

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 and  
11          certain residential child-caring agencies to limit the  
12          inspection of the domestic violence center or residential  
13          child-caring agency to the requirements set forth in the  
14          department's rules applicable to community-based  
15          residential facilities with five or fewer residents;  
16          requiring a report to the Governor and Legislature prior  
17          to proceeding with nitrogen reduction activities; ;  
18          amending s. 381.0072, F.S.; requiring the Department of  
19          Health, when conducting a food service inspection of a  
20          certified domestic violence center to limit the inspection  
21          of the domestic violence center to the requirements set  
22          forth in the department's rules applicable to community-  
23          based residential facilities with five or fewer residents;  
24          amending s. 381.0203, F.S.; requiring certain state  
25          agencies to purchase drugs through the statewide  
26          purchasing contract administered by the Department of  
27          Health; providing an exception; requiring the department  
28          to establish and maintain certain pharmacy services

29 | program; transferring, renumbering, and amending s.  
30 | 381.84, F.S., relating to the Comprehensive Statewide  
31 | Tobacco Education and Use Prevention Program; revising  
32 | definitions; revising program components; requiring  
33 | program components to include efforts to educate youth and  
34 | their parents about tobacco use; requiring a youth-  
35 | directed focus in each program component; deleting an  
36 | obsolete provision relating to the AHEC smoking-cessation  
37 | initiative; requiring the Tobacco Education and Use  
38 | Prevention Advisory Council to adhere to state ethics  
39 | laws; providing that meetings of the council are subject  
40 | to public-records and public-meetings requirements;  
41 | revising the duties of the council; deleting a provision  
42 | that prohibits a member of the council from participating  
43 | in a discussion or decision with respect to a research  
44 | proposal by a firm, entity, or agency with which the  
45 | member is associated as a member of the governing body or  
46 | as an employee or with which the member has entered into a  
47 | contractual arrangement; revising the submission date of  
48 | an annual report; deleting an expired provision relating  
49 | to rulemaking authority of the department; transferring  
50 | and renumbering s. 381.91, F.S., relating to the Jessie  
51 | Trice Cancer Prevention Program; transferring,  
52 | renumbering, and amending s. 381.911, F.S., relating to  
53 | the Prostate Cancer Awareness Program; revising the  
54 | criteria for members of the prostate cancer advisory  
55 | committee; repealing s. 381.912, F.S., relating to the  
56 | Cervical Cancer Elimination Task Force; transferring and

57 | renumbering s. 381.92, F.S., relating to the Florida  
58 | Cancer Council; transferring and renumbering s. 381.921,  
59 | F.S., relating to the mission and duties of the Florida  
60 | Cancer Council; amending s. 381.922, F.S.; conforming  
61 | cross-references; transferring and renumbering s. 381.93,  
62 | F.S., relating to a breast and cervical cancer early  
63 | detection program; transferring and renumbering s.  
64 | 381.931, F.S., relating to an annual report on Medicaid  
65 | expenditures; renaming ch. 385, F.S., as the "Healthy and  
66 | Fit Florida Act"; amending s. 385.101, F.S.; renaming the  
67 | "Chronic Diseases Act" as the "Healthy and Fit Florida  
68 | Act"; amending s. 385.102, F.S.; revising legislative  
69 | intent; creating s. 385.1021, F.S.; providing definitions;  
70 | creating s. 385.1022, F.S.; requiring the Department of  
71 | Health to support public health programs to reduce the  
72 | incidence of mortality and morbidity from chronic  
73 | diseases; creating s. 385.1023, F.S.; requiring the  
74 | department to create state-level programs that address the  
75 | risk factors of certain chronic diseases; providing  
76 | required activities of the state-level programs; amending  
77 | s. 385.103, F.S.; providing for community-level programs  
78 | for the prevention of chronic diseases; revising  
79 | definitions; requiring the department to develop and  
80 | implement a community-based chronic disease prevention and  
81 | health promotion program; providing the purpose of the  
82 | program; providing requirements for the program; creating  
83 | s. 385.105, F.S.; requiring the department to develop  
84 | programs to increase physical fitness, to work with school

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

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

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

169 council; providing for staffing; providing for  
 170 reimbursement of per diem and travel expenses for members  
 171 of the council; amending s. 499.003, F.S.; excluding from  
 172 the definition of "wholesale distribution" certain  
 173 activities of state agencies; providing an effective date.  
 174

175 Be It Enacted by the Legislature of the State of Florida:  
 176

177 Section 1. Paragraph (e) of subsection (2) of section  
 178 154.503, Florida Statutes, is amended to read:

179 154.503 Primary Care for Children and Families Challenge  
 180 Grant Program; creation; administration.--

181 (2) The department shall:

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

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

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

192 381.006 Environmental health.--The department shall  
 193 conduct an environmental health program as part of fulfilling  
 194 the state's public health mission. The purpose of this program  
 195 is to detect and prevent disease caused by natural and manmade  
 196 factors in the environment. The environmental health program

197 shall include, but not be limited to:

198 (16) A group-care-facilities function, where a group care  
199 facility means any public or private school, housing, building  
200 or buildings, section of a building, or distinct part of a  
201 building or other place, whether operated for profit or not,  
202 which undertakes, through its ownership or management, to  
203 provide one or more personal services, care, protection, and  
204 supervision to persons who require such services and who are not  
205 related to the owner or administrator. The department may adopt  
206 rules necessary to protect the health and safety of residents,  
207 staff, and patrons of group care facilities, such as child care  
208 facilities, family day care homes, assisted living facilities,  
209 adult day care centers, adult family care homes, hospices,  
210 residential treatment facilities, crisis stabilization units,  
211 pediatric extended care centers, intermediate care facilities  
212 for the developmentally disabled, group care homes, and, jointly  
213 with the Department of Education, private and public schools.  
214 These rules may include definitions of terms; provisions  
215 relating to operation and maintenance of facilities, buildings,  
216 grounds, equipment, furnishings, and occupant-space  
217 requirements; lighting; heating, cooling, and ventilation; food  
218 service; water supply and plumbing; sewage; sanitary facilities;  
219 insect and rodent control; garbage; safety; personnel health,  
220 hygiene, and work practices; and other matters the department  
221 finds are appropriate or necessary to protect the safety and  
222 health of the residents, staff, or patrons. The department may  
223 not adopt rules that conflict with rules adopted by the  
224 licensing or certifying agency. The department may enter and



225 inspect at reasonable hours to determine compliance with  
 226 applicable statutes or rules. An environmental health program  
 227 inspection of a certified domestic violence center or  
 228 residential child-caring agency licensed by the Department of  
 229 Children and Family Services pursuant to chapter 409 shall be  
 230 limited to the requirements set forth in the department's rules  
 231 applicable to community-based residential facilities with five  
 232 or fewer residents. In addition to any sanctions that the  
 233 department may impose for violations of rules adopted under this  
 234 section, the department shall also report such violations to any  
 235 agency responsible for licensing or certifying the group care  
 236 facility. The licensing or certifying agency may also impose any  
 237 sanction based solely on the findings of the department.

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

245  
 246 The department may adopt rules to carry out the provisions of  
 247 this section.

248 Section 4. Paragraph (a) of subsection (2) of section  
 249 381.0072, Florida Statutes, is amended to read:

250 381.0072 Food service protection.--It shall be the duty of  
 251 the Department of Health to adopt and enforce sanitation rules  
 252 consistent with law to ensure the protection of the public from

253 food-borne illness. These rules shall provide the standards and  
254 requirements for the storage, preparation, serving, or display  
255 of food in food service establishments as defined in this  
256 section and which are not permitted or licensed under chapter  
257 500 or chapter 509.

258 (2) DUTIES.--

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

281 hospital, if all food is prepared in a central kitchen that  
 282 complies with nursing or hospital regulations; and bars and  
 283 lounges, as defined by department rule, are exempt from the  
 284 rules developed for manager certification. The department shall  
 285 administer a comprehensive inspection, monitoring, and sampling  
 286 program to ensure such standards are maintained. With respect to  
 287 food service establishments permitted or licensed under chapter  
 288 500 or chapter 509, the department shall assist the Division of  
 289 Hotels and Restaurants of the Department of Business and  
 290 Professional Regulation and the Department of Agriculture and  
 291 Consumer Services with rulemaking by providing technical  
 292 information. Food service inspections of a certified domestic  
 293 violence center shall be limited to the requirements set forth  
 294 in the department's rules applicable to community-based  
 295 residential facilities with five or fewer residents.

296 Section 5. Subsection (1) and paragraph (a) of subsection  
 297 (2) of section 381.0203, Florida Statutes, are amended to read:

298 381.0203 Pharmacy services.--

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

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

309           (b) The drugs required are not available through the  
 310 statewide purchasing contract.

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

314           (a) A central pharmacy to support pharmaceutical services  
 315 provided by the county health departments, including  
 316 pharmaceutical repackaging, dispensing, and the purchase and  
 317 distribution of immunizations and other pharmaceuticals. Such  
 318 services shall be provided to other state agencies and political  
 319 subdivisions of the state upon written agreement. Cost savings  
 320 realized by the state through utilization of the central  
 321 pharmacy may be used by the department to offset additional  
 322 costs.

323           Section 6. Section 381.84, Florida Statutes, is  
 324 transferred, renumbered as section 385.106, Florida Statutes,  
 325 and amended to read:

326           385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education  
 327 and Use Prevention Program.--

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

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

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

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

337 Control and Prevention.

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

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

341 ~~(e) "Tobacco" means, without limitation, tobacco itself  
342 and tobacco products that include tobacco and are intended or  
343 expected for human use or consumption, including, but not  
344 limited to, cigarettes, cigars, pipe tobacco, and smokeless  
345 tobacco.~~

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

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

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

365 use prevention program consistent with the recommendations for  
 366 effective program components contained in the 1999 Best  
 367 Practices for Comprehensive Tobacco Control Programs of the CDC,  
 368 as amended by the CDC. The program shall include the following  
 369 components, each of which shall focus on educating people,  
 370 ~~particularly youth and their parents,~~ about the health hazards  
 371 of tobacco and discouraging the use of tobacco. All program  
 372 components shall include efforts to educate youth and their  
 373 parents about tobacco use, and a youth-directed focus shall  
 374 exist in all components outlined in this subsection.

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

393 ~~including parents, teachers, and students, at each level of~~  
394 ~~public and private schools, universities, and colleges in the~~  
395 ~~state and shall provide links to other relevant resources. The~~  
396 ~~Internet address for the resource center must be incorporated in~~  
397 ~~all advertising. The information maintained in the resource~~  
398 ~~center shall be used by the other components of the program.~~

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

413 1. ~~A statewide toll-free cessation service, which may~~  
414 ~~include counseling, referrals to other local resources and~~  
415 ~~support services, and treatment to the extent funds are~~  
416 ~~available for treatment services; and~~

417 2. ~~A local community-based program to disseminate~~  
418 ~~information about smoking cessation, how smoking cessation~~  
419 ~~relates to prenatal care and obesity prevention, and other~~  
420 ~~chronic tobacco-related diseases.~~

421           (c) Cessation interventions.--Cessation interventions  
422 include, but are not limited to, sustaining, expanding, and  
423 promoting the service through population-based counseling and  
424 treatment programs; encouraging public and private insurance  
425 coverage for counseling and FDA-approved medication treatments  
426 for tobacco-use cessation; eliminating cost and other barriers  
427 to treatment for underserved populations; and making health care  
428 system changes. Youth interventions to prevent tobacco-use  
429 initiation and encourage cessation among young people are needed  
430 in order to reshape the environment so that it supports tobacco-  
431 free norms. Because most people who start smoking are younger  
432 than 18 years of age, intervening during adolescence is  
433 critical. Community programs and school-based policies and  
434 interventions should be a part of a comprehensive effort that is  
435 implemented in coordination with community and school  
436 environments and in conjunction with increasing the unit price  
437 of tobacco products, sustaining anti-tobacco media campaigns,  
438 making environments tobacco free, and engaging in other efforts  
439 to create tobacco-free social norms. ~~Surveillance and~~  
440 evaluation.--The program shall conduct ongoing epidemiological  
441 ~~surveillance and shall contract for annual independent~~  
442 ~~evaluations of the effectiveness of the various components of~~  
443 ~~the program in meeting the goals as set forth in subsection (2).~~

444           (d) Surveillance and evaluation.--The surveillance and  
445 evaluation of all program components shall monitor and document  
446 short-term, intermediate, and long-term intervention outcomes to  
447 inform program and policy direction and ensure accountability.  
448 The surveillance and evaluation must be conducted objectively



449 through scientifically sound methodology. ~~Youth school~~  
450 ~~programs.--School and after-school programs shall use current~~  
451 ~~evidence-based curricula and programs that involve youth to~~  
452 ~~educate youth about the health hazards of tobacco, help youth~~  
453 ~~develop skills to refuse tobacco, and demonstrate to youth how~~  
454 ~~to stop using tobacco.~~

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

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

477 prevention specialists who are trained in preventing tobacco use  
478 and health education. Smoking-cessation counselors shall be  
479 trained by specialists who are certified in tobacco-use  
480 cessation.

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

496 (h) Enforcement and awareness of related laws.--In  
497 coordination with the Department of Business and Professional  
498 Regulation, the program shall monitor the enforcement of laws,  
499 rules, and policies prohibiting the sale or other provision of  
500 tobacco to minors, as well as the continued enforcement of the  
501 Clean Indoor Air Act prescribed in chapter 386. The  
502 advertisements produced in accordance with paragraph (b)  
503 ~~paragraph (a)~~ may also include information designed to make the  
504 public aware of these related laws and rules. The departments

505 may enter into interagency agreements to carry out this program  
 506 component.

507 ~~(i) AHEC smoking cessation initiative.--For the 2007-2008~~  
 508 ~~and 2008-2009 fiscal years only, the AHEC network shall expand~~  
 509 ~~the AHEC smoking cessation initiative to each county within the~~  
 510 ~~state and perform other activities as determined by the~~  
 511 ~~department.~~

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

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

516 1. The State Surgeon General, who shall serve as the  
 517 chairperson.

518 2. One county health department director, appointed by the  
 519 State Surgeon General.

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

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

524 5. The chief executive officer of the Greater Southeast  
 525 Affiliate of the American Heart Association, or his or her  
 526 designee.

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

529 7. The dean of the University of Miami School of Medicine,  
 530 or his or her designee.

531 8. The dean of the University of Florida College of  
 532 Medicine, or his or her designee.

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

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

537           11. The dean of Nova Southeastern College of Osteopathic  
538 Medicine, or his or her designee.

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

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

543           14. The chief executive officer of the Legacy Foundation,  
544 or his or her designee.

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

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

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

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

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

561 consecutive terms.

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

565 (e) Members of the council shall serve without  
 566 compensation, but are entitled to reimbursement for per diem and  
 567 travel expenses pursuant to s. 112.061. Members who are state  
 568 officers or employees or who are appointed by state officers or  
 569 employees shall be reimbursed for per diem and travel expenses  
 570 pursuant to s. 112.061 from the state agency through which they  
 571 serve.

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

578 (5) COUNCIL DUTIES AND RESPONSIBILITIES.--The council  
 579 shall advise the State Surgeon General as to the direction and  
 580 scope of the Comprehensive Statewide Tobacco Education and Use  
 581 Prevention Program. The responsibilities of the council may  
 582 include, but are not limited to:

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

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

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

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

589 material prepared for the Internet, portable media players,  
590 radio, and television advertisement ~~as it relates to the~~  
591 ~~advertising component of the tobacco education and use~~  
592 ~~prevention program.~~

593 (e) Participating in periodic program evaluation, as  
594 requested by the department.

595 (f) Assisting the department in developing ~~the development~~  
596 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to  
597 the principles of merit and quality in the conduct of the  
598 program.

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

603 (h) Assisting the department in developing panels to  
604 review and evaluate potential fund recipients ~~the development~~  
605 ~~and supervision of peer review panels.~~

606 (i) Assisting the department in reviewing reports of ~~peer~~  
607 review panels and making recommendations for funding allocations  
608 ~~contracts and grants.~~

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

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

616 (l) Recommending policies to encourage a coordinated

617 response to tobacco use in this state, focusing specifically on  
618 creating partnerships within and between the public and private  
619 sectors.

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

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

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

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

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

659 (c) In each contract or grant agreement, the department  
660 shall limit the use of food and promotional items to no more  
661 than 2.5 percent of the total amount of the contract or grant  
662 and limit overhead or indirect costs to no more than 7.5 percent  
663 of the total amount of the contract or grant. The department, in  
664 consultation with the Department of Financial Services, shall  
665 publish guidelines for appropriate food and promotional items.

666 (d) In each advertising contract, the department shall  
667 limit the total of production fees, buyer commissions, and  
668 related costs to no more than 10 percent of the total contract  
669 amount.

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



673 tobacco education and use prevention activities within that  
674 county.

675 (7) ANNUAL REPORT REQUIRED.--By February 28 ~~January 31~~ of  
676 each year, the department shall provide to the Governor, the  
677 President of the Senate, and the Speaker of the House of  
678 Representatives a report that evaluates the program's  
679 effectiveness in reducing and preventing tobacco use and that  
680 recommends improvements to enhance the program's effectiveness.  
681 The report must contain, at a minimum, an annual survey of youth  
682 attitudes and behavior toward tobacco, as well as a description  
683 of the progress in reducing the prevalence of tobacco use among  
684 youth, adults, and pregnant women; reducing per capita tobacco  
685 consumption; and reducing exposure to environmental tobacco  
686 smoke.

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

692 ~~(9) RULEMAKING AUTHORIZED.--By January 1, 2008, the~~  
693 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~  
694 ~~120.54 to administer this section.~~

695 Section 7. Section 381.91, Florida Statutes, is  
696 transferred and renumbered as section 385.2024, Florida  
697 Statutes, to read:

698 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.--

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

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

701 and other cancers and improve the quality of life among low-  
 702 income African-American and Hispanic populations through  
 703 increased access to early, effective screening and diagnosis,  
 704 education, and treatment programs.

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

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

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

716 (b) Funding may be provided to develop contracts with  
 717 community health centers and local community faith-based  
 718 education programs to provide cancer screening, diagnosis,  
 719 education, and treatment services to low-income populations  
 720 throughout the state.

721 Section 8. Section 381.911, Florida Statutes, is  
 722 transferred, renumbered as section 385.2023, Florida Statutes,  
 723 and amended to read:

724 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.--

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

729 January 2000 of the Florida Prostate Cancer Task Force to  
730 provide for statewide outreach and health education activities  
731 to ensure that men are aware of and appropriately seek medical  
732 counseling for prostate cancer as an early-detection health care  
733 measure.

734 (2) For purposes of implementing the program, the  
735 Department of Health and the Florida Public Health Foundation,  
736 Inc., may:

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

739 (b) Seek any available gifts, grants, or funds from the  
740 state, the Federal Government, philanthropic foundations, and  
741 industry or business groups.

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

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

747 1. Three persons from prostate cancer survivor groups or  
748 cancer-related advocacy groups.

749 2. Three persons who are scientists or clinicians from  
750 public or nonpublic universities or research organizations.

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

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

757 official duties.

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

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

761 Section 10. Section 381.92, Florida Statutes, is  
762 transferred and renumbered as section 385.2025, Florida  
763 Statutes, to read:

764 385.2025 ~~381.92~~ Florida Cancer Council.--

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

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

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

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

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

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

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

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

785 Center or his or her designee;

786 5. The chief executive officer of the University of Miami

787 Sylvester Comprehensive Cancer Center or his or her designee;

788 6. The chief executive officer of the Mayo Clinic,

789 Jacksonville, or his or her designee;

790 7. The chief executive officer of the American Cancer

791 Society, Florida Division, Inc., or his or her designee;

792 8. The president of the American Cancer Society, Florida

793 Division, Inc., Board of Directors or his or her designee;

794 9. The president of the Florida Society of Clinical

795 Oncology or his or her designee;

796 10. The president of the American College of Surgeons,

797 Florida Chapter, or his or her designee;

798 11. The chief executive officer of Enterprise Florida,

799 Inc., or his or her designee;

800 12. Five representatives from cancer programs approved by

801 the American College of Surgeons. Three shall be appointed by

802 the Governor, one shall be appointed by the Speaker of the House

803 of Representatives, and one shall be appointed by the President

804 of the Senate;

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

806 appointed by the Speaker of the House of Representatives; and

807 14. One member of the Senate, to be appointed by the

808 President of the Senate.

809 (d) Appointments made by the Speaker of the House of

810 Representatives and the President of the Senate pursuant to

811 paragraph (c) shall be for 2-year terms, concurrent with the

812 bienniums in which they serve as presiding officers.

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

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

819 (3) The council shall issue an annual report to the Center  
 820 for Universal Research to Eradicate Disease, the Governor, the  
 821 Speaker of the House of Representatives, and the President of  
 822 the Senate by December 15 of each year, with policy and funding  
 823 recommendations regarding cancer research capacity in Florida  
 824 and related issues.

825 Section 11. Section 381.921, Florida Statutes, is  
 826 transferred and renumbered as section 385.20251, Florida  
 827 Statutes, to read:

828 385.20251 ~~381.921~~ Florida Cancer Council mission and  
 829 duties.--The council, which shall work in concert with the  
 830 Florida Center for Universal Research to Eradicate Disease to  
 831 ensure that the goals of the center are advanced, shall endeavor  
 832 to dramatically improve cancer research and treatment in this  
 833 state through:

834 (1) Efforts to significantly expand cancer research  
 835 capacity in the state by:

836 (a) Identifying ways to attract new research talent and  
 837 attendant national grant-producing researchers to cancer  
 838 research facilities in this state;

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

841 institutes in this state;

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

845 (d) Encouraging the employment of bioinformatics in order  
846 to create a cancer informatics infrastructure that enhances  
847 information and resource exchange and integration through  
848 researchers working in diverse disciplines, to facilitate the  
849 full spectrum of cancer investigations;

850 (e) Facilitating the technical coordination, business  
851 development, and support of intellectual property as it relates  
852 to the advancement of cancer research; and

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

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

857 (a) Identifying ways to increase adult enrollment in  
858 cancer clinical trials;

859 (b) Supporting public and private professional education  
860 programs designed to increase the awareness and knowledge about  
861 cancer clinical trials;

862 (c) Providing tools to cancer patients and community-based  
863 oncologists to aid in the identification of cancer clinical  
864 trials available in the state; and

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

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

869 groups by:

870 (a) Identifying those cancers that disproportionately  
871 impact certain demographic groups; and

872 (b) Building collaborations designed to reduce health  
873 disparities as they relate to cancer.

874 Section 12. Paragraph (a) of subsection (2) and subsection  
875 (5) of section 381.922, Florida Statutes, as amended by section  
876 2 of chapter 2009-5, Laws of Florida, is amended to read:

877 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
878 Cancer Research Program.--

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

881 (a) Emphasis shall be given to the goals enumerated in s.  
882 385.20251 ~~s. 381.921~~, as those goals support the advancement of  
883 such cures.

884 (5) For the 2008-2009 fiscal year and each fiscal year  
885 thereafter, the sum of \$6.75 million is appropriated annually  
886 from recurring funds in the General Revenue Fund to the  
887 Biomedical Research Trust Fund within the Department of Health  
888 for purposes of the William G. "Bill" Bankhead, Jr., and David  
889 Coley Cancer Research Program and shall be distributed pursuant  
890 to this section to provide grants to researchers seeking cures  
891 for cancer, with emphasis given to the goals enumerated in s.  
892 385.20251 ~~s. 381.921~~. From the total funds appropriated, an  
893 amount of up to 10 percent may be used for administrative  
894 expenses.

895 Section 13. Section 381.93, Florida Statutes, is  
896 transferred and renumbered as section 385.2021, Florida



897 Statutes, to read:

898 385.2021 ~~381.93~~ Breast and cervical cancer early detection  
899 program.--This section may be cited as the "Mary Brogan Breast  
900 and Cervical Cancer Early Detection Program Act."

901 (1) It is the intent of the Legislature to reduce the  
902 rates of death due to breast and cervical cancer through early  
903 diagnosis and increased access to early screening, diagnosis,  
904 and treatment programs.

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

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

917 (4) The department shall limit enrollment in the program  
918 to persons with incomes up to and including 200 percent of the  
919 federal poverty level. The department shall establish an  
920 eligibility process that includes an income-verification process  
921 to ensure that persons served under the program meet income  
922 guidelines.

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

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

926 Section 14. Section 381.931, Florida Statutes, is  
 927 transferred and renumbered as section 385.20211, Florida  
 928 Statutes, to read:

929 385.20211 ~~381.931~~ Annual report on Medicaid  
 930 expenditures.--The Department of Health and the Agency for  
 931 Health Care Administration shall monitor the total Medicaid  
 932 expenditures for services made under this act. If Medicaid  
 933 expenditures are projected to exceed the amount appropriated by  
 934 the Legislature, the Department of Health shall limit the number  
 935 of screenings to ensure Medicaid expenditures do not exceed the  
 936 amount appropriated. The Department of Health, in cooperation  
 937 with the Agency for Health Care Administration, shall prepare an  
 938 annual report that must include the number of women screened;  
 939 the percentage of positive and negative outcomes; the number of  
 940 referrals to Medicaid and other providers for treatment  
 941 services; the estimated number of women who are not screened or  
 942 not served by Medicaid due to funding limitations, if any; the  
 943 cost of Medicaid treatment services; and the estimated cost of  
 944 treatment services for women who were not screened or referred  
 945 for treatment due to funding limitations. The report shall be  
 946 submitted to the President of the Senate, the Speaker of the  
 947 House of Representatives, and the Executive Office of the  
 948 Governor by March 1 of each year.

949 Section 15. Chapter 385, Florida Statutes, entitled  
 950 "Chronic Diseases," is renamed the "Healthy and Fit Florida  
 951 Act."

952 Section 16. Section 385.101, Florida Statutes, is amended

953 to read:

954 385.101 Short title.--~~This chapter Sections 385.101-~~  
 955 ~~385.103~~ may be cited as the "Healthy and Fit Florida Chronic  
 956 Diseases Act."

957 Section 17. Section 385.102, Florida Statutes, is amended  
 958 to read:

959 385.102 Legislative intent.--It is the finding of the  
 960 Legislature that:

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

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

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

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

979 (5) ~~(2)~~ Advances in medical knowledge and technology assist  
 980 have assisted in the prevention, detection, and management of

981 chronic diseases. Comprehensive approaches that stress the  
 982 ~~stressing~~ application of current medical treatment, continuing  
 983 research, professional training, ~~and patient education,~~ and  
 984 community-level policy and environmental changes should be  
 985 implemented encouraged.

986 ~~(6)-(3) A comprehensive program dealing with the early~~  
 987 ~~detection and prevention of chronic diseases is required to make~~  
 988 ~~knowledge and therapy available to all people of this state.~~ The  
 989 mobilization of scientific, medical, and educational resources,  
 990 along with the implementation of community-based policy under  
 991 one comprehensive chronic disease law, ~~act~~ will facilitate the  
 992 prevention, early intervention, and management ~~treatment~~ of  
 993 chronic these diseases and their symptoms. This integration of  
 994 resources and policy will ~~and~~ result in a decline in death and  
 995 disability ~~illness~~ among the people of this state.

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

999 (a) Heart disease and stroke, which have remained the  
 1000 first and third leading causes of death for both men and women  
 1001 in the United States for over seven decades and account for  
 1002 approximately one-third of total deaths each year in this state.

1003 (b) Cancer, which is the second leading cause of death and  
 1004 is responsible for one in four deaths in this state.

1005 (c) Lung disease, which is the third leading cause of  
 1006 death and accounts for one in every six deaths in this state.

1007 (d) Diabetes, which is the sixth leading cause of death in  
 1008 this state.

1009 (e) Arthritis, which is the leading cause of disability in  
 1010 the United States, limiting daily activities for more than 19  
 1011 million citizens. In this state, arthritis limits daily  
 1012 activities for an estimated 1.3 million people.

1013 (8) The department shall establish, promote, and maintain  
 1014 state-level and local-level programs for chronic disease  
 1015 prevention and health promotion to the extent that funds are  
 1016 specifically made available for this purpose.

1017 Section 18. Section 385.1021, Florida Statutes, is created  
 1018 to read:

1019 385.1021 Definitions.--As used in this chapter, the term:

1020 (1) "CDC" means the United States Centers for Disease  
 1021 Control and Prevention.

1022 (2) "Chronic disease" means an illness that is prolonged,  
 1023 does not resolve spontaneously, and is rarely cured completely.

1024 (3) "Department" means the Department of Health.

1025 (4) "Environmental changes" means changes to the economic,  
 1026 social, or physical natural or built environments which  
 1027 encourage or enable behaviors.

1028 (5) "Policy change" means altering an informal or formal  
 1029 agreement between public or private sectors which sets forth  
 1030 values, behaviors, or resource allocation in order to improve  
 1031 health.

1032 (6) "Primary prevention" means an intervention that is  
 1033 directed toward healthy populations and focuses on avoiding  
 1034 disease before it occurs.

1035 (7) "Risk factor" means a characteristic or condition  
 1036 identified during the course of an epidemiological study of a

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

1039 (8) "Secondary prevention" means an intervention that is  
 1040 designed to promote the early detection and management of  
 1041 diseases and reduce the risks experienced by at-risk  
 1042 populations.

1043 (9) "System changes" means altering standard activities,  
 1044 protocols, policies, processes, and structures carried out in  
 1045 population-based settings, such as schools, worksites, health  
 1046 care facilities, faith-based organizations, and the overall  
 1047 community, which promote and support new behaviors.

1048 (10) "Tertiary prevention" means an intervention that is  
 1049 directed at rehabilitating and minimizing the effects of disease  
 1050 in a chronically ill population.

1051 (11) "Tobacco" means, without limitation, tobacco itself  
 1052 and tobacco products that include tobacco and are intended or  
 1053 expected for human use or consumption, including, but not  
 1054 limited to, cigarettes, cigars, pipe tobacco, and smokeless  
 1055 tobacco.

1056 (12) "Wellness program" means a structured program that is  
 1057 designed or approved by the department to offer intervention  
 1058 activities on or off the worksite which help state employees  
 1059 change certain behaviors or adopt healthy lifestyles.

1060 (13) "Youth" means children and young adults, up through  
 1061 24 years of age, inclusive.

1062 Section 19. Section 385.1022, Florida Statutes, is created  
 1063 to read:

1064 385.1022 Chronic disease prevention program.--The

1065 department shall support public health programs to reduce the  
 1066 incidence of mortality and morbidity from diseases for which  
 1067 risk factors can be identified. Such risk factors include, but  
 1068 are not limited to, being overweight or obese, physical  
 1069 inactivity, poor nutrition and diet, tobacco use, sun exposure,  
 1070 and other practices that are detrimental to health. The programs  
 1071 shall educate and screen the general public as well as groups at  
 1072 particularly high risk of chronic diseases.

1073 Section 20. Section 385.1023, Florida Statutes, is created  
 1074 to read:

1075 385.1023 State-level prevention programs for chronic  
 1076 disease.--

1077 (1) The department shall create state-level programs that  
 1078 address the leading, preventable chronic disease risk factors of  
 1079 poor nutrition and obesity, tobacco use, sun exposure, and  
 1080 physical inactivity in order to decrease the incidence of  
 1081 arthritis, cancer, diabetes, heart disease, lung disease,  
 1082 stroke, and other chronic diseases.

1083 (2) State-level programs shall address, but need not be  
 1084 limited to, the following activities:

1085 (a) Monitoring specific causal and behavioral risk factors  
 1086 that affect the health of residents in the state.

1087 (b) Analyzing data regarding chronic disease mortality and  
 1088 morbidity to track changes over time.

1089 (c) Promoting public awareness and increasing knowledge  
 1090 concerning the causes of chronic diseases, the importance of  
 1091 early detection, diagnosis, and appropriate evidence-based  
 1092 prevention, management, and treatment strategies.

1093        (d) Disseminating educational materials and information  
 1094 concerning evidence-based results, available services, and  
 1095 pertinent new research findings and prevention strategies to  
 1096 patients, health insurers, health professionals, and the public.

1097        (e) Using education and training resources and services  
 1098 developed by organizations having appropriate expertise and  
 1099 knowledge of chronic diseases for technical assistance.

1100        (f) Evaluating the quality and accessibility of existing  
 1101 community-based services for chronic disease.

1102        (g) Increasing awareness among state and local officials  
 1103 involved in health and human services, health professionals and  
 1104 providers, and policymakers about evidence-based chronic-disease  
 1105 prevention, tobacco cessation, and treatment strategies and  
 1106 their benefits for people who have chronic diseases.

1107        (h) Developing a partnership with state and local  
 1108 governments, voluntary health organizations, hospitals, health  
 1109 insurers, universities, medical centers, employer groups,  
 1110 private companies, and health care providers to address the  
 1111 burden of chronic disease in this state.

1112        (i) Implementing and coordinating state-level policies in  
 1113 order to reduce the burden of chronic disease.

1114        (j) Providing lasting improvements in the delivery of  
 1115 health care for individuals who have chronic disease and their  
 1116 families, thus improving their quality of life while also  
 1117 containing health care costs.

1118        Section 21. Section 385.103, Florida Statutes, is amended  
 1119 to read:

1120        385.103 Community-level ~~Community~~ intervention programs



1121 for chronic disease prevention and health promotion.--

1122 (1) DEFINITIONS.--As used in this section, the term:

1123 (a) "Chronic disease prevention and health promotion

1124 ~~control~~ program" means a program that may include, but is not

1125 limited to, including a combination of the following elements:

1126 1. Staff who are sufficiently trained and skilled in

1127 public health, community health, or school health education to

1128 facilitate the operation of the program ~~Health screening;~~

1129 2. Community input into the planning, implementation, and

1130 evaluation processes ~~Risk factor detection;~~

1131 3. Use of public health data to make decisions and to

1132 develop and prioritize community-based interventions focusing on

1133 chronic diseases and their risk factors; ~~Appropriate~~

1134 ~~intervention to enable and encourage changes in behaviors that~~

1135 ~~create health risks; and~~

1136 4. Adherence to a population-based approach by using a

1137 socioecological model that addresses the influence on individual

1138 behavior, interpersonal behavior, organizational behavior, the

1139 community, and public policy; ~~Counseling in nutrition, physical~~

1140 ~~activity, the effects of tobacco use, hypertension, blood~~

1141 ~~pressure control, and diabetes control and the provision of~~

1142 ~~other clinical prevention services.~~

1143 5. Focus on at least the common preventable risk factors

1144 for chronic disease, such as physical inactivity, obesity, poor

1145 nutrition, and tobacco use;

1146 6. Focus on developing and implementing interventions and

1147 activities through communities, schools, worksites, faith-based

1148 organizations, and health-care settings;

1149 7. Use of evidence-based interventions as well as best and  
1150 promising practices to guide specific activities and effect  
1151 change, which may include guidelines developed by organizations,  
1152 volunteer scientists, and health care professionals who write  
1153 published medical, scientific statements on various chronic  
1154 disease topics. The statements shall be supported by scientific  
1155 studies published in recognized journals that have a rigorous  
1156 review and approval process. Scientific statements generally  
1157 include a review of data available on a specific subject and an  
1158 evaluation of its relationship to overall chronic disease  
1159 science;

1160 8. Use of policy, system, and environmental changes that  
1161 support healthy behaviors so as to affect large segments of the  
1162 population and encourage healthy choices;

1163 9. Development of extensive and comprehensive evaluation  
1164 that is linked to program planning at the state level and the  
1165 community level in order to determine the program's  
1166 effectiveness or necessary program modifications; and

1167 10. Reduction of duplication of efforts through  
1168 coordination among appropriate entities for the efficient use of  
1169 resources.

1170 (b) "~~Community~~ Health education program" means a program  
1171 that follows involving the planned and coordinated use of ~~the~~  
1172 educational standards and teaching methods ~~resources available~~  
1173 ~~in a community~~ in an effort to provide:

1174 1. Appropriate medical, research-based interventions to  
1175 enable and encourage changes in behaviors which reduce or  
1176 eliminate health risks;

1177           2. Counseling in nutrition, weight management, physical  
 1178 inactivity, and tobacco-use prevention and cessation strategies;  
 1179 hypertension, blood pressure, high cholesterol, and diabetes  
 1180 control; and other clinical prevention services;

1181           ~~3.1. Motivate and assistance to individuals or groups in~~  
 1182 adopting and maintaining ~~Motivate and assist citizens to adopt~~  
 1183 ~~and maintain~~ healthful practices and lifestyles; and

1184           ~~4.2. Make available~~ Learning opportunities that ~~which~~ will  
 1185 increase the ability of people to make informed decisions  
 1186 affecting their personal, family, and community well-being and  
 1187 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of  
 1188 behavior that ~~which~~ will improve or maintain health.~~;~~

1189           ~~3. Reduce, through coordination among appropriate~~  
 1190 ~~agencies, duplication of health education efforts; and~~

1191           ~~4. Facilitate collaboration among appropriate agencies for~~  
 1192 ~~efficient use of scarce resources.~~

1193           (c) "Community intervention program" means a program  
 1194 combining the required elements of a chronic disease prevention  
 1195 and health promotion ~~control~~ program and the principles of a  
 1196 ~~community~~ health education program that addresses system,  
 1197 policy, and environmental changes that ensure that communities  
 1198 provide support for healthy lifestyles ~~into a unified program~~  
 1199 ~~over which a single administrative entity has authority and~~  
 1200 ~~responsibility.~~

1201           ~~(d) "Department" means the Department of Health.~~

1202           ~~(e) "Risk factor" means a factor identified during the~~  
 1203 ~~course of an epidemiological study of a disease, which factor~~  
 1204 ~~appears to be statistically associated with a high incidence of~~

1205 ~~that disease.~~

1206 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~  
 1207 PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.--

1208 (a) The department shall develop and implement a  
 1209 comprehensive, community-based program for chronic disease  
 1210 prevention and health promotion. The program shall be designed  
 1211 to reduce major behavioral risk factors that are associated with  
 1212 chronic diseases by enhancing the knowledge, skills, motivation,  
 1213 and opportunities for individuals, organizations, health care  
 1214 providers, small businesses, health insurers, and communities to  
 1215 develop and maintain healthy lifestyles. ~~The department shall~~  
 1216 ~~assist the county health departments in developing and operating~~  
 1217 ~~community intervention programs throughout the state. At a~~  
 1218 ~~minimum, the community intervention programs shall address one~~  
 1219 ~~to three of the following chronic diseases: cancer, diabetes,~~  
 1220 ~~heart disease, stroke, hypertension, renal disease, and chronic~~  
 1221 ~~obstructive lung disease.~~

1222 (b) The program shall include:

1223 1. Countywide assessments of specific, causal, and  
 1224 behavioral risk factors that affect the health of residents;

1225 2. The development of community-based programs for chronic  
 1226 disease prevention and health promotion which incorporate health  
 1227 promotion and preventive care practices that are supported in  
 1228 scientific and medical literature;

1229 3. The development and implementation of statewide age-  
 1230 specific, disease-specific, and community-specific health  
 1231 promotion and preventive care strategies using primary,  
 1232 secondary, and tertiary prevention interventions;

1233           4. The promotion of community, research-based health-  
 1234 promotion model programs that meet specific criteria, address  
 1235 major risk factors, and motivate individuals to permanently  
 1236 adopt healthy behaviors and increase social and personal  
 1237 responsibilities;

1238           5. The development of policies that encourage the use of  
 1239 alternative community delivery sites for health promotion,  
 1240 disease prevention, and preventive care programs and promote the  
 1241 use of neighborhood delivery sites that are close to work, home,  
 1242 and school; and

1243           6. An emphasis on the importance of healthy and physically  
 1244 active lifestyles to build self-esteem and reduce morbidity and  
 1245 mortality associated with chronic disease and being overweight  
 1246 or obese. ~~Existing community resources, when available, shall be~~  
 1247 ~~used to support the programs. The department shall seek funding~~  
 1248 ~~for the programs from federal and state financial assistance~~  
 1249 ~~programs which presently exist or which may be hereafter~~  
 1250 ~~created. Additional services, as appropriate, may be~~  
 1251 ~~incorporated into a program to the extent that resources are~~  
 1252 ~~available. The department may accept gifts and grants in order~~  
 1253 ~~to carry out a program.~~

1254           ~~(c) Volunteers shall be used to the maximum extent~~  
 1255 ~~possible in carrying out the programs. The department shall~~  
 1256 ~~contract for the necessary insurance coverage to protect~~  
 1257 ~~volunteers from personal liability while acting within the scope~~  
 1258 ~~of their volunteer assignments under a program.~~

1259           ~~(d) The department may contract for the provision of all~~  
 1260 ~~or any portion of the services required by a program, and shall~~

1261 ~~so contract whenever the services so provided are more cost-~~  
 1262 ~~efficient than those provided by the department.~~

1263 ~~(c) If the department determines that it is necessary for~~  
 1264 ~~clients to help pay for services provided by a program, the~~  
 1265 ~~department may require clients to make contribution therefor in~~  
 1266 ~~either money or personal services. The amount of money or value~~  
 1267 ~~of the personal services shall be fixed according to a fee~~  
 1268 ~~schedule established by the department or by the entity~~  
 1269 ~~developing the program. In establishing the fee schedule, the~~  
 1270 ~~department or the entity developing the program shall take into~~  
 1271 ~~account the expenses and resources of a client and his or her~~  
 1272 ~~overall ability to pay for the services.~~

1273 Section 22. Section 385.105, Florida Statutes, is created  
 1274 to read:

1275 385.105 Physical activity, obesity prevention, nutrition,  
 1276 other health-promotion services, and wellness programs.--

1277 (1) PHYSICAL ACTIVITY--.

1278 (a) The department shall develop programs for people at  
 1279 every stage of their lives to increase physical fitness and  
 1280 promote behavior changes.

1281 (b) The department shall work with school health advisory  
 1282 or wellness committees in each school district as established in  
 1283 s. 381.0056.

1284 (c) The department shall develop public and private  
 1285 partnerships that allow the public to easily access recreational  
 1286 facilities and public land areas that are suitable for physical  
 1287 activity.

1288 (d) The department shall work in collaboration with the

1289 Executive Office of the Governor and Volunteer Florida, Inc., to  
 1290 promote school initiatives, such as the Governor's Fitness  
 1291 Challenge.

1292 (e) The department shall collaborate with the Department  
 1293 of Education in recognizing nationally accepted best practices  
 1294 for improving physical education in schools.

1295 (2) OBESITY PREVENTION.--The department shall promote  
 1296 healthy lifestyles to reduce the prevalence of excess weight  
 1297 gain and being overweight or obese through programs that are  
 1298 directed towards all residents of this state by:

1299 (a) Using all appropriate media to promote maximum public  
 1300 awareness of the latest research on healthy lifestyles and  
 1301 chronic diseases and disseminating relevant information through  
 1302 a statewide clearinghouse relating to wellness, physical  
 1303 activity, and nutrition and the effect of these factors on  
 1304 chronic diseases and disabling conditions.

1305 (b) Providing technical assistance, training, and  
 1306 resources on healthy lifestyles and chronic diseases to the  
 1307 public, health care providers, school districts, and other  
 1308 persons or entities, including faith-based organizations that  
 1309 request such assistance to promote physical activity, nutrition,  
 1310 and healthy lifestyle programs.

1311 (c) Developing, implementing, and using all available  
 1312 research methods to collect data, including, but not limited to,  
 1313 population-specific data, and tracking the incidence and effects  
 1314 of weight gain, obesity, and related chronic diseases. The  
 1315 department shall include an evaluation and data-collection  
 1316 component in all programs as appropriate. All research conducted

1317 under this paragraph is subject to review and approval as  
 1318 required by the department's institutional review board under s.  
 1319 381.86.

1320 (d) Entering into partnerships with the Department of  
 1321 Education, local communities, school districts, and other  
 1322 entities to encourage schools in this state to promote  
 1323 activities during and after school to help students meet a  
 1324 minimum goal of 30 minutes of physical activity or physical  
 1325 fitness per day.

1326 (e) Entering into partnerships with the Department of  
 1327 Education, school districts, and the Florida Sports Foundation  
 1328 to develop a programs recognizing the schools at which students  
 1329 demonstrate excellent physical fitness or fitness improvement.

1330 (f) Collaborating with other state agencies to develop  
 1331 policies and strategies for preventing and treating obesity,  
 1332 which shall be incorporated into programs administered by each  
 1333 agency and shall include promoting healthy lifestyles of  
 1334 employees of each agency.

1335 (g) Advising, in accordance with s. 456.081, health care  
 1336 practitioners about the morbidity, mortality, and costs  
 1337 associated with being overweight or obese, informing such  
 1338 practitioners of promising clinical practices for preventing and  
 1339 treating obesity, and encouraging practitioners to counsel their  
 1340 patients regarding the adoption of healthy lifestyles.

1341 (h) Maximizing all local, state, and federal funding  
 1342 sources, including grants, public-private partnerships, and  
 1343 other mechanisms to strengthen the department's programs  
 1344 promoting physical activity and nutrition.



1345 (3) NUTRITION.--The department shall promote optimal  
 1346 nutritional status in all stages of people's lives by developing  
 1347 strategies to:

1348 (a) Promote and maintain optimal nutritional status in the  
 1349 population through activities, including, but not limited to:

1350 1. Nutrition screening and assessment and nutrition  
 1351 counseling, including nutrition therapy, followup, case  
 1352 management, and referrals for persons who have medical  
 1353 conditions or nutrition-risk factors and who are provided health  
 1354 services through public health programs or through referrals  
 1355 from private health care providers or facilities;

1356 2. Nutrition education to assist residents of the state in  
 1357 achieving optimal health and preventing chronic disease; and

1358 3. Consultative nutrition services to group facilities  
 1359 which promote the provision of safe and nutritionally adequate  
 1360 diets.

1361 (b) Monitor and conduct surveillance of the nutritional  
 1362 status of this state's population.

1363 (c) Conduct or support research or evaluations related to  
 1364 public health nutrition. All research conducted under this  
 1365 paragraph is subject to review and approval as required by the  
 1366 department's institutional review board under s. 381.86.

1367 (d) Establish policies and standards for public health  
 1368 nutrition practices.

1369 (e) Promote interagency cooperation, professional  
 1370 education, and consultation.

1371 (f) Provide technical assistance and advise state  
 1372 agencies, private institutions, and local organizations

1373 regarding public health nutrition standards.

1374 (g) Work with the Department of Agriculture and Consumer  
 1375 Services, the Department of Education, and the Department of  
 1376 Management Services to further the use of fresh produce from  
 1377 this state in schools and encourage the development of community  
 1378 gardens. Nutritional services shall be available to eligible  
 1379 persons in accordance with eligibility criteria adopted by the  
 1380 department. The department shall provide by rule requirements  
 1381 for the service fees, when applicable, which may not exceed the  
 1382 department's actual costs.

1383  
 1384 The department may adopt rules to administer this subsection.

1385 (4) OTHER HEALTH-PROMOTION SERVICES.--

1386 (a) The department shall promote personal responsibility  
 1387 by encouraging residents of this state to be informed, follow  
 1388 health recommendations, seek medical consultations and health  
 1389 assessments, take healthy precautions, and comply with medical  
 1390 guidelines, including those that lead to earlier detection of  
 1391 chronic diseases in order to prevent chronic diseases or slow  
 1392 the progression of established chronic diseases.

1393 (b) The department shall promote regular health visits  
 1394 during a person's lifetime, including annual physical  
 1395 examinations that include measuring body mass index and vital  
 1396 signs, blood work, immunizations, screenings, and dental  
 1397 examinations in order to reduce the financial, social, and  
 1398 personal burden of chronic disease.

1399 (5) WELLNESS PROGRAMS.--

1400 (a) Each state agency may conduct employee wellness

1401 programs in buildings and lands owned or leased by the state.  
1402 The department shall serve as a model to develop and implement  
1403 employee wellness programs that may include physical fitness,  
1404 healthy nutrition, self-management of disease, education, and  
1405 behavioral change. The department shall assist other state  
1406 agencies to develop and implement employee wellness programs.  
1407 These programs shall use existing resources, facilities, and  
1408 programs or resources procured through grant funding and  
1409 donations that are obtained in accordance with state ethics and  
1410 procurement policies, and shall provide equal access to any such  
1411 programs, resources, and facilities to all state employees.

1412 (b) The department shall coordinate its efforts with the  
1413 Department of Management Services and other state agencies.

1414 (c) Each agency may establish an employee wellness work  
1415 group to design the program. The department shall be available  
1416 to provide policy guidance and assist in identifying effective  
1417 wellness program strategies.

1418 (d) The department shall provide by rule requirements for  
1419 nominal participation fees, when applicable, which may not  
1420 exceed the department's actual costs; collaborations with  
1421 businesses; and the procurement of equipment and incentives.

1422 Section 23. Section 385.202, Florida Statutes, is amended  
1423 to read:

1424 385.202 Statewide cancer registry.--

1425 (1) Each facility, laboratory, or practitioner licensed  
1426 under chapter 395, chapter 458, chapter 459, chapter 464,  
1427 chapter 483, and each freestanding radiation therapy center as  
1428 defined in s. 408.07, shall report to the department of Health

1429 ~~such~~ information, specified by the department, by rule. The  
1430 department may adopt rules regarding reporting requirements for  
1431 the cancer registry, which shall include the data required, the  
1432 timeframe for reporting, and those professionals who are  
1433 responsible for ensuring compliance with reporting requirements,  
1434 ~~which indicates diagnosis, stage of disease, medical history,~~  
1435 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~  
1436 ~~other methods of diagnosis or treatment for each cancer~~  
1437 ~~diagnosed or treated by the facility or center. Failure to~~  
1438 ~~comply with this requirement may be cause for registration or~~  
1439 ~~licensure suspension or revocation.~~

1440 (2) The department shall establish, or cause to have  
1441 established, by contract with a recognized medical organization  
1442 in this state and its affiliated institutions, a statewide  
1443 cancer registry program to ensure that cancer reports required  
1444 under this section shall be maintained and available for use in  
1445 the course of public health surveillance and any study for the  
1446 purpose of reducing morbidity or mortality; and no liability of  
1447 any kind or character for damages or other relief shall arise or  
1448 be enforced against any facility or practitioner ~~hospital~~ by  
1449 reason of having provided such information or material to the  
1450 department.

1451 (3) The department may adopt rules regarding the  
1452 establishment and operation of a statewide cancer registry  
1453 program.

1454 ~~(4)-(3)~~ The department or a contractual designee operating  
1455 the statewide cancer registry program required by this section  
1456 shall use or publish said material only for the purpose of

1457 public health surveillance and advancing medical research or  
1458 medical education in the interest of reducing morbidity or  
1459 mortality, except that a summary of such studies may be released  
1460 for general publication. Information which discloses or could  
1461 lead to the disclosure of the identity of any person whose  
1462 condition or treatment has been reported and studied shall be  
1463 confidential and exempt from the provisions of s. 119.07(1),  
1464 except that:

1465 (a) Release may be made with the written consent of all  
1466 persons to whom the information applies;

1467 (b) The department or a contractual designee may contact  
1468 individuals for the purpose of epidemiologic investigation and  
1469 monitoring, provided information that is confidential under this  
1470 section is not further disclosed; or

1471 (c) The department may exchange personal data with any  
1472 other governmental agency or a contractual designee for the  
1473 purpose of public health surveillance and medical or scientific  
1474 research, if provided such governmental agency or contractual  
1475 designee does shall not further disclose information that is  
1476 confidential under this section.

1477 (5)-(4) Funds appropriated for this section shall be used  
1478 for establishing, administering, compiling, processing, and  
1479 providing biometric and statistical analyses to the reporting  
1480 facilities and practitioners. Funds may also be used to ensure  
1481 the quality and accuracy of the information reported and to  
1482 provide management information to the reporting facilities and  
1483 practitioners.

1484 (6)-(5) The department may adopt rules regarding the

1485 classifications of, by rule, classify facilities that are  
 1486 responsible for making reports to the cancer registry, the  
 1487 content and frequency of the reports, and the penalty for  
 1488 failure to comply with these requirements for purposes of  
 1489 reports made to the cancer registry and specify the content and  
 1490 frequency of the reports. In classifying facilities, the  
 1491 department shall exempt certain facilities from reporting cancer  
 1492 information that was previously reported to the department or  
 1493 retrieved from existing state reports made to the department or  
 1494 the Agency for Health Care Administration. The provisions of  
 1495 This section does ~~shall~~ not apply to any facility whose primary  
 1496 function is to provide psychiatric care to its patients.

1497 (7) Notwithstanding subsection (1), each facility and  
 1498 practitioner that reports cancer cases to the department shall  
 1499 make their records available for onsite review by the department  
 1500 or its authorized representative.

1501 Section 24. Subsection (3) of section 385.203, Florida  
 1502 Statutes, is amended to read:

1503 385.203 Diabetes Advisory Council; creation; function;  
 1504 membership.--

1505 (3) The council shall be composed of 26 ~~25~~ citizens of the  
 1506 state who have knowledge of, or work in, the area of diabetes  
 1507 mellitus as follows:

1508 (a) Five interested citizens, three of whom are affected  
 1509 by diabetes.

1510 (b) Twenty-one ~~Twenty~~ members, who must include one  
 1511 representative from each of the following areas: nursing with  
 1512 diabetes-educator certification; dietary with diabetes educator

1513 certification; podiatry; ophthalmology or optometry; psychology;  
 1514 pharmacy; adult endocrinology; pediatric endocrinology; the  
 1515 American Diabetes Association (ADA); the Juvenile Diabetes  
 1516 Foundation (JDF); the Florida Academy of Family Physicians; a  
 1517 community health center; a county health department; an American  
 1518 Diabetes Association recognized community education program;  
 1519 each medical school in the state; an osteopathic medical school;  
 1520 the insurance industry; a Children's Medical Services diabetes  
 1521 regional program; and an employer.

1522 (c) One or more representatives from the Department of  
 1523 Health, who shall serve on the council as ex officio members.

1524 Section 25. Section 385.206, Florida Statutes, is amended  
 1525 to read:

1526 385.206 Pediatric Hematology-Oncology ~~care~~ Center  
 1527 Program.--

1528 (1) DEFINITIONS.--As used in this section, the term:

1529 (a) "Department" means the Department of Health.

1530 (b) "Hematology" means the study, diagnosis, and treatment  
 1531 of blood and blood-forming tissues.

1532 (c) "Oncology" means the study, diagnosis, and treatment  
 1533 of malignant neoplasms or cancer.

1534 (d) "Hemophilia" or "other hemostatic disorder" means a  
 1535 bleeding disorder resulting from a genetic abnormality of  
 1536 mechanisms related to the control of bleeding.

1537 (e) "Sickle-cell anemia or other hemoglobinopathy" means  
 1538 an hereditary, chronic disease caused by an abnormal type of  
 1539 hemoglobin.

1540 (f) "Patient" means a person under the age of 21 who is in

1541 need of hematologic-oncologic services and who is enrolled in  
 1542 the Children's Medical Services Network ~~declared medically and~~  
 1543 ~~financially eligible by the department; or a person who received~~  
 1544 ~~such services prior to age 21 and who requires long-term~~  
 1545 ~~monitoring and evaluation to ascertain the sequelae and the~~  
 1546 ~~effectiveness of treatment.~~

1547 (g) "Center" means a facility designated by the department  
 1548 as having a program specifically designed to provide a full  
 1549 range of medical and specialty services to patients with  
 1550 hematologic and oncologic disorders.

1551 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;  
 1552 AUTHORITY.--The department may designate ~~is authorized to make~~  
 1553 ~~grants and reimbursements to designated centers and provide~~  
 1554 funding to ~~establish and~~ maintain programs for the care of  
 1555 patients with hematologic and oncologic disorders. Program  
 1556 administration costs shall be paid by the department from funds  
 1557 appropriated for this purpose.

1558 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS;~~  
 1559 CONDITIONS.--

1560 (a) Funding provided ~~A grant made~~ under this section shall  
 1561 be pursuant to a contract ~~contractual agreement~~ made between a  
 1562 center and the department. Each contract ~~agreement~~ shall provide  
 1563 that patients will receive services ~~specified types of treatment~~  
 1564 ~~and care~~ from the center without additional charge to the  
 1565 patients or their parents or guardians. ~~Grants shall be~~  
 1566 ~~disbursed in accordance with conditions set forth in the~~  
 1567 ~~disbursement guidelines.~~

1568 ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR~~



1569 ~~LOCAL PROGRAMS.~~

1570 (b) (a) Funding may be provided ~~Grant disbursements may be~~  
 1571 ~~made~~ to centers that ~~which~~ meet the following criteria:

1572 1. The personnel shall include at least one board-  
 1573 certified pediatric hematologist-oncologist, at least one board-  
 1574 certified pediatric surgeon, at least one board-certified  
 1575 radiotherapist, and at least one board-certified pathologist.

1576 2. ~~As approved by the department,~~ The center shall  
 1577 actively participate in a national children's cancer study  
 1578 group, maintain a pediatric tumor registry, have a  
 1579 multidisciplinary pediatric tumor board, and meet other  
 1580 guidelines for development, including, but not limited to,  
 1581 guidelines from such organizations as the American Academy of  
 1582 Pediatrics and the American Pediatric Surgical Association.

1583 ~~(b) Programs shall also be established to provide care to~~  
 1584 ~~hematology-oncology patients within each district of the~~  
 1585 ~~department. The guidelines for local programs shall be~~  
 1586 ~~formulated by the department. Special disbursements may be made~~  
 1587 ~~by the program office to centers for educational programs~~  
 1588 ~~designed for the districts of the department. These programs may~~  
 1589 ~~include teaching total supportive care of the dying patient and~~  
 1590 ~~his or her family, home therapy to hemophiliacs and patients~~  
 1591 ~~with other hemostatic disorders, and screening and counseling~~  
 1592 ~~for patients with sickle-cell anemia or other~~  
 1593 ~~hemoglobinopathies.~~

1594 (4) (5) PROGRAM AND PEER REVIEW.--The department shall  
 1595 evaluate ~~at least annually during the grant period~~ the services  
 1596 rendered by the centers ~~and the districts of the department.~~

1597 Data from the centers and other sources relating to pediatric  
 1598 cancer shall be reviewed annually by the Florida Association of  
 1599 Pediatric Tumor Programs, Inc.; and a written report with  
 1600 recommendations shall be made to the department. This database  
 1601 will be available to the department for program planning and  
 1602 quality assurance initiatives ~~formulation of its annual program~~  
 1603 ~~and financial evaluation report~~. A portion of the funds  
 1604 appropriated for this section may be used to provide statewide  
 1605 consultation, supervision, and evaluation of the programs of the  
 1606 centers, as well as central ~~program~~ office support personnel.

1607 Section 26. Paragraph (g) of subsection (2) and subsection  
 1608 (7) of section 385.207, Florida Statutes, are amended to read:

1609 385.207 Care and assistance of persons with epilepsy;  
 1610 establishment of programs in epilepsy control.--

1611 (2) The Department of Health shall:

1612 (g) Continue current programs and develop cooperative  
 1613 programs and services designed to enhance the vocational  
 1614 rehabilitation of epilepsy clients, including the current jobs  
 1615 programs. The department shall, as part of its contract with a  
 1616 provider of epilepsy services, collect information regarding the  
 1617 number of clients served, the outcomes reached, the expenses  
 1618 incurred, and the fees collected by such providers for the  
 1619 provision of services ~~keep~~ and make this information available  
 1620 to the Governor and the Legislature upon request ~~information~~  
 1621 ~~regarding the number of clients served, the outcome reached, and~~  
 1622 ~~the expense incurred by such programs and services.~~

1623 ~~(7) The department shall limit total administrative~~  
 1624 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~

1625 ~~of annual receipts.~~

1626 Section 27. Paragraphs (b), (d), and (g) of subsection (2)  
 1627 and paragraph (b) of subsection (5) of section 385.210, Florida  
 1628 Statutes, are amended to read:

1629 385.210 Arthritis prevention and education.--

1630 (2) LEGISLATIVE FINDINGS.--The Legislature finds the  
 1631 following:

1632 (b) Arthritis is the leading cause of disability in the  
 1633 United States, limiting daily activities for more than 19 ~~7~~  
 1634 million citizens.

1635 (d) There are enormous economic and social costs  
 1636 associated with treating arthritis and its complications; the  
 1637 economic costs are estimated at over \$128 billion (2003) ~~\$116~~  
 1638 ~~billion (1997)~~ annually in the United States.

1639 (g) The National Arthritis Foundation, the CDC ~~Centers for~~  
 1640 ~~Disease Control and Prevention~~, and the Association of State and  
 1641 Territorial Health Officials have led the development of a  
 1642 public health strategy, the National Arthritis Action Plan, to  
 1643 respond to this challenge.

1644 (5) FUNDING.--

1645 (b) The State Surgeon General may ~~shall~~ seek any federal  
 1646 waiver or waivers that may be necessary to maximize funds from  
 1647 the Federal Government to implement this program.

1648 Section 28. Section 385.301, Florida Statutes, is created  
 1649 to read:

1650 385.301 Rulemaking authority.--The department may adopt  
 1651 rules pursuant to chapter 120 to administer this chapter.

1652 Section 29. Subsection (9) of section 409.904, Florida

1653 Statutes, is amended to read:

1654 409.904 Optional payments for eligible persons.--The  
 1655 agency may make payments for medical assistance and related  
 1656 services on behalf of the following persons who are determined  
 1657 to be eligible subject to the income, assets, and categorical  
 1658 eligibility tests set forth in federal and state law. Payment on  
 1659 behalf of these Medicaid eligible persons is subject to the  
 1660 availability of moneys and any limitations established by the  
 1661 General Appropriations Act or chapter 216.

1662 (9) Eligible women with incomes at or below 200 percent of  
 1663 the federal poverty level and under age 65, for cancer treatment  
 1664 pursuant to the federal Breast and Cervical Cancer Prevention  
 1665 and Treatment Act of 2000, screened through the Mary Brogan  
 1666 Breast and Cervical Cancer Early Detection Program established  
 1667 under s. 385.2021 ~~s. 381.93~~.

1668 Section 30. The Pharmacy and Therapeutic Advisory  
 1669 Council.--

1670 (1) The Pharmacy and Therapeutic Advisory Council is  
 1671 created within the Executive Office of the Governor to serve in  
 1672 an advisory capacity to the Department of Health and other  
 1673 governmental agencies. The council may not interfere with  
 1674 existing mandated Medicaid services and may not develop or  
 1675 implement new ones. Specifically, the council may not interfere  
 1676 with the work of the Agency for Health Care Administration as it  
 1677 complies with federal and state statutory obligations to develop  
 1678 a preferred drug list, to negotiate rebate agreements for  
 1679 medications included in the preferred drug list, and to protect  
 1680 the confidentiality of rebate agreements. The council may not

1681 interfere with the Medicaid Pharmacy and Therapeutics Committee  
1682 or the Drug Utilization Review Board, which oversee clinical  
1683 activities within the Bureau of Pharmacy Services if such  
1684 interference would violate any federal or state statutory  
1685 obligations.

1686 (2) The Pharmacy and Therapeutic Advisory Council shall  
1687 use Medicaid processes within the existing Medicaid structure of  
1688 the Agency for Health Care Administration as a guide for  
1689 assisting state agencies in:

1690 (a) Developing an unbiased clinical perspective on drug  
1691 evaluations and utilization protocols that are relevant to  
1692 patient care provided through programs administered by state  
1693 agencies.

1694 (b) Developing drug-utilization-review processes that are  
1695 relevant to the agencies and those receiving care through  
1696 programs administered by the agencies.

1697 (c) Building a formulary structure that enforces formulary  
1698 compliance or adherence within each agency.

1699 (d) Performing pharmacoeconomic analyses on formulary  
1700 management so that the state maximizes the cost-effectiveness of  
1701 its pharmaceutical purchasing.

1702 (e) Reviewing new and existing therapies using criteria  
1703 established for efficacy, safety, and quality in order to  
1704 maximize cost-effective purchasing.

1705 (f) Reviewing state agency proposals to maximize the cost-  
1706 effectiveness of pharmaceutical purchasing in compliance with s.  
1707 381.0203.

1708 (3) The council shall verify the cost-effectiveness and

1709 clinical efficacy of any state contracts under s. 381.0203(1),  
 1710 Florida Statutes, no less than once every 2 years.

1711 (4) The members of the council and the chair shall be  
 1712 appointed by the Governor to 4-year staggered terms or until  
 1713 their successors are appointed. Members may be appointed to more  
 1714 than one term. The Governor shall fill any vacancies for the  
 1715 remainder of the unexpired term in the same manner as the  
 1716 original appointment.

1717 (5) The council shall include voting and nonvoting  
 1718 members, and the chair, who is a voting member, must be a  
 1719 pharmacist employed by a state agency.

1720 (a) The voting members shall represent:

- 1721 1. The Agency for Health Care Administration.
- 1722 2. The Agency for Persons with Disabilities.
- 1723 3. The Department of Children and Family Services.
- 1724 4. The Department of Corrections.
- 1725 5. The Department of Elderly Affairs.
- 1726 6. The Department of Health.
- 1727 7. The Department of Juvenile Justice.
- 1728 8. The Bureau of Pharmacy Services within the Agency for  
 1729 Health Care Administration, which shall be represented by the  
 1730 bureau chief.

1731 9. The Bureau of Statewide Pharmaceutical Services within  
 1732 the Department of Health, which shall be represented by the  
 1733 bureau chief.

1734 (b) The nonvoting members shall be:

- 1735 1. A representative from the Agency for Health Care  
 1736 Administration's drug contracting program.

1737           2. The contracting officer for the Department of Health's  
 1738 drug procurement program.

1739           3. A clinical pharmacy program manager from the Agency for  
 1740 Health Care Administration.

1741           4. The chair of the Department of Health's Pharmacy and  
 1742 Therapeutics Committee.

1743           5. The general counsel for the Agency for Health Care  
 1744 Administration or his or her designee.

1745           6. The general counsel for a state agency in the executive  
 1746 branch of state government, or his or her designee.

1747           7. A representative from the Executive Office of the  
 1748 Governor.

1749           8. The statewide pharmacy director of the Department of  
 1750 Corrections' Office of Health Services.

1751           (6) Members of the council shall consist of at least one  
 1752 physician licensed under chapter 458 or chapter 459, Florida  
 1753 Statutes, at least one pharmacist licensed under chapter 465,  
 1754 Florida Statutes, and at least one registered nurse licensed  
 1755 under chapter 464, Florida Statutes. Each member designated in  
 1756 this subsection must have an active license in his or her  
 1757 profession and may not have been the subject of any agency  
 1758 disciplinary action.

1759           (7) Members, who must be residents of this state, shall be  
 1760 selected on the basis of specialty, board certification, prior  
 1761 pharmacy and therapeutic experience, experience treating medical  
 1762 assistance recipients, ability to represent a broad base of  
 1763 constituents, and number of years of practice. Members must not  
 1764 have any conflicts of interest due to their service on the

1765 council.

1766 (8) The council may request the participation of  
 1767 additional subject-matter experts to address specific drug,  
 1768 therapeutic, or drug-procurement issues under review by the  
 1769 council.

1770 (9) A majority of the members of the council constitutes a  
 1771 quorum, and an affirmative vote of a majority of the voting  
 1772 members is necessary to take action.

1773 (10) The council shall meet quarterly or at the call of  
 1774 the chair.

1775 (11) The council shall be staffed by the chair's  
 1776 department or agency.

1777 (12) The council members shall serve without compensation,  
 1778 but are entitled to reimbursement for travel and per diem  
 1779 expenses incurred in the performance of their duties in  
 1780 accordance with s. 112.061, Florida Statutes.

1781 Section 31. Paragraph (g) is added to subsection (53) of  
 1782 section 499.003, Florida Statutes, to read:

1783 499.003 Definitions of terms used in this part.--As used  
 1784 in this part, the term:

1785 (53) "Wholesale distribution" means distribution of  
 1786 prescription drugs to persons other than a consumer or patient,  
 1787 but does not include:

1788 (g) The sale, purchase, trade, or transfer of a  
 1789 prescription drug among agencies and health care entities of the  
 1790 state to complete the dispensing of the prescription drug to a  
 1791 patient under the care of a state agency or health care entity,  
 1792 or to a patient for whom the state is responsible for providing



1793 | or arranging health care services. The agency or health care  
1794 | entity that received the prescription drug on behalf of the  
1795 | patient is deemed the patient's agent under s. 465.003(6).

1796 | Section 32. This act shall take effect July 1, 2009.