

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

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. 385.203, F.S.; increasing the membership of
111 | the Diabetes Advisory Council; amending s. 385.206, F.S.;
112 | renaming the "hematology-oncology care center program" as

113 | the "Pediatric Hematology-Oncology Center Program";
114 | revising definitions; authorizing the department to
115 | designate centers and provide funding to maintain programs
116 | for the care of patients with hematologic and oncologic
117 | disorders; clarifying provisions related to grant-funding
118 | agreements and grant disbursements; revising the
119 | department's requirement to evaluate services rendered by
120 | the centers; requiring data from the centers and other
121 | sources relating to pediatric cancer to be available to
122 | the department for program planning and quality assurance
123 | initiatives; amending s. 385.207, F.S.; clarifying
124 | provisions that require the department to collect
125 | information regarding the number of clients served, the
126 | outcomes reached, the expense incurred, and fees collected
127 | by providers of epilepsy services; deleting the provision
128 | that requires the department to limit administrative
129 | expenses from the Epilepsy Services Trust Fund to a
130 | certain percentage of annual receipts; amending s.
131 | 385.210, F.S.; revising legislative findings regarding the
132 | economic costs of treating arthritis and its
133 | complications; authorizing the State Surgeon General to
134 | seek any federal waivers that may be necessary to maximize
135 | funds from the Federal Government to implement the
136 | Arthritis Prevention and Education Program; creating s.
137 | 385.301, F.S.; authorizing the department to adopt rules
138 | to administer the act; amending s. 409.904, F.S.;
139 | conforming a cross-reference; providing an effective date.
140 |

CS/HB 1471

2009

141 Be It Enacted by the Legislature of the State of Florida:

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143 Section 1. Paragraph (e) of subsection (2) of section
 144 154.503, Florida Statutes, is amended to read:

145 154.503 Primary Care for Children and Families Challenge
 146 Grant Program; creation; administration.--

147 (2) The department shall:

148 (e) Coordinate with the primary care program developed
 149 pursuant to s. 154.011, the Florida Healthy Kids Corporation
 150 program created in s. 624.91, the school health services program
 151 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~
 152 ~~Healthy People Program created in s. 381.734,~~ and the volunteer
 153 health care provider program developed pursuant to s. 766.1115.

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

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

159 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education
 160 and Use Prevention Program.--

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

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

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

CS/HB 1471

2009

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

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

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

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

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

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

196 (3) PROGRAM COMPONENTS AND REQUIREMENTS.--The department

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

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

CS/HB 1471

2009

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

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

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

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

CS/HB 1471

2009

253 ~~chronic tobacco-related diseases.~~

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

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

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

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

307 (f) Training.--The program shall include the training of
 308 health care practitioners, smoking-cessation counselors, and

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

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

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

CS/HB 1471

2009

337 public aware of these related laws and rules. The departments
 338 may enter into interagency agreements to carry out this program
 339 component.

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

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

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

349 1. The State Surgeon General, who shall serve as the
 350 chairperson.

351 2. One county health department director, appointed by the
 352 State Surgeon General.

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

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

357 5. The chief executive officer of the Greater Southeast
 358 Affiliate of the American Heart Association, or his or her
 359 designee.

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

362 7. The dean of the University of Miami School of Medicine,
 363 or his or her designee.

364 8. The dean of the University of Florida College of

CS/HB 1471

2009

365 Medicine, or his or her designee.

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

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

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

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

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

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

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

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

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

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

393 (c) An appointed member may not serve more than two
 394 consecutive terms.

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

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

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

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

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

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

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

CS/HB 1471

2009

421 (d) Reviewing, as requested by the department, broadcast
422 material prepared for the Internet, portable media players,
423 radio, and television advertisement ~~as it relates to the~~
424 ~~advertising component of the tobacco education and use~~
425 ~~prevention program.~~

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

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

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

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

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

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

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

CS/HB 1471

2009

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

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

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

CS/HB 1471

2009

477 | proposal and establish its priority score. The priority scores
478 | shall be forwarded to the council and must be considered in
479 | determining which proposals will be recommended for funding.

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

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

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

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

503 | (e) Notwithstanding the competitive process for contracts
504 | prescribed in this subsection, each county health department is

CS/HB 1471

2009

505 eligible for core funding, on a per capita basis, to implement
 506 tobacco education and use prevention activities within that
 507 county.

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

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

525 ~~(9) RULEMAKING AUTHORIZED.--By January 1, 2008, the~~
 526 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~
 527 ~~120.54 to administer this section.~~

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

531 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.--

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

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

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

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

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

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

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

557 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.--

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

CS/HB 1471

2009

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

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

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

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

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

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

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

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

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

587 | (b) Members shall serve without compensation but are
 588 | entitled to reimbursement, pursuant to s. 112.061, for per diem

589 and travel expenses incurred in the performance of their
590 official duties.

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

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

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

597 385.2025 ~~381.92~~ Florida Cancer Council.--

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

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

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

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

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

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

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

CS/HB 1471

2009

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

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

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

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

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

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

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

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

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

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

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

642 (d) Appointments made by the Speaker of the House of
643 Representatives and the President of the Senate pursuant to
644 paragraph (c) shall be for 2-year terms, concurrent with the

645 bienniums in which they serve as presiding officers.

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

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

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

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

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

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

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

672 (b) Implementing a peer-reviewed, competitive process to

673 identify and fund the best proposals to expand cancer research
 674 institutes in this state;

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

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

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

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

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

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

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

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

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

701 (3) Efforts to reduce the impact of cancer on disparate
702 groups by:

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

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

707 Section 9. Paragraph (a) of subsection (2) and subsection
708 (5) of section 381.922, Florida Statutes, as amended by section
709 2 of chapter 2009-5, Laws of Florida, is amended to read:

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

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

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

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

728 Section 10. Section 381.93, Florida Statutes, is

729 transferred and renumbered as section 385.2021, Florida
 730 Statutes, to read:

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

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

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

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

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

756 (5) The department may provide other breast and cervical

CS/HB 1471

2009

757 cancer screening and diagnostic services; however, such services
 758 shall be funded separately through other sources than this act.

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

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

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

CS/HB 1471

2009

785 Section 13. Section 385.101, Florida Statutes, is amended
786 to read:

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

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

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

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

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

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

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

812 (5) ~~(2)~~ Advances in medical knowledge and technology assist

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

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

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

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

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

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

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

CS/HB 1471

2009

841 this state.

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

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

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

852 385.1021 Definitions.--As used in this chapter, the term:

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

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

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

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

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

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

868 (7) "Risk factor" means a characteristic or condition

869 identified during the course of an epidemiological study of a
870 disease that appears to be statistically associated with a high
871 incidence of that disease.

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

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

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

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

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

893 (13) "Youth" means children and young adults, up through
894 24 years of age, inclusive.

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

897 385.1022 Chronic disease prevention program.--The
 898 department shall support public health programs to reduce the
 899 incidence of mortality and morbidity from diseases for which
 900 risk factors can be identified. Such risk factors include, but
 901 are not limited to, being overweight or obese, physical
 902 inactivity, poor nutrition and diet, tobacco use, sun exposure,
 903 and other practices that are detrimental to health. The programs
 904 shall educate and screen the general public as well as groups at
 905 particularly high risk of chronic diseases.

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

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

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

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

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

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

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

925 prevention, management, and treatment strategies.

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

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

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

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

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

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

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

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

953 385.103 Community-level ~~Community intervention~~ programs
 954 for chronic disease prevention and health promotion.--
 955 (1) DEFINITIONS.--As used in this section, the term:
 956 (a) "Chronic disease prevention and health promotion
 957 ~~control~~ program" means a program that may include, but is not
 958 limited to, including a combination of the following elements:
 959 1. Staff who are sufficiently trained and skilled in
 960 public health, community health, or school health education to
 961 facilitate the operation of the program ~~Health screening;~~
 962 2. Community input into the planning, implementation, and
 963 evaluation processes ~~Risk factor detection;~~
 964 3. Use of public health data to make decisions and to
 965 develop and prioritize community-based interventions focusing on
 966 chronic diseases and their risk factors; ~~Appropriate~~
 967 ~~intervention to enable and encourage changes in behaviors that~~
 968 ~~create health risks; and~~
 969 4. Adherence to a population-based approach by using a
 970 socioecological model that addresses the influence on individual
 971 behavior, interpersonal behavior, organizational behavior, the
 972 community, and public policy; ~~Counseling in nutrition, physical~~
 973 ~~activity, the effects of tobacco use, hypertension, blood~~
 974 ~~pressure control, and diabetes control and the provision of~~
 975 ~~other clinical prevention services.~~
 976 5. Focus on at least the common preventable risk factors
 977 for chronic disease, such as physical inactivity, obesity, poor
 978 nutrition, and tobacco use;
 979 6. Focus on developing and implementing interventions and
 980 activities through communities, schools, worksites, faith-based

981 organizations, and health-care settings;

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

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

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

1000 10. Reduction of duplication of efforts through
1001 coordination among appropriate entities for the efficient use of
1002 resources.

1003 (b) ~~Community~~ Health education program" means a program
1004 that follows involving the planned and coordinated use of ~~the~~
1005 educational standards and teaching methods ~~resources available~~
1006 ~~in a community~~ in an effort to provide:

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

1009 eliminate health risks;
 1010 2. Counseling in nutrition, weight management, physical
 1011 inactivity, and tobacco-use prevention and cessation strategies;
 1012 hypertension, blood pressure, high cholesterol, and diabetes
 1013 control; and other clinical prevention services;

1014 3.1. Motivation and assistance to individuals or groups in
 1015 adopting and maintaining ~~Motivate and assist citizens to adopt~~
 1016 ~~and maintain~~ healthful practices and lifestyles; and

1017 4.2. Make available Learning opportunities that ~~which~~ will
 1018 increase the ability of people to make informed decisions
 1019 affecting their personal, family, and community well-being and
 1020 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of
 1021 behavior that ~~which~~ will improve or maintain health.†

1022 ~~3. Reduce, through coordination among appropriate~~
 1023 ~~agencies, duplication of health education efforts; and~~

1024 ~~4. Facilitate collaboration among appropriate agencies for~~
 1025 ~~efficient use of scarce resources.~~

1026 (c) "Community intervention program" means a program
 1027 combining the required elements of a chronic disease ~~chronic~~
 1028 ~~disease~~ prevention and health promotion ~~control~~ program and the
 1029 principles of a ~~community~~ health education program that
 1030 addresses system, policy, and environmental changes that ensure
 1031 that communities provide support for healthy lifestyles ~~into a~~
 1032 ~~unified program over which a single administrative entity has~~
 1033 ~~authority and responsibility.~~

1034 ~~(d) "Department" means the Department of Health.~~

1035 ~~(e) "Risk factor" means a factor identified during the~~
 1036 ~~course of an epidemiological study of a disease, which factor~~

CS/HB 1471

2009

1037 ~~appears to be statistically associated with a high incidence of~~
 1038 ~~that disease.~~

1039 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~
 1040 PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.--

1041 (a) The department shall develop and implement a
 1042 comprehensive, community-based program for chronic disease
 1043 prevention and health promotion. The program shall be designed
 1044 to reduce major behavioral risk factors that are associated with
 1045 chronic diseases by enhancing the knowledge, skills, motivation,
 1046 and opportunities for individuals, organizations, health care
 1047 providers, small businesses, health insurers, and communities to
 1048 develop and maintain healthy lifestyles. ~~The department shall~~
 1049 ~~assist the county health departments in developing and operating~~
 1050 ~~community intervention programs throughout the state. At a~~
 1051 ~~minimum, the community intervention programs shall address one~~
 1052 ~~to three of the following chronic diseases: cancer, diabetes,~~
 1053 ~~heart disease, stroke, hypertension, renal disease, and chronic~~
 1054 ~~obstructive lung disease.~~

1055 (b) The program shall include:

1056 1. Countywide assessments of specific, causal, and
 1057 behavioral risk factors that affect the health of residents;

1058 2. The development of community-based programs for chronic
 1059 disease prevention and health promotion which incorporate health
 1060 promotion and preventive care practices that are supported in
 1061 scientific and medical literature;

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

1065 secondary, and tertiary prevention interventions;

1066 4. The promotion of community, research-based health-
 1067 promotion model programs that meet specific criteria, address
 1068 major risk factors, and motivate individuals to permanently
 1069 adopt healthy behaviors and increase social and personal
 1070 responsibilities;

1071 5. The development of policies that encourage the use of
 1072 alternative community delivery sites for health promotion,
 1073 disease prevention, and preventive care programs and promote the
 1074 use of neighborhood delivery sites that are close to work, home,
 1075 and school; and

1076 6. An emphasis on the importance of healthy and physically
 1077 active lifestyles to build self-esteem and reduce morbidity and
 1078 mortality associated with chronic disease and being overweight
 1079 or obese. Existing community resources, when available, shall be
 1080 used to support the programs. The department shall seek funding
 1081 for the programs from federal and state financial assistance
 1082 programs which presently exist or which may be hereafter
 1083 created. Additional services, as appropriate, may be
 1084 incorporated into a program to the extent that resources are
 1085 available. The department may accept gifts and grants in order
 1086 to carry out a program.

1087 ~~(c) Volunteers shall be used to the maximum extent~~
 1088 ~~possible in carrying out the programs. The department shall~~
 1089 ~~contract for the necessary insurance coverage to protect~~
 1090 ~~volunteers from personal liability while acting within the scope~~
 1091 ~~of their volunteer assignments under a program.~~

1092 ~~(d) The department may contract for the provision of all~~

CS/HB 1471

2009

1093 ~~or any portion of the services required by a program, and shall~~
 1094 ~~so contract whenever the services so provided are more cost-~~
 1095 ~~efficient than those provided by the department.~~

1096 ~~(e) If the department determines that it is necessary for~~
 1097 ~~clients to help pay for services provided by a program, the~~
 1098 ~~department may require clients to make contribution therefor in~~
 1099 ~~either money or personal services. The amount of money or value~~
 1100 ~~of the personal services shall be fixed according to a fee~~
 1101 ~~schedule established by the department or by the entity~~
 1102 ~~developing the program. In establishing the fee schedule, the~~
 1103 ~~department or the entity developing the program shall take into~~
 1104 ~~account the expenses and resources of a client and his or her~~
 1105 ~~overall ability to pay for the services.~~

1106 Section 19. Section 385.105, Florida Statutes, is created
 1107 to read:

1108 385.105 Physical activity, obesity prevention, nutrition,
 1109 other health-promotion services, and wellness programs.--

1110 (1) PHYSICAL ACTIVITY.--

1111 (a) The department shall develop programs for people at
 1112 every stage of their lives to increase physical fitness and
 1113 promote behavior changes.

1114 (b) The department shall work with school health advisory
 1115 or wellness committees in each school district as established in
 1116 s. 381.0056.

1117 (c) The department shall develop public and private
 1118 partnerships that allow the public to easily access recreational
 1119 facilities and public land areas that are suitable for physical
 1120 activity.

1121 (d) The department shall work in collaboration with the
 1122 Executive Office of the Governor and Volunteer Florida, Inc., to
 1123 promote school initiatives, such as the Governor's Fitness
 1124 Challenge.

1125 (e) The department shall collaborate with the Department
 1126 of Education in recognizing nationally accepted best practices
 1127 for improving physical education in schools.

1128 (2) OBESITY PREVENTION.--The department shall promote
 1129 healthy lifestyles to reduce the prevalence of excess weight
 1130 gain and being overweight or obese through programs that are
 1131 directed towards all residents of this state by:

1132 (a) Using all appropriate media to promote maximum public
 1133 awareness of the latest research on healthy lifestyles and
 1134 chronic diseases and disseminating relevant information through
 1135 a statewide clearinghouse relating to wellness, physical
 1136 activity, and nutrition and the effect of these factors on
 1137 chronic diseases and disabling conditions.

1138 (b) Providing technical assistance, training, and
 1139 resources on healthy lifestyles and chronic diseases to the
 1140 public, health care providers, school districts, and other
 1141 persons or entities, including faith-based organizations that
 1142 request such assistance to promote physical activity, nutrition,
 1143 and healthy lifestyle programs.

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

CS/HB 1471

2009

1149 component in all programs as appropriate. All research conducted
1150 under this paragraph is subject to review and approval as
1151 required by the department's institutional review board under s.
1152 381.86.

1153 (d) Entering into partnerships with the Department of
1154 Education, local communities, school districts, and other
1155 entities to encourage schools in this state to promote
1156 activities during and after school to help students meet a
1157 minimum goal of 30 minutes of physical activity or physical
1158 fitness per day.

1159 (e) Entering into partnerships with the Department of
1160 Education, school districts, and the Florida Sports Foundation
1161 to develop a programs recognizing the schools at which students
1162 demonstrate excellent physical fitness or fitness improvement.

1163 (f) Collaborating with other state agencies to develop
1164 policies and strategies for preventing and treating obesity,
1165 which shall be incorporated into programs administered by each
1166 agency and shall include promoting healthy lifestyles of
1167 employees of each agency.

1168 (g) Advising, in accordance with s. 456.081, health care
1169 practitioners about the morbidity, mortality, and costs
1170 associated with being overweight or obese, informing such
1171 practitioners of promising clinical practices for preventing and
1172 treating obesity, and encouraging practitioners to counsel their
1173 patients regarding the adoption of healthy lifestyles.

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

CS/HB 1471

2009

1177 promoting physical activity and nutrition.

1178 (3) NUTRITION.--The department shall promote optimal
1179 nutritional status in all stages of people's lives by developing
1180 strategies to:

1181 (a) Promote and maintain optimal nutritional status in the
1182 population through activities, including, but not limited to:

1183 1. Nutrition screening and assessment and nutrition
1184 counseling, including nutrition therapy, followup, case
1185 management, and referrals for persons who have medical
1186 conditions or nutrition-risk factors and who are provided health
1187 services through public health programs or through referrals
1188 from private health care providers or facilities;

1189 2. Nutrition education to assist residents of the state in
1190 achieving optimal health and preventing chronic disease; and

1191 3. Consultative nutrition services to group facilities
1192 which promote the provision of safe and nutritionally adequate
1193 diets.

1194 (b) Monitor and conduct surveillance of the nutritional
1195 status of this state's population.

1196 (c) Conduct or support research or evaluations related to
1197 public health nutrition. All research conducted under this
1198 paragraph is subject to review and approval as required by the
1199 department's institutional review board under s. 381.86.

1200 (d) Establish policies and standards for public health
1201 nutrition practices.

1202 (e) Promote interagency cooperation, professional
1203 education, and consultation.

1204 (f) Provide technical assistance and advise state

CS/HB 1471

2009

1205 agencies, private institutions, and local organizations
 1206 regarding public health nutrition standards.

1207 (g) Work with the Department of Agriculture and Consumer
 1208 Services, the Department of Education, and the Department of
 1209 Management Services to further the use of fresh produce from
 1210 this state in schools and encourage the development of community
 1211 gardens. Nutritional services shall be available to eligible
 1212 persons in accordance with eligibility criteria adopted by the
 1213 department. The department shall provide by rule requirements
 1214 for the service fees, when applicable, which may not exceed the
 1215 department's actual costs.

1216
 1217 The department may adopt rules to administer this subsection.

1218 (4) OTHER HEALTH-PROMOTION SERVICES.--

1219 (a) The department shall promote personal responsibility
 1220 by encouraging residents of this state to be informed, follow
 1221 health recommendations, seek medical consultations and health
 1222 assessments, take healthy precautions, and comply with medical
 1223 guidelines, including those that lead to earlier detection of
 1224 chronic diseases in order to prevent chronic diseases or slow
 1225 the progression of established chronic diseases.

1226 (b) The department shall promote regular health visits
 1227 during a person's lifetime, including annual physical
 1228 examinations that include measuring body mass index and vital
 1229 signs, blood work, immunizations, screenings, and dental
 1230 examinations in order to reduce the financial, social, and
 1231 personal burden of chronic disease.

1232 (5) WELLNESS PROGRAMS.--

1233 (a) Each state agency may conduct employee wellness
 1234 programs in buildings and lands owned or leased by the state.
 1235 The department shall serve as a model to develop and implement
 1236 employee wellness programs that may include physical fitness,
 1237 healthy nutrition, self-management of disease, education, and
 1238 behavioral change. The department shall assist other state
 1239 agencies to develop and implement employee wellness programs.
 1240 These programs shall use existing resources, facilities, and
 1241 programs or resources procured through grant funding and
 1242 donations that are obtained in accordance with state ethics and
 1243 procurement policies, and shall provide equal access to any such
 1244 programs, resources, and facilities to all state employees.

1245 (b) The department shall coordinate its efforts with the
 1246 Department of Management Services and other state agencies.

1247 (c) Each agency may establish an employee wellness work
 1248 group to design the program. The department shall be available
 1249 to provide policy guidance and assist in identifying effective
 1250 wellness program strategies.

1251 (d) The department shall provide by rule requirements for
 1252 nominal participation fees, when applicable, which may not
 1253 exceed the department's actual costs; collaborations with
 1254 businesses; and the procurement of equipment and incentives.

1255 Section 20. Section 385.202, Florida Statutes, is amended
 1256 to read:

1257 385.202 Statewide cancer registry.--

1258 (1) Each facility, laboratory, or practitioner licensed
 1259 under chapter 395, chapter 459, chapter 464, chapter 483,
 1260 chapter 485, and each freestanding radiation therapy center as

CS/HB 1471

2009

1261 defined in s. 408.07, shall report to the department of Health
 1262 such information, specified by the department, by rule. The
 1263 department may adopt rules regarding reporting requirements for
 1264 the cancer registry, which shall include the data required, the
 1265 timeframe for reporting, and those professionals who are
 1266 responsible for ensuring compliance with reporting requirements,
 1267 which indicates diagnosis, stage of disease, medical history,
 1268 laboratory data, tissue diagnosis, and radiation, surgical, or
 1269 other methods of diagnosis or treatment for each cancer
 1270 diagnosed or treated by the facility or center. Failure to
 1271 comply with this requirement may be cause for registration or
 1272 licensure suspension or revocation.

1273 (2) The department shall establish, or cause to have
 1274 established, by contract with a recognized medical organization
 1275 in this state and its affiliated institutions, a statewide
 1276 cancer registry program to ensure that cancer reports required
 1277 under this section shall be maintained and available for use in
 1278 the course of public health surveillance and any study for the
 1279 purpose of reducing morbidity or mortality; and no liability of
 1280 any kind or character for damages or other relief shall arise or
 1281 be enforced against any facility or practitioner ~~hospital~~ by
 1282 reason of having provided such information or material to the
 1283 department.

1284 (3) The department may adopt rules regarding the
 1285 establishment and operation of a statewide cancer registry
 1286 program.

1287 (4) ~~(3)~~ The department or a contractual designee operating
 1288 the statewide cancer registry program required by this section

CS/HB 1471

2009

1289 shall use or publish said material only for the purpose of
 1290 public health surveillance and advancing medical research or
 1291 medical education in the interest of reducing morbidity or
 1292 mortality, except that a summary of such studies may be released
 1293 for general publication. Information which discloses or could
 1294 lead to the disclosure of the identity of any person whose
 1295 condition or treatment has been reported and studied shall be
 1296 confidential and exempt from the provisions of s. 119.07(1),
 1297 except that:

1298 (a) Release may be made with the written consent of all
 1299 persons to whom the information applies;

1300 (b) The department or a contractual designee may contact
 1301 individuals for the purpose of epidemiologic investigation and
 1302 monitoring, provided information that is confidential under this
 1303 section is not further disclosed; or

1304 (c) The department may exchange personal data with any
 1305 other governmental agency or a contractual designee for the
 1306 purpose of public health surveillance and medical or scientific
 1307 research, ~~if provided~~ such governmental agency or contractual
 1308 designee does ~~shall~~ not further disclose information that is
 1309 confidential under this section.

1310 ~~(5)~~ ~~(4)~~ Funds appropriated for this section shall be used
 1311 for establishing, administering, compiling, processing, and
 1312 providing biometric and statistical analyses to the reporting
 1313 facilities and practitioners. Funds may also be used to ensure
 1314 the quality and accuracy of the information reported and to
 1315 provide management information to the reporting facilities and
 1316 practitioners.

CS/HB 1471

2009

1317 (6)~~(5)~~ The department may adopt rules regarding the
1318 classifications of, by rule, classify facilities that are
1319 responsible for making reports to the cancer registry, the
1320 content and frequency of the reports, and the penalty for
1321 failure to comply with these requirements for purposes of
1322 reports made to the cancer registry and specify the content and
1323 frequency of the reports. In classifying facilities, the
1324 department shall exempt certain facilities from reporting cancer
1325 information that was previously reported to the department or
1326 retrieved from existing state reports made to the department or
1327 the Agency for Health Care Administration. The provisions of
1328 this section shall not apply to any facility whose primary
1329 function is to provide psychiatric care to its patients.

1330 (7) Notwithstanding subsection (1), each facility and
1331 practitioner that reports cancer cases to the department shall
1332 make their records available for onsite review by the department
1333 or its authorized representative.

1334 Section 21. Subsection (3) of section 385.203, Florida
1335 Statutes, is amended to read:

1336 385.203 Diabetes Advisory Council; creation; function;
1337 membership.--

1338 (3) The council shall be composed of 26 ~~25~~ citizens of the
1339 state who have knowledge of, or work in, the area of diabetes
1340 mellitus as follows:

1341 (a) Five interested citizens, three of whom are affected
1342 by diabetes.

1343 (b) Twenty-one ~~Twenty~~ members, who must include one
1344 representative from each of the following areas: nursing with

CS/HB 1471

2009

1345 diabetes-educator certification; dietary with diabetes educator
 1346 certification; podiatry; ophthalmology or optometry; psychology;
 1347 pharmacy; adult endocrinology; pediatric endocrinology; the
 1348 American Diabetes Association (ADA); the Juvenile Diabetes
 1349 Foundation (JDF); the Florida Academy of Family Physicians; a
 1350 community health center; a county health department; an American
 1351 Diabetes Association recognized community education program;
 1352 each medical school in the state; an osteopathic medical school;
 1353 the insurance industry; a Children's Medical Services diabetes
 1354 regional program; and an employer.

1355 (c) One or more representatives from the Department of
 1356 Health, who shall serve on the council as ex officio members.

1357 Section 22. Section 385.206, Florida Statutes, is amended
 1358 to read:

1359 385.206 Pediatric Hematology-Oncology ~~care~~ Center
 1360 Program.--

1361 (1) DEFINITIONS.--As used in this section, the term:

1362 (a) "Department" means the Department of Health.

1363 (b) "Hematology" means the study, diagnosis, and treatment
 1364 of blood and blood-forming tissues.

1365 (c) "Oncology" means the study, diagnosis, and treatment
 1366 of malignant neoplasms or cancer.

1367 (d) "Hemophilia" or "other hemostatic disorder" means a
 1368 bleeding disorder resulting from a genetic abnormality of
 1369 mechanisms related to the control of bleeding.

1370 (e) "Sickle-cell anemia or other hemoglobinopathy" means
 1371 an hereditary, chronic disease caused by an abnormal type of
 1372 hemoglobin.

CS/HB 1471

2009

1373 (f) "Patient" means a person under the age of 21 who is in
 1374 need of hematologic-oncologic services and who is enrolled in
 1375 the Children's Medical Services Network ~~declared medically and~~
 1376 ~~financially eligible by the department; or a person who received~~
 1377 ~~such services prior to age 21 and who requires long-term~~
 1378 ~~monitoring and evaluation to ascertain the sequelae and the~~
 1379 ~~effectiveness of treatment.~~

1380 (g) "Center" means a facility designated by the department
 1381 as having a program specifically designed to provide a full
 1382 range of medical and specialty services to patients with
 1383 hematologic and oncologic disorders.

1384 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;
 1385 AUTHORITY.--The department may designate ~~is authorized to make~~
 1386 ~~grants and reimbursements to designated centers and provide~~
 1387 funding ~~to establish and~~ maintain programs for the care of
 1388 patients with hematologic and oncologic disorders. Program
 1389 administration costs shall be paid by the department from funds
 1390 appropriated for this purpose.

1391 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS;~~
 1392 ~~CONDITIONS.~~--

1393 (a) Funding provided ~~A grant made~~ under this section shall
 1394 be pursuant to a contract ~~contractual agreement~~ made between a
 1395 center and the department. Each contract ~~agreement~~ shall provide
 1396 that patients will receive services ~~specified types of treatment~~
 1397 ~~and care~~ from the center without additional charge to the
 1398 patients or their parents or guardians. ~~Grants shall be~~
 1399 ~~disbursed in accordance with conditions set forth in the~~
 1400 ~~disbursement guidelines.~~

CS/HB 1471

2009

1401 ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR~~
 1402 ~~LOCAL PROGRAMS.--~~

1403 (b)(a) Funding may be provided ~~Grant disbursements may be~~
 1404 ~~made~~ to centers that ~~which~~ meet the following criteria:

1405 1. The personnel shall include at least one board-
 1406 certified pediatric hematologist-oncologist, at least one board-
 1407 certified pediatric surgeon, at least one board-certified
 1408 radiotherapist, and at least one board-certified pathologist.

1409 2. ~~As approved by the department,~~ The center shall
 1410 actively participate in a national children's cancer study
 1411 group, maintain a pediatric tumor registry, have a
 1412 multidisciplinary pediatric tumor board, and meet other
 1413 guidelines for development, including, but not limited to,
 1414 guidelines from such organizations as the American Academy of
 1415 Pediatrics and the American Pediatric Surgical Association.

1416 ~~(b) Programs shall also be established to provide care to~~
 1417 ~~hematology oncology patients within each district of the~~
 1418 ~~department. The guidelines for local programs shall be~~
 1419 ~~formulated by the department. Special disbursements may be made~~
 1420 ~~by the program office to centers for educational programs~~
 1421 ~~designed for the districts of the department. These programs may~~
 1422 ~~include teaching total supportive care of the dying patient and~~
 1423 ~~his or her family, home therapy to hemophiliacs and patients~~
 1424 ~~with other hemostatic disorders, and screening and counseling~~
 1425 ~~for patients with sickle cell anemia or other~~
 1426 ~~hemoglobinopathies.~~

1427 (4)(5) PROGRAM AND PEER REVIEW.--The department shall
 1428 evaluate ~~at least annually during the grant period~~ the services

CS/HB 1471

2009

1429 rendered by the centers ~~and the districts of the department.~~
 1430 Data from the centers and other sources relating to pediatric
 1431 cancer shall be reviewed annually by the Florida Association of
 1432 Pediatric Tumor Programs, Inc.; and a written report with
 1433 recommendations shall be made to the department. This database
 1434 will be available to the department for program planning and
 1435 quality assurance initiatives ~~formulation of its annual program~~
 1436 ~~and financial evaluation report.~~ A portion of the funds
 1437 appropriated for this section may be used to provide statewide
 1438 consultation, supervision, and evaluation of the programs of the
 1439 centers, as well as central ~~program~~ office support personnel.

1440 Section 23. Paragraph (g) of subsection (2) and subsection
 1441 (7) of section 385.207, Florida Statutes, are amended to read:

1442 385.207 Care and assistance of persons with epilepsy;
 1443 establishment of programs in epilepsy control.--

1444 (2) The Department of Health shall:

1445 (g) Continue current programs and develop cooperative
 1446 programs and services designed to enhance the vocational
 1447 rehabilitation of epilepsy clients, including the current jobs
 1448 programs. The department shall, as part of its contract with a
 1449 provider of epilepsy services, collect information regarding the
 1450 number of clients served, the outcomes reached, the expenses
 1451 incurred, and the fees collected by such providers for the
 1452 provision of services ~~keep~~ and make this information available
 1453 to the Governor and the Legislature upon request ~~information~~
 1454 ~~regarding the number of clients served, the outcome reached, and~~
 1455 ~~the expense incurred by such programs and services.~~

1456 ~~(7) The department shall limit total administrative~~

CS/HB 1471

2009

1457 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~
 1458 ~~of annual receipts.~~

1459 Section 24. Paragraphs (b), (d), and (g) of subsection (2)
 1460 and paragraph (b) of subsection (5) of section 385.210, Florida
 1461 Statutes, are amended to read:

1462 385.210 Arthritis prevention and education.--

1463 (2) LEGISLATIVE FINDINGS.--The Legislature finds the
 1464 following:

1465 (b) Arthritis is the leading cause of disability in the
 1466 United States, limiting daily activities for more than 19 7
 1467 million citizens.

1468 (d) There are enormous economic and social costs
 1469 associated with treating arthritis and its complications; the
 1470 economic costs are estimated at over \$128 billion (2003) ~~\$116~~
 1471 ~~billion (1997)~~ annually in the United States.

1472 (g) The National Arthritis Foundation, the CDC ~~Centers for~~
 1473 ~~Disease Control and Prevention~~, and the Association of State and
 1474 Territorial Health Officials have led the development of a
 1475 public health strategy, the National Arthritis Action Plan, to
 1476 respond to this challenge.

1477 (5) FUNDING.--

1478 (b) The State Surgeon General may ~~shall~~ seek any federal
 1479 waiver or waivers that may be necessary to maximize funds from
 1480 the Federal Government to implement this program.

1481 Section 25. Section 385.301, Florida Statutes, is created
 1482 to read:

1483 385.301 Rulemaking authority.--The department may adopt
 1484 rules pursuant to chapter 120 to administer this chapter.

CS/HB 1471

2009

1485 Section 26. Subsection (9) of section 409.904, Florida
1486 Statutes, is amended to read:

1487 409.904 Optional payments for eligible persons.--The
1488 agency may make payments for medical assistance and related
1489 services on behalf of the following persons who are determined
1490 to be eligible subject to the income, assets, and categorical
1491 eligibility tests set forth in federal and state law. Payment on
1492 behalf of these Medicaid eligible persons is subject to the
1493 availability of moneys and any limitations established by the
1494 General Appropriations Act or chapter 216.

1495 (9) Eligible women with incomes at or below 200 percent of
1496 the federal poverty level and under age 65, for cancer treatment
1497 pursuant to the federal Breast and Cervical Cancer Prevention
1498 and Treatment Act of 2000, screened through the Mary Brogan
1499 Breast and Cervical Cancer Early Detection Program established
1500 under s. 385.2021 ~~s. 381.93~~.

1501 Section 27. This act shall take effect July 1, 2009.