

1                   A bill to be entitled  
2           An act relating to health care; amending s. 154.503, F.S.;  
3           conforming a cross-reference; repealing s. 381.0053, F.S.,  
4           relating to a comprehensive nutrition program; repealing  
5           s. 381.0054, F.S., relating to healthy lifestyles  
6           promotion; repealing ss. 381.732, 381.733, and 381.734,  
7           F.S., relating to the Healthy Communities, Healthy People  
8           Act; amending s. 381.006, F.S.; requiring the Department  
9           of Health, when conducting an environmental health program  
10          inspection of a certified domestic violence center to  
11          limit the inspection of the domestic violence center to  
12          the requirements set forth in the department's rules  
13          applicable to community-based residential facilities with  
14          five or fewer residents; requiring a report to the  
15          Governor and Legislature prior to proceeding with nitrogen  
16          reduction activities; ; amending s. 381.0072, F.S.;  
17          requiring the Department of Health, when conducting a food  
18          service inspection of a certified domestic violence center  
19          to limit the inspection of the domestic violence center to  
20          the requirements set forth in the department's rules  
21          applicable to community-based residential facilities with  
22          five or fewer residents; amending s. 381.0203, F.S.;  
23          requiring certain state agencies to purchase drugs through  
24          the statewide purchasing contract administered by the  
25          Department of Health; providing an exception; requiring  
26          the department to establish and maintain certain pharmacy  
27          services program; transferring, renumbering, and amending  
28          s. 381.84, F.S., relating to the Comprehensive Statewide

29 Tobacco Education and Use Prevention Program; revising  
30 definitions; revising program components; requiring  
31 program components to include efforts to educate youth and  
32 their parents about tobacco use; requiring a youth-  
33 directed focus in each program component; requiring the  
34 Tobacco Education and Use Prevention Advisory Council to  
35 adhere to state ethics laws; providing that meetings of  
36 the council are subject to public-records and public-  
37 meetings requirements; revising the duties of the council;  
38 deleting a provision that prohibits a member of the  
39 council from participating in a discussion or decision  
40 with respect to a research proposal by a firm, entity, or  
41 agency with which the member is associated as a member of  
42 the governing body or as an employee or with which the  
43 member has entered into a contractual arrangement;  
44 revising the submission date of an annual report; deleting  
45 an expired provision relating to rulemaking authority of  
46 the department; transferring and renumbering s. 381.91,  
47 F.S., relating to the Jessie Trice Cancer Prevention  
48 Program; transferring, renumbering, and amending s.  
49 381.911, F.S., relating to the Prostate Cancer Awareness  
50 Program; revising the criteria for members of the prostate  
51 cancer advisory committee; repealing s. 381.912, F.S.,  
52 relating to the Cervical Cancer Elimination Task Force;  
53 transferring and renumbering s. 381.92, F.S., relating to  
54 the Florida Cancer Council; transferring and renumbering  
55 s. 381.921, F.S., relating to the mission and duties of  
56 the Florida Cancer Council; amending s. 381.922, F.S.;

57 conforming cross-references; transferring and renumbering  
58 s. 381.93, F.S., relating to a breast and cervical cancer  
59 early detection program; transferring and renumbering s.  
60 381.931, F.S., relating to an annual report on Medicaid  
61 expenditures; renaming ch. 385, F.S., as the "Healthy and  
62 Fit Florida Act"; amending s. 385.101, F.S.; renaming the  
63 "Chronic Diseases Act" as the "Healthy and Fit Florida  
64 Act"; amending s. 385.102, F.S.; revising legislative  
65 intent; creating s. 385.1021, F.S.; providing definitions;  
66 creating s. 385.1022, F.S.; requiring the Department of  
67 Health to support public health programs to reduce the  
68 incidence of mortality and morbidity from chronic  
69 diseases; creating s. 385.1023, F.S.; requiring the  
70 department to create state-level programs that address the  
71 risk factors of certain chronic diseases; providing  
72 required activities of the state-level programs; amending  
73 s. 385.103, F.S.; providing for community-level programs  
74 for the prevention of chronic diseases; revising  
75 definitions; requiring the department to develop and  
76 implement a community-based chronic disease prevention and  
77 health promotion program; providing the purpose of the  
78 program; providing requirements for the program; creating  
79 s. 385.105, F.S.; requiring the department to develop  
80 programs to increase physical fitness, to work with school  
81 districts, to develop partnerships that allow the public  
82 to access recreational facilities and public land areas  
83 suitable for physical activity, to work with the Executive  
84 Office of the Governor and Volunteer Florida, Inc., to

85 | promote school initiatives, and to collaborate with the  
86 | Department of Education in recognizing nationally accepted  
87 | best practices for improving physical education in  
88 | schools; requiring the Department of Health to promote  
89 | healthy lifestyles to reduce obesity; requiring the  
90 | department to promote optimal nutritional status in all  
91 | stages of people's lives, personal responsibility to  
92 | prevent chronic disease or slow its progression, and  
93 | regular health visits during a person's life span;  
94 | authorizing state agencies to conduct employee wellness  
95 | programs; requiring the department to serve as a model to  
96 | develop and implement employee wellness programs;  
97 | requiring the department to assist state agencies to  
98 | develop the employee wellness programs; providing equal  
99 | access to the programs by agency employees; requiring the  
100 | department to coordinate efforts with the Department of  
101 | Management Services and other state agencies; authorizing  
102 | each state agency to establish an employee wellness work  
103 | group to design the wellness program; requiring the  
104 | department to provide requirements for participation fees,  
105 | collaborations with businesses, and procurement of  
106 | equipment and incentives; amending s. 385.202, F.S.;  
107 | requiring facilities, laboratories, and practitioners to  
108 | report information; authorizing the department to adopt  
109 | rules regarding reporting requirements for the cancer  
110 | registry; providing immunity from liability for facilities  
111 | and practitioners reporting certain information; requiring  
112 | the department to adopt rules regarding the establishment

113 and operation of a statewide cancer registry program;  
114 requiring the department or contractual designee operating  
115 the statewide cancer registry program to use or publish  
116 material only for the purpose of public health  
117 surveillance and advancing medical research or medical  
118 education in the interest of reducing morbidity or  
119 mortality; authorizing the department to exchange personal  
120 data with any agency or contractual designee for the  
121 purpose of public health surveillance and medical or  
122 scientific research under certain circumstances;  
123 clarifying that the department may adopt rules regarding  
124 the classifications of facilities related to reports made  
125 to the cancer registry; requiring each facility and  
126 practitioner that reports cancer cases to the department  
127 to make their records available for onsite review;  
128 amending s. 385.203, F.S.; increasing the size of the  
129 Diabetes Advisory Council to include one representative of  
130 the Florida Academy of Family Physicians; amending s.  
131 385.206, F.S.; renaming the "hematology-oncology care  
132 center program" as the "Pediatric Hematology-Oncology  
133 Center Program"; revising definitions; authorizing the  
134 department to designate centers and provide funding to  
135 maintain programs for the care of patients with  
136 hematologic and oncologic disorders; clarifying provisions  
137 related to grant-funding agreements and grant  
138 disbursements; revising the department's requirement to  
139 evaluate services rendered by the centers; requiring data  
140 from the centers and other sources relating to pediatric

141 cancer to be available to the department for program  
 142 planning and quality assurance initiatives; amending s.  
 143 385.207, F.S.; clarifying provisions that require the  
 144 department to collect information regarding the number of  
 145 clients served, the outcomes reached, the expense  
 146 incurred, and fees collected by providers of epilepsy  
 147 services; deleting the provision that requires the  
 148 department to limit administrative expenses from the  
 149 Epilepsy Services Trust Fund to a certain percentage of  
 150 annual receipts; amending s. 385.210, F.S.; revising  
 151 legislative findings regarding the economic costs of  
 152 treating arthritis and its complications; authorizing the  
 153 State Surgeon General to seek any federal waivers that may  
 154 be necessary to maximize funds from the Federal Government  
 155 to implement the Arthritis Prevention and Education  
 156 Program; creating s. 385.301, F.S.; authorizing the  
 157 department to adopt rules to administer the act; amending  
 158 s. 409.904, F.S.; conforming a cross-reference; creating  
 159 the Pharmacy and Therapeutic Advisory Council within the  
 160 Executive Office of the Governor; providing duties of the  
 161 council; providing for the appointment and qualification  
 162 of members; providing for the use of subject-matter  
 163 experts when necessary; providing requirements for voting  
 164 and a quorum; providing for quarterly meetings of the  
 165 council; providing for staffing; providing for  
 166 reimbursement of per diem and travel expenses for members  
 167 of the council; amending s. 499.003, F.S.; excluding from  
 168 the definition of "wholesale distribution" certain

169 activities of state agencies; providing an effective date.

170

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

172

173 Section 1. Paragraph (e) of subsection (2) of section

174 154.503, Florida Statutes, is amended to read:

175 154.503 Primary Care for Children and Families Challenge  
176 Grant Program; creation; administration.--

177 (2) The department shall:

178 (e) Coordinate with the primary care program developed  
179 pursuant to s. 154.011, the Florida Healthy Kids Corporation  
180 program created in s. 624.91, the school health services program  
181 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~  
182 ~~Healthy People Program created in s. 381.734,~~ and the volunteer  
183 health care provider program developed pursuant to s. 766.1115.

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

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

188 381.006 Environmental health.--The department shall  
189 conduct an environmental health program as part of fulfilling  
190 the state's public health mission. The purpose of this program  
191 is to detect and prevent disease caused by natural and manmade  
192 factors in the environment. The environmental health program  
193 shall include, but not be limited to:

194 (16) A group-care-facilities function, where a group care  
195 facility means any public or private school, housing, building  
196 or buildings, section of a building, or distinct part of a

197 building or other place, whether operated for profit or not,  
198 which undertakes, through its ownership or management, to  
199 provide one or more personal services, care, protection, and  
200 supervision to persons who require such services and who are not  
201 related to the owner or administrator. The department may adopt  
202 rules necessary to protect the health and safety of residents,  
203 staff, and patrons of group care facilities, such as child care  
204 facilities, family day care homes, assisted living facilities,  
205 adult day care centers, adult family care homes, hospices,  
206 residential treatment facilities, crisis stabilization units,  
207 pediatric extended care centers, intermediate care facilities  
208 for the developmentally disabled, group care homes, and, jointly  
209 with the Department of Education, private and public schools.  
210 These rules may include definitions of terms; provisions  
211 relating to operation and maintenance of facilities, buildings,  
212 grounds, equipment, furnishings, and occupant-space  
213 requirements; lighting; heating, cooling, and ventilation; food  
214 service; water supply and plumbing; sewage; sanitary facilities;  
215 insect and rodent control; garbage; safety; personnel health,  
216 hygiene, and work practices; and other matters the department  
217 finds are appropriate or necessary to protect the safety and  
218 health of the residents, staff, or patrons. The department may  
219 not adopt rules that conflict with rules adopted by the  
220 licensing or certifying agency. The department may enter and  
221 inspect at reasonable hours to determine compliance with  
222 applicable statutes or rules. An environmental health program  
223 inspection of a certified domestic violence center shall be  
224 limited to the requirements set forth in the department's rules



225 applicable to community-based residential facilities with five  
 226 or fewer residents. In addition to any sanctions that the  
 227 department may impose for violations of rules adopted under this  
 228 section, the department shall also report such violations to any  
 229 agency responsible for licensing or certifying the group care  
 230 facility. The licensing or certifying agency may also impose any  
 231 sanction based solely on the findings of the department.

232 (17) Upon completion of the department's study to develop  
 233 passive strategies for nitrogen reduction that complement use of  
 234 conventional onsite wastewater treatment systems, the department  
 235 shall submit a final report to the Executive Office of the  
 236 Governor, the President of the Senate, and the Speaker of the  
 237 House of Representatives prior to proceeding with any nitrogen  
 238 reduction activities.

239  
 240 The department may adopt rules to carry out the provisions of  
 241 this section.

242 Section 4. Paragraph (a) of subsection (2) of section  
 243 381.0072, Florida Statutes, is amended to read:

244 381.0072 Food service protection.--It shall be the duty of  
 245 the Department of Health to adopt and enforce sanitation rules  
 246 consistent with law to ensure the protection of the public from  
 247 food-borne illness. These rules shall provide the standards and  
 248 requirements for the storage, preparation, serving, or display  
 249 of food in food service establishments as defined in this  
 250 section and which are not permitted or licensed under chapter  
 251 500 or chapter 509.

252 (2) DUTIES.--

253 (a) The department shall adopt rules, including  
254 definitions of terms which are consistent with law prescribing  
255 minimum sanitation standards and manager certification  
256 requirements as prescribed in s. 509.039, and which shall be  
257 enforced in food service establishments as defined in this  
258 section. The sanitation standards must address the construction,  
259 operation, and maintenance of the establishment; lighting,  
260 ventilation, laundry rooms, lockers, use and storage of toxic  
261 materials and cleaning compounds, and first-aid supplies; plan  
262 review; design, construction, installation, location,  
263 maintenance, sanitation, and storage of food equipment and  
264 utensils; employee training, health, hygiene, and work  
265 practices; food supplies, preparation, storage, transportation,  
266 and service, including access to the areas where food is stored  
267 or prepared; and sanitary facilities and controls, including  
268 water supply and sewage disposal; plumbing and toilet  
269 facilities; garbage and refuse collection, storage, and  
270 disposal; and vermin control. Public and private schools, if the  
271 food service is operated by school employees; hospitals licensed  
272 under chapter 395; nursing homes licensed under part II of  
273 chapter 400; child care facilities as defined in s. 402.301;  
274 residential facilities colocated with a nursing home or  
275 hospital, if all food is prepared in a central kitchen that  
276 complies with nursing or hospital regulations; and bars and  
277 lounges, as defined by department rule, are exempt from the  
278 rules developed for manager certification. The department shall  
279 administer a comprehensive inspection, monitoring, and sampling  
280 program to ensure such standards are maintained. With respect to

281 food service establishments permitted or licensed under chapter  
 282 500 or chapter 509, the department shall assist the Division of  
 283 Hotels and Restaurants of the Department of Business and  
 284 Professional Regulation and the Department of Agriculture and  
 285 Consumer Services with rulemaking by providing technical  
 286 information. Food service inspections of a certified domestic  
 287 violence center shall be limited to the requirements set forth  
 288 in the department's rules applicable to community-based  
 289 residential facilities with five or fewer residents.

290 Section 5. Subsection (1) and paragraph (a) of subsection  
 291 (2) of section 381.0203, Florida Statutes, are amended to read:  
 292 381.0203 Pharmacy services.--

293 (1) The department must ~~may~~ contract on a statewide basis  
 294 for the purchase of drugs, as defined in s. 499.003, to be used  
 295 by state agencies and political subdivisions, and may adopt  
 296 rules to administer this section. Effective January 1, 2010, all  
 297 state agencies, except the Agency for Health Care  
 298 Administration, the Department of Veterans' Affairs, and the  
 299 Department of Management Services, must purchase drugs through  
 300 the statewide contract unless:

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

303 (b) The drugs required are not available through the  
 304 statewide purchasing contract.

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

308 (a) A central pharmacy to support pharmaceutical services

309 provided by the county health departments, including  
 310 pharmaceutical repackaging, dispensing, and the purchase and  
 311 distribution of immunizations and other pharmaceuticals. Such  
 312 services shall be provided to other state agencies and political  
 313 subdivisions of the state upon written agreement. Cost savings  
 314 realized by the state through utilization of the central  
 315 pharmacy may be used by the department to offset additional  
 316 costs.

317 Section 6. Section 381.84, Florida Statutes, is  
 318 transferred, renumbered as section 385.106, Florida Statutes,  
 319 and amended to read:

320 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education  
 321 and Use Prevention Program.--

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

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

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

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

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

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

335 ~~(e)~~ ~~"Tobacco" means, without limitation, tobacco itself~~  
 336 ~~and tobacco products that include tobacco and are intended or~~

337 ~~expected for human use or consumption, including, but not~~  
338 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~  
339 ~~tobacco.~~

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

341 (2) PURPOSE, FINDINGS, AND INTENT.--It is the purpose of  
342 this section to implement s. 27, Art. X of the State  
343 Constitution. The Legislature finds that s. 27, Art. X of the  
344 State Constitution requires the funding of a statewide tobacco  
345 education and use prevention program that focuses on tobacco use  
346 by youth. The Legislature further finds that the primary goals  
347 of the program are to reduce the prevalence of tobacco use among  
348 youth, adults, and pregnant women; reduce per capita tobacco  
349 consumption; and reduce exposure to environmental tobacco smoke.  
350 Further, it is the intent of the Legislature to base increases  
351 in funding for individual components of the program on the  
352 results of assessments and evaluations. Recognizing that some  
353 components will need to grow faster than inflation, it is the  
354 intent of the Legislature to fund portions of the program on a  
355 nonrecurring basis in the early years so that those components  
356 that are most effective can be supported as the program matures.

357 (3) PROGRAM COMPONENTS AND REQUIREMENTS.--The department  
358 shall conduct a comprehensive, statewide tobacco education and  
359 use prevention program consistent with the recommendations for  
360 effective program components contained in the 1999 Best  
361 Practices for Comprehensive Tobacco Control Programs of the CDC,  
362 as amended by the CDC. The program shall include the following  
363 components, each of which shall focus on educating people,  
364 ~~particularly youth and their parents,~~ about the health hazards

365 of tobacco and discouraging the use of tobacco. All program  
366 components shall include efforts to educate youth and their  
367 parents about tobacco use, and a youth-directed focus shall  
368 exist in all components outlined in this subsection.†

369 (a) State and community interventions.--These  
370 interventions shall include, but not be limited to, a statewide  
371 tobacco control program that combines and coordinates community-  
372 based interventions that focus on preventing initiation of  
373 tobacco use among youth and young adults; promoting quitting  
374 among adults, youth, and pregnant women; eliminating exposure to  
375 secondhand smoke; identifying and eliminating tobacco-related  
376 disparities among population groups; and promoting a range of  
377 collaborations to prevent and alleviate the effects of chronic  
378 diseases. ~~Counter marketing and advertising; cyberspace resource~~  
379 ~~center.~~ ~~The counter marketing and advertising campaign shall~~  
380 ~~include, at a minimum, Internet, print, radio, and television~~  
381 ~~advertising and shall be funded with a minimum of one third of~~  
382 ~~the total annual appropriation required by s. 27, Art. X of the~~  
383 ~~State Constitution. A cyberspace resource center for copyrighted~~  
384 ~~materials and information concerning tobacco education and use~~  
385 ~~prevention, including cessation, shall be maintained by the~~  
386 ~~program. Such resource center must be accessible to the public,~~  
387 ~~including parents, teachers, and students, at each level of~~  
388 ~~public and private schools, universities, and colleges in the~~  
389 ~~state and shall provide links to other relevant resources. The~~  
390 ~~Internet address for the resource center must be incorporated in~~  
391 ~~all advertising. The information maintained in the resource~~  
392 ~~center shall be used by the other components of the program.~~

393           (b) Health communication interventions.--Effective media  
394 and health communication intervention efforts include, but are  
395 not limited to, audience research to define themes and execute  
396 messages for influential, high impact, and specifically targeted  
397 campaigns; market research to identify the target market and the  
398 behavioral theory motivating change; counter-marketing  
399 surveillance; community tie-ins to support and reinforce the  
400 statewide campaign; technologies such as viral marketing, social  
401 networks, personal web pages, and web logs; traditional media;  
402 process and outcome evaluation of the communication efforts; and  
403 promotion of available services, including the state telephone  
404 cessation quitline. ~~Cessation programs, counseling, and~~  
405 ~~treatment.~~--This program component shall include two  
406 subcomponents:

407           1. ~~A statewide toll-free cessation service, which may~~  
408 ~~include counseling, referrals to other local resources and~~  
409 ~~support services, and treatment to the extent funds are~~  
410 ~~available for treatment services; and~~

411           2. ~~A local community-based program to disseminate~~  
412 ~~information about smoking cessation, how smoking cessation~~  
413 ~~relates to prenatal care and obesity prevention, and other~~  
414 ~~chronic tobacco-related diseases.~~

415           (c) Cessation interventions.--Cessation interventions  
416 include, but are not limited to, sustaining, expanding, and  
417 promoting the service through population-based counseling and  
418 treatment programs; encouraging public and private insurance  
419 coverage for counseling and FDA-approved medication treatments  
420 for tobacco-use cessation; eliminating cost and other barriers

421 to treatment for underserved populations; and making health care  
422 system changes. Youth interventions to prevent tobacco-use  
423 initiation and encourage cessation among young people are needed  
424 in order to reshape the environment so that it supports tobacco-  
425 free norms. Because most people who start smoking are younger  
426 than 18 years of age, intervening during adolescence is  
427 critical. Community programs and school-based policies and  
428 interventions should be a part of a comprehensive effort that is  
429 implemented in coordination with community and school  
430 environments and in conjunction with increasing the unit price  
431 of tobacco products, sustaining anti-tobacco media campaigns,  
432 making environments tobacco free, and engaging in other efforts  
433 to create tobacco-free social norms. ~~Surveillance and~~  
434 evaluation. ~~The program shall conduct ongoing epidemiological~~  
435 ~~surveillance and shall contract for annual independent~~  
436 ~~evaluations of the effectiveness of the various components of~~  
437 ~~the program in meeting the goals as set forth in subsection (2).~~

438 (d) Surveillance and evaluation. ~~--The surveillance and~~  
439 evaluation of all program components shall monitor and document  
440 short-term, intermediate, and long-term intervention outcomes to  
441 inform program and policy direction and ensure accountability.  
442 The surveillance and evaluation must be conducted objectively  
443 through scientifically sound methodology. ~~Youth school~~  
444 programs. ~~--School and after-school programs shall use current~~  
445 ~~evidence-based curricula and programs that involve youth to~~  
446 ~~educate youth about the health hazards of tobacco, help youth~~  
447 ~~develop skills to refuse tobacco, and demonstrate to youth how~~  
448 ~~to stop using tobacco.~~



449           (e) Administration and management.--Administration and  
450 management activities include, but are not limited to, strategic  
451 planning to guide program efforts and resources in order to  
452 accomplish goals; recruiting and developing qualified and  
453 diverse technical, program, and administrative staff; awarding  
454 and monitoring program contracts and grants to coordinate  
455 implementation across program areas; developing and maintaining  
456 a fiscal-management system to track allocations and the  
457 expenditure of funds; increasing capacity at the community level  
458 through ongoing training and technical assistance; creating  
459 effective communications internally among chronic disease  
460 prevention programs and local coalitions and partners; and  
461 educating the public and decisionmakers on the health effects of  
462 tobacco and evidence-based effective program and policy  
463 interventions. ~~Community programs and chronic disease~~  
464 ~~prevention.--The department shall promote and support local~~  
465 ~~community-based partnerships that emphasize programs involving~~  
466 ~~youth, including programs for the prevention, detection, and~~  
467 ~~early intervention of smoking-related chronic diseases.~~

468           (f) Training.--The program shall include the training of  
469 health care practitioners, smoking-cessation counselors, and  
470 teachers by health professional students and other tobacco-use  
471 prevention specialists who are trained in preventing tobacco use  
472 and health education. Smoking-cessation counselors shall be  
473 trained by specialists who are certified in tobacco-use  
474 cessation.

475           (g) County health departments Administration, statewide  
476 ~~programs, and county health departments.~~--Each county health

477 department is eligible to receive a portion of the annual  
478 appropriation, on a per capita basis, for coordinating tobacco  
479 education and use prevention programs within that county.  
480 Appropriated funds may be used to improve the infrastructure of  
481 the county health department to implement the comprehensive,  
482 statewide tobacco education and use prevention program. Each  
483 county health department shall prominently display in all  
484 treatment rooms and waiting rooms, counter-marketing and  
485 advertisement materials in the form of wall posters, brochures,  
486 television advertising if televisions are used in the lobby or  
487 waiting room, and screensavers and Internet advertising if  
488 computer kiosks are available for use or viewing by people at  
489 the county health department.

490 (h) *Enforcement and awareness of related laws.*--In  
491 coordination with the Department of Business and Professional  
492 Regulation, the program shall monitor the enforcement of laws,  
493 rules, and policies prohibiting the sale or other provision of  
494 tobacco to minors, as well as the continued enforcement of the  
495 Clean Indoor Air Act prescribed in chapter 386. The  
496 advertisements produced in accordance with paragraph (b)  
497 ~~paragraph (a)~~ may also include information designed to make the  
498 public aware of these related laws and rules. The departments  
499 may enter into interagency agreements to carry out this program  
500 component.

501 (i) *AHEC smoking-cessation initiative.*--~~For the 2007-2008~~  
502 ~~and 2008-2009 fiscal years only,~~ The AHEC network shall expand  
503 the AHEC smoking-cessation initiative to each county within the  
504 state and perform other activities as determined by the

505 department.

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

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

510 1. The State Surgeon General, who shall serve as the  
 511 chairperson.

512 2. One county health department director, appointed by the  
 513 State Surgeon General.

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

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

518 5. The chief executive officer of the Greater Southeast  
 519 Affiliate of the American Heart Association, or his or her  
 520 designee.

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

523 7. The dean of the University of Miami School of Medicine,  
 524 or his or her designee.

525 8. The dean of the University of Florida College of  
 526 Medicine, or his or her designee.

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

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

531 11. The dean of Nova Southeastern College of Osteopathic  
 532 Medicine, or his or her designee.

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

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

537           14. The chief executive officer of the Legacy Foundation,  
538 or his or her designee.

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

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

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

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

554           (c) An appointed member may not serve more than two  
555 consecutive terms.

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

559           (e) Members of the council shall serve without  
560 compensation, but are entitled to reimbursement for per diem and

561 travel expenses pursuant to s. 112.061. Members who are state  
562 officers or employees or who are appointed by state officers or  
563 employees shall be reimbursed for per diem and travel expenses  
564 pursuant to s. 112.061 from the state agency through which they  
565 serve.

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

572 (5) COUNCIL DUTIES AND RESPONSIBILITIES.--The council  
573 shall advise the State Surgeon General as to the direction and  
574 scope of the Comprehensive Statewide Tobacco Education and Use  
575 Prevention Program. The responsibilities of the council may  
576 include, but are not limited to:

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

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

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

582 (d) Reviewing, as requested by the department, broadcast  
583 material prepared for the Internet, portable media players,  
584 radio, and television advertisement ~~as it relates to the~~  
585 ~~advertising component of the tobacco education and use~~  
586 ~~prevention program.~~

587 (e) Participating in periodic program evaluation, as  
588 requested by the department.

589           (f) Assisting the department in developing ~~the development~~  
590 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to  
591 the principles of merit and quality in the conduct of the  
592 program.

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

597           (h) Assisting the department in developing panels to  
598 review and evaluate potential fund recipients ~~the development~~  
599 ~~and supervision of peer review panels.~~

600           (i) Assisting the department in reviewing reports of peer  
601 review panels and making recommendations for funding allocations  
602 ~~contracts and grants.~~

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

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

610           (l) Recommending policies to encourage a coordinated  
611 response to tobacco use in this state, focusing specifically on  
612 creating partnerships within and between the public and private  
613 sectors.

614           (6) CONTRACT REQUIREMENTS.--Contracts or grants for the  
615 program components or subcomponents described in paragraphs  
616 (3) (a)-(f) shall be awarded by the State Surgeon General, after

617 consultation with the council, on the basis of merit, as  
618 determined by an open, competitive, peer-reviewed process that  
619 ensures objectivity, consistency, and high quality. The  
620 department shall award such grants or contracts no later than  
621 October 1 for each fiscal year. A recipient of a contract or  
622 grant for the program component described in paragraph (3) (d)  
623 ~~(3) (e)~~ is not eligible for a contract or grant award for any  
624 other program component described in subsection (3) in the same  
625 state fiscal year. ~~A school or college of medicine that is~~  
626 ~~represented on the council is not eligible to receive a contract~~  
627 ~~or grant under this section. For the 2007-2008 and 2008-2009~~  
628 ~~fiscal years only,~~ The department shall award a contract or  
629 grant in the amount of \$11 ~~\$10~~ million to the AHEC network for  
630 the purpose of developing the components described in paragraph  
631 (3) (i). ~~The AHEC network may apply for a competitive contract or~~  
632 ~~grant after the 2008-2009 fiscal year.~~

633 (a) In order to ensure that all proposals for funding are  
634 appropriate and are evaluated fairly on the basis of merit, the  
635 State Surgeon General, in consultation with the council, shall  
636 appoint a ~~peer~~ review panel of independent, qualified experts in  
637 the field of tobacco control to review the content of each  
638 proposal and establish its priority score. The priority scores  
639 shall be forwarded to the council and must be considered in  
640 determining which proposals will be recommended for funding.

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

645 ~~A member of the council or panel may not participate in any~~  
646 ~~discussion or decision with respect to a research proposal by~~  
647 ~~any firm, entity, or agency with which the member is associated~~  
648 ~~as a member of the governing body or as an employee or with~~  
649 ~~which the member has entered into a contractual arrangement.~~  
650 ~~Meetings of the council and the peer review panels are subject~~  
651 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~  
652 ~~Constitution.~~

653 (c) In each contract or grant agreement, the department  
654 shall limit the use of food and promotional items to no more  
655 than 2.5 percent of the total amount of the contract or grant  
656 and limit overhead or indirect costs to no more than 7.5 percent  
657 of the total amount of the contract or grant. The department, in  
658 consultation with the Department of Financial Services, shall  
659 publish guidelines for appropriate food and promotional items.

660 (d) In each advertising contract, the department shall  
661 limit the total of production fees, buyer commissions, and  
662 related costs to no more than 10 percent of the total contract  
663 amount.

664 (e) Notwithstanding the competitive process for contracts  
665 prescribed in this subsection, each county health department is  
666 eligible for core funding, on a per capita basis, to implement  
667 tobacco education and use prevention activities within that  
668 county.

669 (7) ANNUAL REPORT REQUIRED.--By February 28 ~~January 31~~ of  
670 each year, the department shall provide to the Governor, the  
671 President of the Senate, and the Speaker of the House of  
672 Representatives a report that evaluates the program's



673 effectiveness in reducing and preventing tobacco use and that  
 674 recommends improvements to enhance the program's effectiveness.  
 675 The report must contain, at a minimum, an annual survey of youth  
 676 attitudes and behavior toward tobacco, as well as a description  
 677 of the progress in reducing the prevalence of tobacco use among  
 678 youth, adults, and pregnant women; reducing per capita tobacco  
 679 consumption; and reducing exposure to environmental tobacco  
 680 smoke.

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

686 ~~(9) RULEMAKING AUTHORIZED.--By January 1, 2008, the~~  
 687 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~  
 688 ~~120.54 to administer this section.~~

689 Section 7. Section 381.91, Florida Statutes, is  
 690 transferred and renumbered as section 385.2024, Florida  
 691 Statutes, to read:

692 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.--

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

694 (a) Reduce the rates of illness and death from lung cancer  
 695 and other cancers and improve the quality of life among low-  
 696 income African-American and Hispanic populations through  
 697 increased access to early, effective screening and diagnosis,  
 698 education, and treatment programs.

699 (b) Create a community faith-based disease-prevention  
 700 program in conjunction with the Health Choice Network and other

701 community health centers to build upon the natural referral and  
 702 education networks in place within minority communities and to  
 703 increase access to health service delivery in Florida.

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

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

710 (b) Funding may be provided to develop contracts with  
 711 community health centers and local community faith-based  
 712 education programs to provide cancer screening, diagnosis,  
 713 education, and treatment services to low-income populations  
 714 throughout the state.

715 Section 8. Section 381.911, Florida Statutes, is  
 716 transferred, renumbered as section 385.2023, Florida Statutes,  
 717 and amended to read:

718 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.--

719 (1) To the extent that funds are specifically made  
 720 available for this purpose, the Prostate Cancer Awareness  
 721 Program is established within the Department of Health. The  
 722 purpose of this program is to implement the recommendations of  
 723 January 2000 of the Florida Prostate Cancer Task Force to  
 724 provide for statewide outreach and health education activities  
 725 to ensure that men are aware of and appropriately seek medical  
 726 counseling for prostate cancer as an early-detection health care  
 727 measure.

728 (2) For purposes of implementing the program, the

729 Department of Health and the Florida Public Health Foundation,  
730 Inc., may:

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

733 (b) Seek any available gifts, grants, or funds from the  
734 state, the Federal Government, philanthropic foundations, and  
735 industry or business groups.

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

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

741 1. Three persons from prostate cancer survivor groups or  
742 cancer-related advocacy groups.

743 2. Three persons who are scientists or clinicians from  
744 public or nonpublic universities or research organizations.

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

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

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

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

755 Section 10. Section 381.92, Florida Statutes, is  
756 transferred and renumbered as section 385.2025, Florida

757 Statutes, to read:

758 385.2025 ~~381.92~~ Florida Cancer Council.--

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

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

765 (b) The Florida Cancer Council may create not-for-profit  
 766 corporate subsidiaries to fulfill its mission. The council and  
 767 its subsidiaries are authorized to receive, hold, invest, and  
 768 administer property and any moneys acquired from private, local,  
 769 state, and federal sources, as well as technical and  
 770 professional income generated or derived from the mission-  
 771 related activities of the council.

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

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

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

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

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

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

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

784 7. The chief executive officer of the American Cancer

785 Society, Florida Division, Inc., or his or her designee;  
 786 8. The president of the American Cancer Society, Florida  
 787 Division, Inc., Board of Directors or his or her designee;  
 788 9. The president of the Florida Society of Clinical  
 789 Oncology or his or her designee;  
 790 10. The president of the American College of Surgeons,  
 791 Florida Chapter, or his or her designee;  
 792 11. The chief executive officer of Enterprise Florida,  
 793 Inc., or his or her designee;  
 794 12. Five representatives from cancer programs approved by  
 795 the American College of Surgeons. Three shall be appointed by  
 796 the Governor, one shall be appointed by the Speaker of the House  
 797 of Representatives, and one shall be appointed by the President  
 798 of the Senate;  
 799 13. One member of the House of Representatives, to be  
 800 appointed by the Speaker of the House of Representatives; and  
 801 14. One member of the Senate, to be appointed by the  
 802 President of the Senate.  
 803 (d) Appointments made by the Speaker of the House of  
 804 Representatives and the President of the Senate pursuant to  
 805 paragraph (c) shall be for 2-year terms, concurrent with the  
 806 bienniums in which they serve as presiding officers.  
 807 (e) Appointments made by the Governor pursuant to  
 808 paragraph (c) shall be for 2-year terms, although the Governor  
 809 may reappoint members.  
 810 (f) Members of the council or any subsidiaries shall serve  
 811 without compensation, and each organization represented on the  
 812 council shall cover the expenses of its representatives.

813 (3) The council shall issue an annual report to the Center  
 814 for Universal Research to Eradicate Disease, the Governor, the  
 815 Speaker of the House of Representatives, and the President of  
 816 the Senate by December 15 of each year, with policy and funding  
 817 recommendations regarding cancer research capacity in Florida  
 818 and related issues.

819 Section 11. Section 381.921, Florida Statutes, is  
 820 transferred and renumbered as section 385.20251, Florida  
 821 Statutes, to read:

822 385.20251 ~~381.921~~ Florida Cancer Council mission and  
 823 duties.--The council, which shall work in concert with the  
 824 Florida Center for Universal Research to Eradicate Disease to  
 825 ensure that the goals of the center are advanced, shall endeavor  
 826 to dramatically improve cancer research and treatment in this  
 827 state through:

828 (1) Efforts to significantly expand cancer research  
 829 capacity in the state by:

830 (a) Identifying ways to attract new research talent and  
 831 attendant national grant-producing researchers to cancer  
 832 research facilities in this state;

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

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

839 (d) Encouraging the employment of bioinformatics in order  
 840 to create a cancer informatics infrastructure that enhances

841 information and resource exchange and integration through  
 842 researchers working in diverse disciplines, to facilitate the  
 843 full spectrum of cancer investigations;

844 (e) Facilitating the technical coordination, business  
 845 development, and support of intellectual property as it relates  
 846 to the advancement of cancer research; and

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

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

851 (a) Identifying ways to increase adult enrollment in  
 852 cancer clinical trials;

853 (b) Supporting public and private professional education  
 854 programs designed to increase the awareness and knowledge about  
 855 cancer clinical trials;

856 (c) Providing tools to cancer patients and community-based  
 857 oncologists to aid in the identification of cancer clinical  
 858 trials available in the state; and

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

862 (3) Efforts to reduce the impact of cancer on disparate  
 863 groups by:

864 (a) Identifying those cancers that disproportionately  
 865 impact certain demographic groups; and

866 (b) Building collaborations designed to reduce health  
 867 disparities as they relate to cancer.

868 Section 12. Paragraph (a) of subsection (2) and subsection

869 (5) of section 381.922, Florida Statutes, as amended by section  
 870 2 of chapter 2009-5, Laws of Florida, is amended to read:

871 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
 872 Cancer Research Program.--

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

875 (a) Emphasis shall be given to the goals enumerated in s.  
 876 385.20251 ~~s. 381.921~~, as those goals support the advancement of  
 877 such cures.

878 (5) For the 2008-2009 fiscal year and each fiscal year  
 879 thereafter, the sum of \$6.75 million is appropriated annually  
 880 from recurring funds in the General Revenue Fund to the  
 881 Biomedical Research Trust Fund within the Department of Health  
 882 for purposes of the William G. "Bill" Bankhead, Jr., and David  
 883 Coley Cancer Research Program and shall be distributed pursuant  
 884 to this section to provide grants to researchers seeking cures  
 885 for cancer, with emphasis given to the goals enumerated in s.  
 886 385.20251 ~~s. 381.921~~. From the total funds appropriated, an  
 887 amount of up to 10 percent may be used for administrative  
 888 expenses.

889 Section 13. Section 381.93, Florida Statutes, is  
 890 transferred and renumbered as section 385.2021, Florida  
 891 Statutes, to read:

892 385.2021 ~~381.93~~ Breast and cervical cancer early detection  
 893 program.--This section may be cited as the "Mary Brogan Breast  
 894 and Cervical Cancer Early Detection Program Act."

895 (1) It is the intent of the Legislature to reduce the  
 896 rates of death due to breast and cervical cancer through early



897 diagnosis and increased access to early screening, diagnosis,  
898 and treatment programs.

899 (2) The Department of Health, using available federal  
900 funds and state funds appropriated for that purpose, is  
901 authorized to establish the Mary Brogan Breast and Cervical  
902 Cancer Screening and Early Detection Program to provide  
903 screening, diagnosis, evaluation, treatment, case management,  
904 and followup and referral to the Agency for Health Care  
905 Administration for coverage of treatment services.

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

911 (4) The department shall limit enrollment in the program  
912 to persons with incomes up to and including 200 percent of the  
913 federal poverty level. The department shall establish an  
914 eligibility process that includes an income-verification process  
915 to ensure that persons served under the program meet income  
916 guidelines.

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

920 Section 14. Section 381.931, Florida Statutes, is  
921 transferred and renumbered as section 385.20211, Florida  
922 Statutes, to read:

923 385.20211 ~~381.931~~ Annual report on Medicaid  
924 expenditures.--The Department of Health and the Agency for

925 Health Care Administration shall monitor the total Medicaid  
 926 expenditures for services made under this act. If Medicaid  
 927 expenditures are projected to exceed the amount appropriated by  
 928 the Legislature, the Department of Health shall limit the number  
 929 of screenings to ensure Medicaid expenditures do not exceed the  
 930 amount appropriated. The Department of Health, in cooperation  
 931 with the Agency for Health Care Administration, shall prepare an  
 932 annual report that must include the number of women screened;  
 933 the percentage of positive and negative outcomes; the number of  
 934 referrals to Medicaid and other providers for treatment  
 935 services; the estimated number of women who are not screened or  
 936 not served by Medicaid due to funding limitations, if any; the  
 937 cost of Medicaid treatment services; and the estimated cost of  
 938 treatment services for women who were not screened or referred  
 939 for treatment due to funding limitations. The report shall be  
 940 submitted to the President of the Senate, the Speaker of the  
 941 House of Representatives, and the Executive Office of the  
 942 Governor by March 1 of each year.

943 Section 15. Chapter 385, Florida Statutes, entitled  
 944 "Chronic Diseases," is renamed the "Healthy and Fit Florida  
 945 Act."

946 Section 16. Section 385.101, Florida Statutes, is amended  
 947 to read:

948 385.101 Short title.--This chapter ~~Sections 385.101-~~  
 949 ~~385.103~~ may be cited as the "Healthy and Fit Florida Chronic  
 950 Diseases Act."

951 Section 17. Section 385.102, Florida Statutes, is amended  
 952 to read:

953           385.102 Legislative intent.--It is the finding of the  
954 Legislature that:

955           (1) Chronic diseases continue to be the leading cause of  
956 death and disability in this state and the country ~~exist in high~~  
957 ~~proportions among the people of this state.~~ These Chronic  
958 diseases include, but are not limited to, arthritis,  
959 cardiovascular disease ~~heart disease, hypertension,~~ diabetes,  
960 renal disease, cancer, and ~~chronic obstructive~~ lung disease.  
961 These diseases ~~are~~ often have the same preventable risk factors  
962 interrelated, and ~~they directly and indirectly~~ account for a  
963 high rate of death, disability, and underlying costs to the  
964 state's health care system ~~illness.~~

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

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

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

973           (5) ~~(2)~~ Advances in medical knowledge and technology assist  
974 ~~have assisted~~ in the prevention, detection, and management of  
975 chronic diseases. Comprehensive approaches that stress the  
976 ~~stresssing~~ application of current medical treatment, continuing  
977 research, professional training, ~~and~~ patient education, and  
978 community-level policy and environmental changes should be  
979 implemented ~~encouraged.~~

980           (6) ~~(3)~~ ~~A comprehensive program dealing with the early~~

981 ~~detection and prevention of chronic diseases is required to make~~  
982 ~~knowledge and therapy available to all people of this state. The~~  
983 ~~mobilization of scientific, medical, and educational resources,~~  
984 along with the implementation of community-based policy under  
985 one comprehensive chronic disease law, ~~act~~ will facilitate the  
986 prevention, early intervention, and management ~~treatment~~ of  
987 chronic ~~these~~ diseases and their symptoms. This integration of  
988 resources and policy will ~~and~~ result in a decline in death and  
989 disability ~~illness~~ among the people of this state.

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

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

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

999 (c) Lung disease, which is the third leading cause of  
1000 death and accounts for one in every six deaths in this state.

1001 (d) Diabetes, which is the sixth leading cause of death in  
1002 this state.

1003 (e) Arthritis, which is the leading cause of disability in  
1004 the United States, limiting daily activities for more than 19  
1005 million citizens. In this state, arthritis limits daily  
1006 activities for an estimated 1.3 million people.

1007 (8) The department shall establish, promote, and maintain  
1008 state-level and local-level programs for chronic disease

1009 prevention and health promotion to the extent that funds are  
 1010 specifically made available for this purpose.

1011 Section 18. Section 385.1021, Florida Statutes, is created  
 1012 to read:

1013 385.1021 Definitions.--As used in this chapter, the term:

1014 (1) "CDC" means the United States Centers for Disease  
 1015 Control and Prevention.

1016 (2) "Chronic disease" means an illness that is prolonged,  
 1017 does not resolve spontaneously, and is rarely cured completely.

1018 (3) "Department" means the Department of Health.

1019 (4) "Environmental changes" means changes to the economic,  
 1020 social, or physical natural or built environments which  
 1021 encourage or enable behaviors.

1022 (5) "Policy change" means altering an informal or formal  
 1023 agreement between public or private sectors which sets forth  
 1024 values, behaviors, or resource allocation in order to improve  
 1025 health.

1026 (6) "Primary prevention" means an intervention that is  
 1027 directed toward healthy populations and focuses on avoiding  
 1028 disease before it occurs.

1029 (7) "Risk factor" means a characteristic or condition  
 1030 identified during the course of an epidemiological study of a  
 1031 disease that appears to be statistically associated with a high  
 1032 incidence of that disease.

1033 (8) "Secondary prevention" means an intervention that is  
 1034 designed to promote the early detection and management of  
 1035 diseases and reduce the risks experienced by at-risk  
 1036 populations.

1037           (9) "System changes" means altering standard activities,  
 1038 protocols, policies, processes, and structures carried out in  
 1039 population-based settings, such as schools, worksites, health  
 1040 care facilities, faith-based organizations, and the overall  
 1041 community, which promote and support new behaviors.

1042           (10) "Tertiary prevention" means an intervention that is  
 1043 directed at rehabilitating and minimizing the effects of disease  
 1044 in a chronically ill population.

1045           (11) "Tobacco" means, without limitation, tobacco itself  
 1046 and tobacco products that include tobacco and are intended or  
 1047 expected for human use or consumption, including, but not  
 1048 limited to, cigarettes, cigars, pipe tobacco, and smokeless  
 1049 tobacco.

1050           (12) "Wellness program" means a structured program that is  
 1051 designed or approved by the department to offer intervention  
 1052 activities on or off the worksite which help state employees  
 1053 change certain behaviors or adopt healthy lifestyles.

1054           (13) "Youth" means children and young adults, up through  
 1055 24 years of age, inclusive.

1056           Section 19. Section 385.1022, Florida Statutes, is created  
 1057 to read:

1058           385.1022 Chronic disease prevention program.--The  
 1059 department shall support public health programs to reduce the  
 1060 incidence of mortality and morbidity from diseases for which  
 1061 risk factors can be identified. Such risk factors include, but  
 1062 are not limited to, being overweight or obese, physical  
 1063 inactivity, poor nutrition and diet, tobacco use, sun exposure,  
 1064 and other practices that are detrimental to health. The programs

1065 shall educate and screen the general public as well as groups at  
 1066 particularly high risk of chronic diseases.

1067 Section 20. Section 385.1023, Florida Statutes, is created  
 1068 to read:

1069 385.1023 State-level prevention programs for chronic  
 1070 disease.--

1071 (1) The department shall create state-level programs that  
 1072 address the leading, preventable chronic disease risk factors of  
 1073 poor nutrition and obesity, tobacco use, sun exposure, and  
 1074 physical inactivity in order to decrease the incidence of  
 1075 arthritis, cancer, diabetes, heart disease, lung disease,  
 1076 stroke, and other chronic diseases.

1077 (2) State-level programs shall address, but need not be  
 1078 limited to, the following activities:

1079 (a) Monitoring specific causal and behavioral risk factors  
 1080 that affect the health of residents in the state.

1081 (b) Analyzing data regarding chronic disease mortality and  
 1082 morbidity to track changes over time.

1083 (c) Promoting public awareness and increasing knowledge  
 1084 concerning the causes of chronic diseases, the importance of  
 1085 early detection, diagnosis, and appropriate evidence-based  
 1086 prevention, management, and treatment strategies.

1087 (d) Disseminating educational materials and information  
 1088 concerning evidence-based results, available services, and  
 1089 pertinent new research findings and prevention strategies to  
 1090 patients, health insurers, health professionals, and the public.

1091 (e) Using education and training resources and services  
 1092 developed by organizations having appropriate expertise and

1093 knowledge of chronic diseases for technical assistance.

1094 (f) Evaluating the quality and accessibility of existing  
 1095 community-based services for chronic disease.

1096 (g) Increasing awareness among state and local officials  
 1097 involved in health and human services, health professionals and  
 1098 providers, and policymakers about evidence-based chronic-disease  
 1099 prevention, tobacco cessation, and treatment strategies and  
 1100 their benefits for people who have chronic diseases.

1101 (h) Developing a partnership with state and local  
 1102 governments, voluntary health organizations, hospitals, health  
 1103 insurers, universities, medical centers, employer groups,  
 1104 private companies, and health care providers to address the  
 1105 burden of chronic disease in this state.

1106 (i) Implementing and coordinating state-level policies in  
 1107 order to reduce the burden of chronic disease.

1108 (j) Providing lasting improvements in the delivery of  
 1109 health care for individuals who have chronic disease and their  
 1110 families, thus improving their quality of life while also  
 1111 containing health care costs.

1112 Section 21. Section 385.103, Florida Statutes, is amended  
 1113 to read:

1114 385.103 Community-level ~~Community intervention~~ programs  
 1115 for chronic disease prevention and health promotion.--

1116 (1) DEFINITIONS.--As used in this section, the term:

1117 (a) "Chronic disease prevention and health promotion  
 1118 ~~control~~ program" means a program that may include, but is not  
 1119 limited to, including a combination of the following elements:

1120 1. Staff who are sufficiently trained and skilled in



1121 public health, community health, or school health education to  
 1122 facilitate the operation of the program ~~Health screening;~~  
 1123 2. Community input into the planning, implementation, and  
 1124 evaluation processes ~~Risk factor detection;~~  
 1125 3. Use of public health data to make decisions and to  
 1126 develop and prioritize community-based interventions focusing on  
 1127 chronic diseases and their risk factors; ~~Appropriate~~  
 1128 ~~intervention to enable and encourage changes in behaviors that~~  
 1129 ~~create health risks; and~~  
 1130 4. Adherence to a population-based approach by using a  
 1131 socioecological model that addresses the influence on individual  
 1132 behavior, interpersonal behavior, organizational behavior, the  
 1133 community, and public policy; ~~Counseling in nutrition, physical~~  
 1134 ~~activity, the effects of tobacco use, hypertension, blood~~  
 1135 ~~pressure control, and diabetes control and the provision of~~  
 1136 ~~other clinical prevention services.~~  
 1137 5. Focus on at least the common preventable risk factors  
 1138 for chronic disease, such as physical inactivity, obesity, poor  
 1139 nutrition, and tobacco use;  
 1140 6. Focus on developing and implementing interventions and  
 1141 activities through communities, schools, worksites, faith-based  
 1142 organizations, and health-care settings;  
 1143 7. Use of evidence-based interventions as well as best and  
 1144 promising practices to guide specific activities and effect  
 1145 change, which may include guidelines developed by organizations,  
 1146 volunteer scientists, and health care professionals who write  
 1147 published medical, scientific statements on various chronic  
 1148 disease topics. The statements shall be supported by scientific

1149 studies published in recognized journals that have a rigorous  
1150 review and approval process. Scientific statements generally  
1151 include a review of data available on a specific subject and an  
1152 evaluation of its relationship to overall chronic disease  
1153 science;

1154 8. Use of policy, system, and environmental changes that  
1155 support healthy behaviors so as to affect large segments of the  
1156 population and encourage healthy choices;

1157 9. Development of extensive and comprehensive evaluation  
1158 that is linked to program planning at the state level and the  
1159 community level in order to determine the program's  
1160 effectiveness or necessary program modifications; and

1161 10. Reduction of duplication of efforts through  
1162 coordination among appropriate entities for the efficient use of  
1163 resources.

1164 (b) "~~Community~~ Health education program" means a program  
1165 that follows involving the planned and coordinated use of the  
1166 educational standards and teaching methods ~~resources available~~  
1167 ~~in a community~~ in an effort to provide:

1168 1. Appropriate medical, research-based interventions to  
1169 enable and encourage changes in behaviors which reduce or  
1170 eliminate health risks;

1171 2. Counseling in nutrition, weight management, physical  
1172 inactivity, and tobacco-use prevention and cessation strategies;  
1173 hypertension, blood pressure, high cholesterol, and diabetes  
1174 control; and other clinical prevention services;

1175 ~~3.1.~~ Motivation and assistance to individuals or groups in  
1176 adopting and maintaining ~~Motivate and assist citizens to adopt~~

1177 ~~and maintain~~ healthful practices and lifestyles; and  
 1178 ~~4.2. Make available~~ Learning opportunities that ~~which~~ will  
 1179 increase the ability of people to make informed decisions  
 1180 affecting their personal, family, and community well-being and  
 1181 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of  
 1182 behavior that ~~which~~ will improve or maintain health.~~;~~

1183 ~~3. Reduce, through coordination among appropriate~~  
 1184 ~~agencies, duplication of health education efforts; and~~

1185 ~~4. Facilitate collaboration among appropriate agencies for~~  
 1186 ~~efficient use of scarce resources.~~

1187 (c) "Community intervention program" means a program  
 1188 combining the required elements of a chronic disease prevention  
 1189 and health promotion ~~control~~ program and the principles of a  
 1190 ~~community~~ health education program that addresses system,  
 1191 policy, and environmental changes that ensure that communities  
 1192 provide support for healthy lifestyles ~~into a unified program~~  
 1193 ~~over which a single administrative entity has authority and~~  
 1194 ~~responsibility.~~

1195 ~~(d) "Department" means the Department of Health.~~

1196 ~~(e) "Risk factor" means a factor identified during the~~  
 1197 ~~course of an epidemiological study of a disease, which factor~~  
 1198 ~~appears to be statistically associated with a high incidence of~~  
 1199 ~~that disease.~~

1200 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~  
 1201 ~~PROGRAMS~~ FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.--

1202 (a) The department shall develop and implement a  
 1203 comprehensive, community-based program for chronic disease  
 1204 prevention and health promotion. The program shall be designed

1205 to reduce major behavioral risk factors that are associated with  
1206 chronic diseases by enhancing the knowledge, skills, motivation,  
1207 and opportunities for individuals, organizations, health care  
1208 providers, small businesses, health insurers, and communities to  
1209 develop and maintain healthy lifestyles. ~~The department shall~~  
1210 ~~assist the county health departments in developing and operating~~  
1211 ~~community intervention programs throughout the state. At a~~  
1212 ~~minimum, the community intervention programs shall address one~~  
1213 ~~to three of the following chronic diseases: cancer, diabetes,~~  
1214 ~~heart disease, stroke, hypertension, renal disease, and chronic~~  
1215 ~~obstructive lung disease.~~

1216 (b) The program shall include:

1217 1. Countywide assessments of specific, causal, and  
1218 behavioral risk factors that affect the health of residents;

1219 2. The development of community-based programs for chronic  
1220 disease prevention and health promotion which incorporate health  
1221 promotion and preventive care practices that are supported in  
1222 scientific and medical literature;

1223 3. The development and implementation of statewide age-  
1224 specific, disease-specific, and community-specific health  
1225 promotion and preventive care strategies using primary,  
1226 secondary, and tertiary prevention interventions;

1227 4. The promotion of community, research-based health-  
1228 promotion model programs that meet specific criteria, address  
1229 major risk factors, and motivate individuals to permanently  
1230 adopt healthy behaviors and increase social and personal  
1231 responsibilities;

1232 5. The development of policies that encourage the use of

1233 alternative community delivery sites for health promotion,  
 1234 disease prevention, and preventive care programs and promote the  
 1235 use of neighborhood delivery sites that are close to work, home,  
 1236 and school; and

1237 6. An emphasis on the importance of healthy and physically  
 1238 active lifestyles to build self-esteem and reduce morbidity and  
 1239 mortality associated with chronic disease and being overweight  
 1240 or obese. Existing community resources, when available, shall be  
 1241 used to support the programs. The department shall seek funding  
 1242 for the programs from federal and state financial assistance  
 1243 programs which presently exist or which may be hereafter  
 1244 created. Additional services, as appropriate, may be  
 1245 incorporated into a program to the extent that resources are  
 1246 available. The department may accept gifts and grants in order  
 1247 to carry out a program.

1248 ~~(c) Volunteers shall be used to the maximum extent~~  
 1249 ~~possible in carrying out the programs. The department shall~~  
 1250 ~~contract for the necessary insurance coverage to protect~~  
 1251 ~~volunteers from personal liability while acting within the scope~~  
 1252 ~~of their volunteer assignments under a program.~~

1253 ~~(d) The department may contract for the provision of all~~  
 1254 ~~or any portion of the services required by a program, and shall~~  
 1255 ~~so contract whenever the services so provided are more cost-~~  
 1256 ~~efficient than those provided by the department.~~

1257 ~~(e) If the department determines that it is necessary for~~  
 1258 ~~clients to help pay for services provided by a program, the~~  
 1259 ~~department may require clients to make contribution therefor in~~  
 1260 ~~either money or personal services. The amount of money or value~~

1261 ~~of the personal services shall be fixed according to a fee~~  
 1262 ~~schedule established by the department or by the entity~~  
 1263 ~~developing the program. In establishing the fee schedule, the~~  
 1264 ~~department or the entity developing the program shall take into~~  
 1265 ~~account the expenses and resources of a client and his or her~~  
 1266 ~~overall ability to pay for the services.~~

1267 Section 22. Section 385.105, Florida Statutes, is created  
 1268 to read:

1269 385.105 Physical activity, obesity prevention, nutrition,  
 1270 other health-promotion services, and wellness programs.--

1271 (1) PHYSICAL ACTIVITY--.

1272 (a) The department shall develop programs for people at  
 1273 every stage of their lives to increase physical fitness and  
 1274 promote behavior changes.

1275 (b) The department shall work with school health advisory  
 1276 or wellness committees in each school district as established in  
 1277 s. 381.0056.

1278 (c) The department shall develop public and private  
 1279 partnerships that allow the public to easily access recreational  
 1280 facilities and public land areas that are suitable for physical  
 1281 activity.

1282 (d) The department shall work in collaboration with the  
 1283 Executive Office of the Governor and Volunteer Florida, Inc., to  
 1284 promote school initiatives, such as the Governor's Fitness  
 1285 Challenge.

1286 (e) The department shall collaborate with the Department  
 1287 of Education in recognizing nationally accepted best practices  
 1288 for improving physical education in schools.

1289           (2) OBESITY PREVENTION.--The department shall promote  
 1290 healthy lifestyles to reduce the prevalence of excess weight  
 1291 gain and being overweight or obese through programs that are  
 1292 directed towards all residents of this state by:

1293           (a) Using all appropriate media to promote maximum public  
 1294 awareness of the latest research on healthy lifestyles and  
 1295 chronic diseases and disseminating relevant information through  
 1296 a statewide clearinghouse relating to wellness, physical  
 1297 activity, and nutrition and the effect of these factors on  
 1298 chronic diseases and disabling conditions.

1299           (b) Providing technical assistance, training, and  
 1300 resources on healthy lifestyles and chronic diseases to the  
 1301 public, health care providers, school districts, and other  
 1302 persons or entities, including faith-based organizations that  
 1303 request such assistance to promote physical activity, nutrition,  
 1304 and healthy lifestyle programs.

1305           (c) Developing, implementing, and using all available  
 1306 research methods to collect data, including, but not limited to,  
 1307 population-specific data, and tracking the incidence and effects  
 1308 of weight gain, obesity, and related chronic diseases. The  
 1309 department shall include an evaluation and data-collection  
 1310 component in all programs as appropriate. All research conducted  
 1311 under this paragraph is subject to review and approval as  
 1312 required by the department's institutional review board under s.  
 1313 381.86.

1314           (d) Entering into partnerships with the Department of  
 1315 Education, local communities, school districts, and other  
 1316 entities to encourage schools in this state to promote

1317 activities during and after school to help students meet a  
1318 minimum goal of 30 minutes of physical activity or physical  
1319 fitness per day.

1320 (e) Entering into partnerships with the Department of  
1321 Education, school districts, and the Florida Sports Foundation  
1322 to develop a programs recognizing the schools at which students  
1323 demonstrate excellent physical fitness or fitness improvement.

1324 (f) Collaborating with other state agencies to develop  
1325 policies and strategies for preventing and treating obesity,  
1326 which shall be incorporated into programs administered by each  
1327 agency and shall include promoting healthy lifestyles of  
1328 employees of each agency.

1329 (g) Advising, in accordance with s. 456.081, health care  
1330 practitioners about the morbidity, mortality, and costs  
1331 associated with being overweight or obese, informing such  
1332 practitioners of promising clinical practices for preventing and  
1333 treating obesity, and encouraging practitioners to counsel their  
1334 patients regarding the adoption of healthy lifestyles.

1335 (h) Maximizing all local, state, and federal funding  
1336 sources, including grants, public-private partnerships, and  
1337 other mechanisms to strengthen the department's programs  
1338 promoting physical activity and nutrition.

1339 (3) NUTRITION.--The department shall promote optimal  
1340 nutritional status in all stages of people's lives by developing  
1341 strategies to:

1342 (a) Promote and maintain optimal nutritional status in the  
1343 population through activities, including, but not limited to:

1344 1. Nutrition screening and assessment and nutrition



1345 counseling, including nutrition therapy, followup, case  
1346 management, and referrals for persons who have medical  
1347 conditions or nutrition-risk factors and who are provided health  
1348 services through public health programs or through referrals  
1349 from private health care providers or facilities;

1350 2. Nutrition education to assist residents of the state in  
1351 achieving optimal health and preventing chronic disease; and

1352 3. Consultative nutrition services to group facilities  
1353 which promote the provision of safe and nutritionally adequate  
1354 diets.

1355 (b) Monitor and conduct surveillance of the nutritional  
1356 status of this state's population.

1357 (c) Conduct or support research or evaluations related to  
1358 public health nutrition. All research conducted under this  
1359 paragraph is subject to review and approval as required by the  
1360 department's institutional review board under s. 381.86.

1361 (d) Establish policies and standards for public health  
1362 nutrition practices.

1363 (e) Promote interagency cooperation, professional  
1364 education, and consultation.

1365 (f) Provide technical assistance and advise state  
1366 agencies, private institutions, and local organizations  
1367 regarding public health nutrition standards.

1368 (g) Work with the Department of Agriculture and Consumer  
1369 Services, the Department of Education, and the Department of  
1370 Management Services to further the use of fresh produce from  
1371 this state in schools and encourage the development of community  
1372 gardens. Nutritional services shall be available to eligible

1373 persons in accordance with eligibility criteria adopted by the  
1374 department. The department shall provide by rule requirements  
1375 for the service fees, when applicable, which may not exceed the  
1376 department's actual costs.

1377  
1378 The department may adopt rules to administer this subsection.

1379 (4) OTHER HEALTH-PROMOTION SERVICES.--

1380 (a) The department shall promote personal responsibility  
1381 by encouraging residents of this state to be informed, follow  
1382 health recommendations, seek medical consultations and health  
1383 assessments, take healthy precautions, and comply with medical  
1384 guidelines, including those that lead to earlier detection of  
1385 chronic diseases in order to prevent chronic diseases or slow  
1386 the progression of established chronic diseases.

1387 (b) The department shall promote regular health visits  
1388 during a person's lifetime, including annual physical  
1389 examinations that include measuring body mass index and vital  
1390 signs, blood work, immunizations, screenings, and dental  
1391 examinations in order to reduce the financial, social, and  
1392 personal burden of chronic disease.

1393 (5) WELLNESS PROGRAMS.--

1394 (a) Each state agency may conduct employee wellness  
1395 programs in buildings and lands owned or leased by the state.  
1396 The department shall serve as a model to develop and implement  
1397 employee wellness programs that may include physical fitness,  
1398 healthy nutrition, self-management of disease, education, and  
1399 behavioral change. The department shall assist other state  
1400 agencies to develop and implement employee wellness programs.

1401 These programs shall use existing resources, facilities, and  
 1402 programs or resources procured through grant funding and  
 1403 donations that are obtained in accordance with state ethics and  
 1404 procurement policies, and shall provide equal access to any such  
 1405 programs, resources, and facilities to all state employees.

1406 (b) The department shall coordinate its efforts with the  
 1407 Department of Management Services and other state agencies.

1408 (c) Each agency may establish an employee wellness work  
 1409 group to design the program. The department shall be available  
 1410 to provide policy guidance and assist in identifying effective  
 1411 wellness program strategies.

1412 (d) The department shall provide by rule requirements for  
 1413 nominal participation fees, when applicable, which may not  
 1414 exceed the department's actual costs; collaborations with  
 1415 businesses; and the procurement of equipment and incentives.

1416 Section 23. Section 385.202, Florida Statutes, is amended  
 1417 to read:

1418 385.202 Statewide cancer registry.--

1419 (1) Each facility, laboratory, or practitioner licensed  
 1420 under chapter 395, chapter 458, chapter 459, chapter 464,  
 1421 chapter 483, and each freestanding radiation therapy center as  
 1422 defined in s. 408.07, shall report to the department of Health  
 1423 such information, specified by the department, by rule. The  
 1424 department may adopt rules regarding reporting requirements for  
 1425 the cancer registry, which shall include the data required, the  
 1426 timeframe for reporting, and those professionals who are  
 1427 responsible for ensuring compliance with reporting requirements,  
 1428 which indicates diagnosis, stage of disease, medical history,

1429 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~  
1430 ~~other methods of diagnosis or treatment for each cancer~~  
1431 ~~diagnosed or treated by the facility or center. Failure to~~  
1432 ~~comply with this requirement may be cause for registration or~~  
1433 ~~licensure suspension or revocation.~~

1434 (2) The department shall establish, or cause to have  
1435 established, by contract with a recognized medical organization  
1436 in this state and its affiliated institutions, a statewide  
1437 cancer registry program to ensure that cancer reports required  
1438 under this section shall be maintained and available for use in  
1439 the course of public health surveillance and any study for the  
1440 purpose of reducing morbidity or mortality; and no liability of  
1441 any kind or character for damages or other relief shall arise or  
1442 be enforced against any facility or practitioner ~~hospital~~ by  
1443 reason of having provided such information or material to the  
1444 department.

1445 (3) The department may adopt rules regarding the  
1446 establishment and operation of a statewide cancer registry  
1447 program.

1448 (4)~~(3)~~ The department or a contractual designee operating  
1449 the statewide cancer registry program required by this section  
1450 shall use or publish said material only for the purpose of  
1451 public health surveillance and advancing medical research or  
1452 medical education in the interest of reducing morbidity or  
1453 mortality, except that a summary of such studies may be released  
1454 for general publication. Information which discloses or could  
1455 lead to the disclosure of the identity of any person whose  
1456 condition or treatment has been reported and studied shall be

1457 confidential and exempt from the provisions of s. 119.07(1),  
 1458 except that:

1459 (a) Release may be made with the written consent of all  
 1460 persons to whom the information applies;

1461 (b) The department or a contractual designee may contact  
 1462 individuals for the purpose of epidemiologic investigation and  
 1463 monitoring, provided information that is confidential under this  
 1464 section is not further disclosed; or

1465 (c) The department may exchange personal data with any  
 1466 other governmental agency or a contractual designee for the  
 1467 purpose of public health surveillance and medical or scientific  
 1468 research, if provided such governmental agency or contractual  
 1469 designee does shall not further disclose information that is  
 1470 confidential under this section.

1471 (5)(4) Funds appropriated for this section shall be used  
 1472 for establishing, administering, compiling, processing, and  
 1473 providing biometric and statistical analyses to the reporting  
 1474 facilities and practitioners. Funds may also be used to ensure  
 1475 the quality and accuracy of the information reported and to  
 1476 provide management information to the reporting facilities and  
 1477 practitioners.

1478 (6)(5) The department may adopt rules regarding the  
 1479 classifications of, by rule, classify facilities that are  
 1480 responsible for making reports to the cancer registry, the  
 1481 content and frequency of the reports, and the penalty for  
 1482 failure to comply with these requirements for purposes of  
 1483 reports made to the cancer registry and specify the content and  
 1484 frequency of the reports. In classifying facilities, the

1485 ~~department shall exempt certain facilities from reporting cancer~~  
 1486 ~~information that was previously reported to the department or~~  
 1487 ~~retrieved from existing state reports made to the department or~~  
 1488 ~~the Agency for Health Care Administration. The provisions of~~  
 1489 This section does ~~shall~~ not apply to any facility whose primary  
 1490 function is to provide psychiatric care to its patients.

1491 (7) Notwithstanding subsection (1), each facility and  
 1492 practitioner that reports cancer cases to the department shall  
 1493 make their records available for onsite review by the department  
 1494 or its authorized representative.

1495 Section 24. Subsection (3) of section 385.203, Florida  
 1496 Statutes, is amended to read:

1497 385.203 Diabetes Advisory Council; creation; function;  
 1498 membership.--

1499 (3) The council shall be composed of 26 ~~25~~ citizens of the  
 1500 state who have knowledge of, or work in, the area of diabetes  
 1501 mellitus as follows:

1502 (a) Five interested citizens, three of whom are affected  
 1503 by diabetes.

1504 (b) Twenty-one ~~Twenty~~ members, who must include one  
 1505 representative from each of the following areas: nursing with  
 1506 diabetes-educator certification; dietary with diabetes educator  
 1507 certification; podiatry; ophthalmology or optometry; psychology;  
 1508 pharmacy; adult endocrinology; pediatric endocrinology; the  
 1509 American Diabetes Association (ADA); the Juvenile Diabetes  
 1510 Foundation (JDF); the Florida Academy of Family Physicians; a  
 1511 community health center; a county health department; an American  
 1512 Diabetes Association recognized community education program;

1513 each medical school in the state; an osteopathic medical school;  
 1514 the insurance industry; a Children's Medical Services diabetes  
 1515 regional program; and an employer.

1516 (c) One or more representatives from the Department of  
 1517 Health, who shall serve on the council as ex officio members.

1518 Section 25. Section 385.206, Florida Statutes, is amended  
 1519 to read:

1520 385.206 Pediatric Hematology-Oncology ~~care~~ Center  
 1521 Program.--

1522 (1) DEFINITIONS.--As used in this section, the term:

1523 (a) "Department" means the Department of Health.

1524 (b) "Hematology" means the study, diagnosis, and treatment  
 1525 of blood and blood-forming tissues.

1526 (c) "Oncology" means the study, diagnosis, and treatment  
 1527 of malignant neoplasms or cancer.

1528 (d) "Hemophilia" or "other hemostatic disorder" means a  
 1529 bleeding disorder resulting from a genetic abnormality of  
 1530 mechanisms related to the control of bleeding.

1531 (e) "Sickle-cell anemia or other hemoglobinopathy" means  
 1532 an hereditary, chronic disease caused by an abnormal type of  
 1533 hemoglobin.

1534 (f) "Patient" means a person under the age of 21 who is in  
 1535 need of hematologic-oncologic services and who is enrolled in  
 1536 the Children's Medical Services Network ~~declared medically and~~  
 1537 ~~financially eligible by the department; or a person who received~~  
 1538 ~~such services prior to age 21 and who requires long-term~~  
 1539 ~~monitoring and evaluation to ascertain the sequelae and the~~  
 1540 ~~effectiveness of treatment.~~

1541 (g) "Center" means a facility designated by the department  
 1542 as having a program specifically designed to provide a full  
 1543 range of medical and specialty services to patients with  
 1544 hematologic and oncologic disorders.

1545 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;  
 1546 AUTHORITY.--The department may designate ~~is authorized to make~~  
 1547 ~~grants and reimbursements to designated centers and provide~~  
 1548 funding to establish and maintain programs for the care of  
 1549 patients with hematologic and oncologic disorders. Program  
 1550 administration costs shall be paid by the department from funds  
 1551 appropriated for this purpose.

1552 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS;~~  
 1553 ~~CONDITIONS.~~--

1554 (a) Funding provided ~~A grant made~~ under this section shall  
 1555 be pursuant to a contract ~~contractual agreement~~ made between a  
 1556 center and the department. Each contract ~~agreement~~ shall provide  
 1557 that patients will receive services ~~specified types of treatment~~  
 1558 ~~and care~~ from the center without additional charge to the  
 1559 patients or their parents or guardians. ~~Grants shall be~~  
 1560 ~~disbursed in accordance with conditions set forth in the~~  
 1561 ~~disbursement guidelines.~~

1562 (4) ~~GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR~~  
 1563 ~~LOCAL PROGRAMS.~~--

1564 (b) ~~(a)~~ Funding may be provided ~~Grant disbursements may be~~  
 1565 ~~made~~ to centers that ~~which~~ meet the following criteria:

- 1566 1. The personnel shall include at least one board-
- 1567 certified pediatric hematologist-oncologist, at least one board-
- 1568 certified pediatric surgeon, at least one board-certified



1569 radiotherapist, and at least one board-certified pathologist.

1570 2. ~~As approved by the department,~~ The center shall  
 1571 actively participate in a national children's cancer study  
 1572 group, maintain a pediatric tumor registry, have a  
 1573 multidisciplinary pediatric tumor board, and meet other  
 1574 guidelines for development, including, but not limited to,  
 1575 guidelines from such organizations as the American Academy of  
 1576 Pediatrics and the American Pediatric Surgical Association.

1577 ~~(b) Programs shall also be established to provide care to~~  
 1578 ~~hematology-oncology patients within each district of the~~  
 1579 ~~department. The guidelines for local programs shall be~~  
 1580 ~~formulated by the department. Special disbursements may be made~~  
 1581 ~~by the program office to centers for educational programs~~  
 1582 ~~designed for the districts of the department. These programs may~~  
 1583 ~~include teaching total supportive care of the dying patient and~~  
 1584 ~~his or her family, home therapy to hemophiliacs and patients~~  
 1585 ~~with other hemostatic disorders, and screening and counseling~~  
 1586 ~~for patients with sickle-cell anemia or other~~  
 1587 ~~hemoglobinopathies.~~

1588 (4)~~(5)~~ PROGRAM AND PEER REVIEW.--The department shall  
 1589 evaluate ~~at least annually during the grant period~~ the services  
 1590 rendered by the centers and the districts of the department.  
 1591 Data from the centers and other sources relating to pediatric  
 1592 cancer shall be reviewed annually by the Florida Association of  
 1593 Pediatric Tumor Programs, Inc.; and a written report with  
 1594 recommendations shall be made to the department. This database  
 1595 will be available to the department for program planning and  
 1596 quality assurance initiatives ~~formulation of its annual program~~

1597 ~~and financial evaluation report.~~ A portion of the funds  
 1598 appropriated for this section may be used to provide statewide  
 1599 consultation, supervision, and evaluation of the programs of the  
 1600 centers, as well as central ~~program~~ office support personnel.

1601 Section 26. Paragraph (g) of subsection (2) and subsection  
 1602 (7) of section 385.207, Florida Statutes, are amended to read:

1603 385.207 Care and assistance of persons with epilepsy;  
 1604 establishment of programs in epilepsy control.--

1605 (2) The Department of Health shall:

1606 (g) Continue current programs and develop cooperative  
 1607 programs and services designed to enhance the vocational  
 1608 rehabilitation of epilepsy clients, including the current jobs  
 1609 programs. The department shall, as part of its contract with a  
 1610 provider of epilepsy services, collect information regarding the  
 1611 number of clients served, the outcomes reached, the expenses  
 1612 incurred, and the fees collected by such providers for the  
 1613 provision of services ~~keep~~ and make this information available  
 1614 to the Governor and the Legislature upon request ~~information~~  
 1615 ~~regarding the number of clients served, the outcome reached, and~~  
 1616 ~~the expense incurred by such programs and services.~~

1617 ~~(7) The department shall limit total administrative~~  
 1618 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~  
 1619 ~~of annual receipts.~~

1620 Section 27. Paragraphs (b), (d), and (g) of subsection (2)  
 1621 and paragraph (b) of subsection (5) of section 385.210, Florida  
 1622 Statutes, are amended to read:

1623 385.210 Arthritis prevention and education.--

1624 (2) LEGISLATIVE FINDINGS.--The Legislature finds the

1625 following:

1626 (b) Arthritis is the leading cause of disability in the  
 1627 United States, limiting daily activities for more than 19.7  
 1628 million citizens.

1629 (d) There are enormous economic and social costs  
 1630 associated with treating arthritis and its complications; the  
 1631 economic costs are estimated at over \$128 billion (2003) ~~\$116~~  
 1632 ~~billion (1997)~~ annually in the United States.

1633 (g) The National Arthritis Foundation, the CDC ~~Centers for~~  
 1634 ~~Disease Control and Prevention~~, and the Association of State and  
 1635 Territorial Health Officials have led the development of a  
 1636 public health strategy, the National Arthritis Action Plan, to  
 1637 respond to this challenge.

1638 (5) FUNDING.--

1639 (b) The State Surgeon General may ~~shall~~ seek any federal  
 1640 waiver or waivers that may be necessary to maximize funds from  
 1641 the Federal Government to implement this program.

1642 Section 28. Section 385.301, Florida Statutes, is created  
 1643 to read:

1644 385.301 Rulemaking authority.--The department may adopt  
 1645 rules pursuant to chapter 120 to administer this chapter.

1646 Section 29. Subsection (9) of section 409.904, Florida  
 1647 Statutes, is amended to read:

1648 409.904 Optional payments for eligible persons.--The  
 1649 agency may make payments for medical assistance and related  
 1650 services on behalf of the following persons who are determined  
 1651 to be eligible subject to the income, assets, and categorical  
 1652 eligibility tests set forth in federal and state law. Payment on

1653 | behalf of these Medicaid eligible persons is subject to the  
 1654 | availability of moneys and any limitations established by the  
 1655 | General Appropriations Act or chapter 216.

1656 |         (9) Eligible women with incomes at or below 200 percent of  
 1657 | the federal poverty level and under age 65, for cancer treatment  
 1658 | pursuant to the federal Breast and Cervical Cancer Prevention  
 1659 | and Treatment Act of 2000, screened through the Mary Brogan  
 1660 | Breast and Cervical Cancer Early Detection Program established  
 1661 | under s. 385.2021 ~~s. 381.93~~.

1662 |         Section 30. The Pharmacy and Therapeutic Advisory  
 1663 | Council.--

1664 |         (1) The Pharmacy and Therapeutic Advisory Council is  
 1665 | created within the Executive Office of the Governor to serve in  
 1666 | an advisory capacity to the Department of Health and other  
 1667 | governmental agencies. The council may not interfere with  
 1668 | existing mandated Medicaid services and may not develop or  
 1669 | implement new ones. Specifically, the council may not interfere  
 1670 | with the work of the Agency for Health Care Administration as it  
 1671 | complies with federal and state statutory obligations to develop  
 1672 | a preferred drug list, to negotiate rebate agreements for  
 1673 | medications included in the preferred drug list, and to protect  
 1674 | the confidentiality of rebate agreements. The council may not  
 1675 | interfere with the Medicaid Pharmacy and Therapeutics Committee  
 1676 | or the Drug Utilization Review Board, which oversee clinical  
 1677 | activities within the Bureau of Pharmacy Services if such  
 1678 | interference would violate any federal or state statutory  
 1679 | obligations.

1680 |         (2) The Pharmacy and Therapeutic Advisory Council shall

1681 use Medicaid processes within the existing Medicaid structure of  
 1682 the Agency for Health Care Administration as a guide for  
 1683 assisting state agencies in:

1684 (a) Developing an unbiased clinical perspective on drug  
 1685 evaluations and utilization protocols that are relevant to  
 1686 patient care provided through programs administered by state  
 1687 agencies.

1688 (b) Developing drug-utilization-review processes that are  
 1689 relevant to the agencies and those receiving care through  
 1690 programs administered by the agencies.

1691 (c) Building a formulary structure that enforces formulary  
 1692 compliance or adherence within each agency.

1693 (d) Performing pharmacoeconomic analyses on formulary  
 1694 management so that the state maximizes the cost-effectiveness of  
 1695 its pharmaceutical purchasing.

1696 (e) Reviewing new and existing therapies using criteria  
 1697 established for efficacy, safety, and quality in order to  
 1698 maximize cost-effective purchasing.

1699 (f) Reviewing state agency proposals to maximize the cost-  
 1700 effectiveness of pharmaceutical purchasing in compliance with s.  
 1701 381.0203.

1702 (3) The council shall verify the cost-effectiveness and  
 1703 clinical efficacy of any state contracts under s. 381.0203(1),  
 1704 Florida Statutes, no less than once every 2 years.

1705 (4) The members of the council and the chair shall be  
 1706 appointed by the Governor to 4-year staggered terms or until  
 1707 their successors are appointed. Members may be appointed to more  
 1708 than one term. The Governor shall fill any vacancies for the

1709 remainder of the unexpired term in the same manner as the  
 1710 original appointment.

1711 (5) The council shall include voting and nonvoting  
 1712 members, and the chair, who is a voting member, must be a  
 1713 pharmacist employed by a state agency.

1714 (a) The voting members shall represent:

1715 1. The Agency for Health Care Administration.

1716 2. The Agency for Persons with Disabilities.

1717 3. The Department of Children and Family Services.

1718 4. The Department of Corrections.

1719 5. The Department of Elderly Affairs.

1720 6. The Department of Health.

1721 7. The Department of Juvenile Justice.

1722 8. The Bureau of Pharmacy Services within the Agency for  
 1723 Health Care Administration, which shall be represented by the  
 1724 bureau chief.

1725 9. The Bureau of Statewide Pharmaceutical Services within  
 1726 the Department of Health, which shall be represented by the  
 1727 bureau chief.

1728 (b) The nonvoting members shall be:

1729 1. A representative from the Agency for Health Care  
 1730 Administration's drug contracting program.

1731 2. The contracting officer for the Department of Health's  
 1732 drug procurement program.

1733 3. A clinical pharmacy program manager from the Agency for  
 1734 Health Care Administration.

1735 4. The chair of the Department of Health's Pharmacy and  
 1736 Therapeutics Committee.

1737 5. The general counsel for the Agency for Health Care  
1738 Administration or his or her designee.

1739 6. The general counsel for a state agency in the executive  
1740 branch of state government, or his or her designee.

1741 7. A representative from the Executive Office of the  
1742 Governor.

1743 8. The statewide pharmacy director of the Department of  
1744 Corrections' Office of Health Services.

1745 (6) Members of the council shall consist of at least one  
1746 physician licensed under chapter 458 or chapter 459, Florida  
1747 Statutes, at least one pharmacist licensed under chapter 465,  
1748 Florida Statutes, and at least one registered nurse licensed  
1749 under chapter 464, Florida Statutes. Each member designated in  
1750 this subsection must have an active license in his or her  
1751 profession and may not have been the subject of any agency  
1752 disciplinary action.

1753 (7) Members, who must be residents of this state, shall be  
1754 selected on the basis of specialty, board certification, prior  
1755 pharmacy and therapeutic experience, experience treating medical  
1756 assistance recipients, ability to represent a broad base of  
1757 constituents, and number of years of practice. Members must not  
1758 have any conflicts of interest due to their service on the  
1759 council.

1760 (8) The council may request the participation of  
1761 additional subject-matter experts to address specific drug,  
1762 therapeutic, or drug-procurement issues under review by the  
1763 council.

1764 (9) A majority of the members of the council constitutes a

1765 quorum, and an affirmative vote of a majority of the voting  
 1766 members is necessary to take action.

1767 (10) The council shall meet quarterly or at the call of  
 1768 the chair.

1769 (11) The council shall be staffed by the chair's  
 1770 department or agency.

1771 (12) The council members shall serve without compensation,  
 1772 but are entitled to reimbursement for travel and per diem  
 1773 expenses incurred in the performance of their duties in  
 1774 accordance with s. 112.061, Florida Statutes.

1775 Section 31. Paragraph (g) is added to subsection (53) of  
 1776 section 499.003, Florida Statutes, to read:

1777 499.003 Definitions of terms used in this part.--As used  
 1778 in this part, the term:

1779 (53) "Wholesale distribution" means distribution of  
 1780 prescription drugs to persons other than a consumer or patient,  
 1781 but does not include:

1782 (g) The sale, purchase, trade, or transfer of a  
 1783 prescription drug among agencies and health care entities of the  
 1784 state to complete the dispensing of the prescription drug to a  
 1785 patient under the care of a state agency or health care entity,  
 1786 or to a patient for whom the state is responsible for providing  
 1787 or arranging health care services. The agency or health care  
 1788 entity that received the prescription drug on behalf of the  
 1789 patient is deemed the patient's agent under s. 465.003(6).

1790 Section 32. This act shall take effect July 1, 2009.