs shall address one~~
 1051 ~~to three of the following chronic diseases: cancer, diabetes,~~
 1052 ~~heart disease, stroke, hypertension, renal disease, and chronic~~
 1053 ~~obstructive lung disease.~~

1054 (b) The program shall include:

1055 1. Countywide assessments of specific, causal, and
 1056 behavioral risk factors that affect the health of residents;

1057 2. The development of community-based programs for chronic
 1058 disease prevention and health promotion which incorporate health
 1059 promotion and preventive care practices that are supported in
 1060 scientific and medical literature;

1061 3. The development and implementation of statewide age-
 1062 specific, disease-specific, and community-specific health
 1063 promotion and preventive care strategies using primary,
 1064 secondary, and tertiary prevention interventions;

1065 4. The promotion of community, research-based health-
 1066 promotion model programs that meet specific criteria, address
 1067 major risk factors, and motivate individuals to permanently
 1068 adopt healthy behaviors and increase social and personal
 1069 responsibilities;

1070 5. The development of policies that encourage the use of
 1071 alternative community delivery sites for health promotion,
 1072 disease prevention, and preventive care programs and promote the
 1073 use of neighborhood delivery sites that are close to work, home,
 1074 and school; and

1075 6. An emphasis on the importance of healthy and physically
 1076 active lifestyles to build self-esteem and reduce morbidity and
 1077 mortality associated with chronic disease and being overweight
 1078 or obese. ~~Existing community resources, when available, shall be~~
 1079 ~~used to support the programs. The department shall seek funding~~
 1080 ~~for the programs from federal and state financial assistance~~
 1081 ~~programs which presently exist or which may be hereafter~~
 1082 ~~created. Additional services, as appropriate, may be~~
 1083 ~~incorporated into a program to the extent that resources are~~
 1084 ~~available. The department may accept gifts and grants in order~~
 1085 ~~to carry out a program.~~

1086 ~~(c) Volunteers shall be used to the maximum extent~~
 1087 ~~possible in carrying out the programs. The department shall~~
 1088 ~~contract for the necessary insurance coverage to protect~~
 1089 ~~volunteers from personal liability while acting within the scope~~
 1090 ~~of their volunteer assignments under a program.~~

1091 ~~(d) The department may contract for the provision of all~~
 1092 ~~or any portion of the services required by a program, and shall~~

1093 ~~so contract whenever the services so provided are more cost-~~
 1094 ~~efficient than those provided by the department.~~

1095 ~~(c) If the department determines that it is necessary for~~
 1096 ~~clients to help pay for services provided by a program, the~~
 1097 ~~department may require clients to make contribution therefor in~~
 1098 ~~either money or personal services. The amount of money or value~~
 1099 ~~of the personal services shall be fixed according to a fee~~
 1100 ~~schedule established by the department or by the entity~~
 1101 ~~developing the program. In establishing the fee schedule, the~~
 1102 ~~department or the entity developing the program shall take into~~
 1103 ~~account the expenses and resources of a client and his or her~~
 1104 ~~overall ability to pay for the services.~~

1105 Section 19. Section 385.105, Florida Statutes, is created
 1106 to read:

1107 385.105 Physical activity, obesity prevention, nutrition,
 1108 other health-promotion services, and wellness programs.--

1109 (1) PHYSICAL ACTIVITY.--

1110 (a) The department shall develop programs for people at
 1111 every stage of their lives to increase physical fitness and
 1112 promote behavior changes.

1113 (b) The department shall work with school health advisory
 1114 or wellness committees in each school district as established in
 1115 s. 381.0056.

1116 (c) The department shall develop public and private
 1117 partnerships that allow the public to easily access recreational
 1118 facilities and public land areas that are suitable for physical
 1119 activity.

1120 (d) The department shall work in collaboration with the

1121 Executive Office of the Governor and Volunteer Florida, Inc., to
 1122 promote school initiatives, such as the Governor's Fitness
 1123 Challenge.

1124 (e) The department shall collaborate with the Department
 1125 of Education in recognizing nationally accepted best practices
 1126 for improving physical education in schools.

1127 (2) OBESITY PREVENTION.--The department shall promote
 1128 healthy lifestyles to reduce the prevalence of excess weight
 1129 gain and being overweight or obese through programs that are
 1130 directed towards all residents of this state by:

1131 (a) Using all appropriate media to promote maximum public
 1132 awareness of the latest research on healthy lifestyles and
 1133 chronic diseases and disseminating relevant information through
 1134 a statewide clearinghouse relating to wellness, physical
 1135 activity, and nutrition and the effect of these factors on
 1136 chronic diseases and disabling conditions.

1137 (b) Providing technical assistance, training, and
 1138 resources on healthy lifestyles and chronic diseases to the
 1139 public, health care providers, school districts, and other
 1140 persons or entities, including faith-based organizations that
 1141 request such assistance to promote physical activity, nutrition,
 1142 and healthy lifestyle programs.

1143 (c) Developing, implementing, and using all available
 1144 research methods to collect data, including, but not limited to,
 1145 population-specific data, and tracking the incidence and effects
 1146 of weight gain, obesity, and related chronic diseases. The
 1147 department shall include an evaluation and data-collection
 1148 component in all programs as appropriate. All research conducted

HB 1471

2009

1149 under this paragraph is subject to review and approval as
1150 required by the department's institutional review board under s.
1151 381.86.

1152 (d) Entering into partnerships with the Department of
1153 Education, local communities, school districts, and other
1154 entities to encourage schools in this state to promote
1155 activities during and after school to help students meet a
1156 minimum goal of 30 minutes of physical activity or physical
1157 fitness per day.

1158 (e) Entering into partnerships with the Department of
1159 Education, school districts, and the Florida Sports Foundation
1160 to develop a programs recognizing the schools at which students
1161 demonstrate excellent physical fitness or fitness improvement.

1162 (f) Collaborating with other state agencies to develop
1163 policies and strategies for preventing and treating obesity,
1164 which shall be incorporated into programs administered by each
1165 agency and shall include promoting healthy lifestyles of
1166 employees of each agency.

1167 (g) Advising, in accordance with s. 456.081, health care
1168 practitioners about the morbidity, mortality, and costs
1169 associated with being overweight or obese, informing such
1170 practitioners of promising clinical practices for preventing and
1171 treating obesity, and encouraging practitioners to counsel their
1172 patients regarding the adoption of healthy lifestyles.

1173 (h) Maximizing all local, state, and federal funding
1174 sources, including grants, public-private partnerships, and
1175 other mechanisms to strengthen the department's programs
1176 promoting physical activity and nutrition.

1177 (3) NUTRITION.--The department shall promote optimal
 1178 nutritional status in all stages of people's lives by developing
 1179 strategies to:

1180 (a) Promote and maintain optimal nutritional status in the
 1181 population through activities, including, but not limited to:

1182 1. Nutrition screening and assessment and nutrition
 1183 counseling, including nutrition therapy, followup, case
 1184 management, and referrals for persons who have medical
 1185 conditions or nutrition-risk factors and who are provided health
 1186 services through public health programs or through referrals
 1187 from private health care providers or facilities;

1188 2. Nutrition education to assist residents of the state in
 1189 achieving optimal health and preventing chronic disease; and

1190 3. Consultative nutrition services to group facilities
 1191 which promote the provision of safe and nutritionally adequate
 1192 diets.

1193 (b) Monitor and conduct surveillance of the nutritional
 1194 status of this state's population.

1195 (c) Conduct or support research or evaluations related to
 1196 public health nutrition. All research conducted under this
 1197 paragraph is subject to review and approval as required by the
 1198 department's institutional review board under s. 381.86.

1199 (d) Establish policies and standards for public health
 1200 nutrition practices.

1201 (e) Promote interagency cooperation, professional
 1202 education, and consultation.

1203 (f) Provide technical assistance and advise state
 1204 agencies, private institutions, and local organizations

1205 regarding public health nutrition standards.

1206 (g) Work with the Department of Agriculture and Consumer
 1207 Services, the Department of Education, and the Department of
 1208 Management Services to further the use of fresh produce from
 1209 this state in schools and encourage the development of community
 1210 gardens. Nutritional services shall be available to eligible
 1211 persons in accordance with eligibility criteria adopted by the
 1212 department. The department shall provide by rule requirements
 1213 for the service fees, when applicable, which may not exceed the
 1214 department's actual costs.

1215
 1216 The department may adopt rules to administer this subsection.

1217 (4) OTHER HEALTH-PROMOTION SERVICES.--

1218 (a) The department shall promote personal responsibility
 1219 by encouraging residents of this state to be informed, follow
 1220 health recommendations, seek medical consultations and health
 1221 assessments, take healthy precautions, and comply with medical
 1222 guidelines, including those that lead to earlier detection of
 1223 chronic diseases in order to prevent chronic diseases or slow
 1224 the progression of established chronic diseases.

1225 (b) The department shall promote regular health visits
 1226 during a person's lifetime, including annual physical
 1227 examinations that include measuring body mass index and vital
 1228 signs, blood work, immunizations, screenings, and dental
 1229 examinations in order to reduce the financial, social, and
 1230 personal burden of chronic disease.

1231 (5) WELLNESS PROGRAMS.--

1232 (a) Each state agency may conduct employee wellness

1233 programs in buildings and lands owned or leased by the state.
 1234 The department shall serve as a model to develop and implement
 1235 employee wellness programs that may include physical fitness,
 1236 healthy nutrition, self-management of disease, education, and
 1237 behavioral change. The department shall assist other state
 1238 agencies to develop and implement employee wellness programs.
 1239 These programs shall use existing resources, facilities, and
 1240 programs or resources procured through grant funding and
 1241 donations that are obtained in accordance with state ethics and
 1242 procurement policies, and shall provide equal access to any such
 1243 programs, resources, and facilities to all state employees.

1244 (b) The department shall coordinate its efforts with the
 1245 Department of Management Services and other state agencies.

1246 (c) Each agency may establish an employee wellness work
 1247 group to design the program. The department shall be available
 1248 to provide policy guidance and assist in identifying effective
 1249 wellness program strategies.

1250 (d) The department shall provide by rule requirements for
 1251 nominal participation fees, when applicable, which may not
 1252 exceed the department's actual costs; collaborations with
 1253 businesses; and the procurement of equipment and incentives.

1254 Section 20. Section 385.202, Florida Statutes, is amended
 1255 to read:

1256 385.202 Statewide cancer registry.--

1257 (1) Each facility, laboratory, or practitioner licensed
 1258 under chapter 395, chapter 459, chapter 464, chapter 483,
 1259 chapter 485, and each freestanding radiation therapy center as
 1260 defined in s. 408.07, shall report to the department of Health

1261 ~~such~~ information, specified by the department, by rule. The
 1262 department may adopt rules regarding reporting requirements for
 1263 the cancer registry, which shall include the data required, the
 1264 timeframe for reporting, and those professionals who are
 1265 responsible for ensuring compliance with reporting requirements,
 1266 ~~which indicates diagnosis, stage of disease, medical history,~~
 1267 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~
 1268 ~~other methods of diagnosis or treatment for each cancer~~
 1269 ~~diagnosed or treated by the facility or center. Failure to~~
 1270 ~~comply with this requirement may be cause for registration or~~
 1271 ~~licensure suspension or revocation.~~

1272 (2) The department shall establish, or cause to have
 1273 established, by contract with a recognized medical organization
 1274 in this state and its affiliated institutions, a statewide
 1275 cancer registry program to ensure that cancer reports required
 1276 under this section shall be maintained and available for use in
 1277 the course of public health surveillance and any study for the
 1278 purpose of reducing morbidity or mortality; and no liability of
 1279 any kind or character for damages or other relief shall arise or
 1280 be enforced against any facility or practitioner ~~hospital~~ by
 1281 reason of having provided such information or material to the
 1282 department.

1283 (3) The department may adopt rules regarding the
 1284 establishment and operation of a statewide cancer registry
 1285 program.

1286 ~~(4)-(3)~~ The department or a contractual designee operating
 1287 the statewide cancer registry program required by this section
 1288 shall use or publish said material only for the purpose of

HB 1471

2009

1289 public health surveillance and advancing medical research or
 1290 medical education in the interest of reducing morbidity or
 1291 mortality, except that a summary of such studies may be released
 1292 for general publication. Information which discloses or could
 1293 lead to the disclosure of the identity of any person whose
 1294 condition or treatment has been reported and studied shall be
 1295 confidential and exempt from the provisions of s. 119.07(1),
 1296 except that:

1297 (a) Release may be made with the written consent of all
 1298 persons to whom the information applies;

1299 (b) The department or a contractual designee may contact
 1300 individuals for the purpose of epidemiologic investigation and
 1301 monitoring, provided information that is confidential under this
 1302 section is not further disclosed; or

1303 (c) The department may exchange personal data with any
 1304 other governmental agency or a contractual designee for the
 1305 purpose of public health surveillance and medical or scientific
 1306 research, if provided such governmental agency or contractual
 1307 designee does shall not further disclose information that is
 1308 confidential under this section.

1309 (5)-(4) Funds appropriated for this section shall be used
 1310 for establishing, administering, compiling, processing, and
 1311 providing biometric and statistical analyses to the reporting
 1312 facilities and practitioners. Funds may also be used to ensure
 1313 the quality and accuracy of the information reported and to
 1314 provide management information to the reporting facilities and
 1315 practitioners.

1316 (6)-(5) The department may adopt rules regarding the

1317 classifications of, by rule, classify facilities that are
 1318 responsible for making reports to the cancer registry, the
 1319 content and frequency of the reports, and the penalty for
 1320 failure to comply with these requirements for purposes of
 1321 ~~reports made to the cancer registry and specify the content and~~
 1322 ~~frequency of the reports. In classifying facilities, the~~
 1323 ~~department shall exempt certain facilities from reporting cancer~~
 1324 ~~information that was previously reported to the department or~~
 1325 ~~retrieved from existing state reports made to the department or~~
 1326 ~~the Agency for Health Care Administration. The provisions of~~
 1327 this section shall not apply to any facility whose primary
 1328 function is to provide psychiatric care to its patients.

1329 (7) Notwithstanding subsection (1), each facility and
 1330 practitioner that reports cancer cases to the department shall
 1331 make their records available for onsite review by the department
 1332 or its authorized representative.

1333 Section 21. Section 385.206, Florida Statutes, is amended
 1334 to read:

1335 385.206 Pediatric Hematology-Oncology ~~care~~ Center
 1336 Program.--

1337 (1) DEFINITIONS.--As used in this section, the term:

1338 (a) "Department" means the Department of Health.

1339 (b) "Hematology" means the study, diagnosis, and treatment
 1340 of blood and blood-forming tissues.

1341 (c) "Oncology" means the study, diagnosis, and treatment
 1342 of malignant neoplasms or cancer.

1343 (d) "Hemophilia" or "other hemostatic disorder" means a
 1344 bleeding disorder resulting from a genetic abnormality of

HB 1471

2009

1345 mechanisms related to the control of bleeding.

1346 (e) "Sickle-cell anemia or other hemoglobinopathy" means
 1347 an hereditary, chronic disease caused by an abnormal type of
 1348 hemoglobin.

1349 (f) "Patient" means a person under the age of 21 who is in
 1350 need of hematologic-oncologic services and who is enrolled in
 1351 the Children's Medical Services Network ~~declared medically and~~
 1352 ~~financially eligible by the department; or a person who received~~
 1353 ~~such services prior to age 21 and who requires long term~~
 1354 ~~monitoring and evaluation to ascertain the sequelae and the~~
 1355 ~~effectiveness of treatment.~~

1356 (g) "Center" means a facility designated by the department
 1357 as having a program specifically designed to provide a full
 1358 range of medical and specialty services to patients with
 1359 hematologic and oncologic disorders.

1360 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;
 1361 AUTHORITY.--The department may designate ~~is authorized to make~~
 1362 ~~grants and reimbursements to designated centers and provide~~
 1363 funding to establish and maintain programs for the care of
 1364 patients with hematologic and oncologic disorders. Program
 1365 administration costs shall be paid by the department from funds
 1366 appropriated for this purpose.

1367 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS;~~
 1368 ~~CONDITIONS.~~--

1369 (a) Funding provided ~~A grant made~~ under this section shall
 1370 be pursuant to a contract ~~contractual agreement~~ made between a
 1371 center and the department. Each contract ~~agreement~~ shall provide
 1372 that patients will receive services ~~specified types of treatment~~

HB 1471

2009

1373 ~~and care~~ from the center without additional charge to the
 1374 patients or their parents or guardians. ~~Grants shall be~~
 1375 ~~disbursed in accordance with conditions set forth in the~~
 1376 ~~disbursement guidelines.~~

1377 ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR~~
 1378 ~~LOCAL PROGRAMS.~~

1379 (b)(a) Funding may be provided ~~Grant disbursements may be~~
 1380 ~~made~~ to centers that ~~which~~ meet the following criteria:

1381 1. The personnel shall include at least one board-
 1382 certified pediatric hematologist-oncologist, at least one board-
 1383 certified pediatric surgeon, at least one board-certified
 1384 radiotherapist, and at least one board-certified pathologist.

1385 2. ~~As approved by the department,~~ The center shall
 1386 actively participate in a national children's cancer study
 1387 group, maintain a pediatric tumor registry, have a
 1388 multidisciplinary pediatric tumor board, and meet other
 1389 guidelines for development, including, but not limited to,
 1390 guidelines from such organizations as the American Academy of
 1391 Pediatrics and the American Pediatric Surgical Association.

1392 ~~(b) Programs shall also be established to provide care to~~
 1393 ~~hematology-oncology patients within each district of the~~
 1394 ~~department. The guidelines for local programs shall be~~
 1395 ~~formulated by the department. Special disbursements may be made~~
 1396 ~~by the program office to centers for educational programs~~
 1397 ~~designed for the districts of the department. These programs may~~
 1398 ~~include teaching total supportive care of the dying patient and~~
 1399 ~~his or her family, home therapy to hemophiliacs and patients~~
 1400 ~~with other hemostatic disorders, and screening and counseling~~

HB 1471

2009

1401 ~~for patients with sickle cell anemia or other~~
 1402 ~~hemoglobinopathies.~~

1403 (4)~~(5)~~ PROGRAM AND PEER REVIEW.--The department shall
 1404 evaluate ~~at least annually during the grant period~~ the services
 1405 rendered by the centers ~~and the districts of the department.~~
 1406 Data from the centers and other sources relating to pediatric
 1407 cancer shall be reviewed annually by the Florida Association of
 1408 Pediatric Tumor Programs, Inc.; and a written report with
 1409 recommendations shall be made to the department. This database
 1410 will be available to the department for program planning and
 1411 quality assurance initiatives ~~formulation of its annual program~~
 1412 ~~and financial evaluation report.~~ A portion of the funds
 1413 appropriated for this section may be used to provide statewide
 1414 consultation, supervision, and evaluation of the programs of the
 1415 centers, as well as central program office support personnel.

1416 Section 22. Paragraph (g) of subsection (2) and subsection
 1417 (7) of section 385.207, Florida Statutes, are amended to read:

1418 385.207 Care and assistance of persons with epilepsy;
 1419 establishment of programs in epilepsy control.--

1420 (2) The Department of Health shall:

1421 (g) Continue current programs and develop cooperative
 1422 programs and services designed to enhance the vocational
 1423 rehabilitation of epilepsy clients, including the current jobs
 1424 programs. The department shall, as part of its contract with a
 1425 provider of epilepsy services, collect information regarding the
 1426 number of clients served, the outcomes reached, the expenses
 1427 incurred, and the fees collected by such providers for the
 1428 provision of services ~~keep~~ and make this information available

HB 1471

2009

1429 to the Governor and the Legislature upon request ~~information~~
 1430 ~~regarding the number of clients served, the outcome reached, and~~
 1431 ~~the expense incurred by such programs and services.~~

1432 ~~(7) The department shall limit total administrative~~
 1433 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~
 1434 ~~of annual receipts.~~

1435 Section 23. Paragraphs (b), (d), and (g) of subsection (2)
 1436 and paragraph (b) of subsection (5) of section 385.210, Florida
 1437 Statutes, are amended to read:

1438 385.210 Arthritis prevention and education.--

1439 (2) LEGISLATIVE FINDINGS.--The Legislature finds the
 1440 following:

1441 (b) Arthritis is the leading cause of disability in the
 1442 United States, limiting daily activities for more than 19 ~~7~~
 1443 million citizens.

1444 (d) There are enormous economic and social costs
 1445 associated with treating arthritis and its complications; the
 1446 economic costs are estimated at over \$128 billion (2003) ~~\$116~~
 1447 ~~billion (1997)~~ annually in the United States.

1448 (g) The National Arthritis Foundation, the CDC ~~Centers for~~
 1449 ~~Disease Control and Prevention~~, and the Association of State and
 1450 Territorial Health Officials have led the development of a
 1451 public health strategy, the National Arthritis Action Plan, to
 1452 respond to this challenge.

1453 (5) FUNDING.--

1454 (b) The State Surgeon General may ~~shall~~ seek any federal
 1455 waiver or waivers that may be necessary to maximize funds from
 1456 the Federal Government to implement this program.

HB 1471

2009

1457 Section 24. Section 385.301, Florida Statutes, is created
 1458 to read:

1459 385.301 Rulemaking authority.--The department may adopt
 1460 rules pursuant to chapter 120 to administer this chapter.

1461 Section 25. Subsection (9) of section 409.904, Florida
 1462 Statutes, is amended to read:

1463 409.904 Optional payments for eligible persons.--The
 1464 agency may make payments for medical assistance and related
 1465 services on behalf of the following persons who are determined
 1466 to be eligible subject to the income, assets, and categorical
 1467 eligibility tests set forth in federal and state law. Payment on
 1468 behalf of these Medicaid eligible persons is subject to the
 1469 availability of moneys and any limitations established by the
 1470 General Appropriations Act or chapter 216.

1471 (9) Eligible women with incomes at or below 200 percent of
 1472 the federal poverty level and under age 65, for cancer treatment
 1473 pursuant to the federal Breast and Cervical Cancer Prevention
 1474 and Treatment Act of 2000, screened through the Mary Brogan
 1475 Breast and Cervical Cancer Early Detection Program established
 1476 under s. 385.2021 ~~s. 381.93~~.

1477 Section 26. This act shall take effect July 1, 2009.