



251224

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/06/2009	.	
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	.	

The Committee on Health Regulation (Gaetz) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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

(2) The department shall:



251224

12 (e) Coordinate with the primary care program developed
13 pursuant to s. 154.011, the Florida Healthy Kids Corporation
14 program created in s. 624.91, the school health services program
15 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~
16 ~~Healthy People Program created in s. 381.734,~~ and the volunteer
17 health care provider program developed pursuant to s. 766.1115.

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19 and 381.734, Florida Statutes, are repealed.

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

23 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education
24 and Use Prevention Program.

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

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

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

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

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

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

38 ~~(e) "Tobacco" means, without limitation, tobacco itself and~~
39 ~~tobacco products that include tobacco and are intended or~~
40 ~~expected for human use or consumption, including, but not~~



251224

41 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~
42 ~~tobacco.~~

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

44 (2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of
45 this section to implement s. 27, Art. X of the State
46 Constitution. The Legislature finds that s. 27, Art. X of the
47 State Constitution requires the funding of a statewide tobacco
48 education and use prevention program that focuses on tobacco use
49 by youth. The Legislature further finds that the primary goals
50 of the program are to reduce the prevalence of tobacco use among
51 youth, adults, and pregnant women; reduce per capita tobacco
52 consumption; and reduce exposure to environmental tobacco smoke.
53 Further, it is the intent of the Legislature to base increases
54 in funding for individual components of the program on the
55 results of assessments and evaluations. Recognizing that some
56 components will need to grow faster than inflation, it is the
57 intent of the Legislature to fund portions of the program on a
58 nonrecurring basis in the early years so that those components
59 that are most effective can be supported as the program matures.

60 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department
61 shall conduct a comprehensive, statewide tobacco education and
62 use prevention program consistent with the recommendations for
63 effective program components contained in the 1999 Best
64 Practices for Comprehensive Tobacco Control Programs of the CDC,
65 as amended by the CDC. The program shall include the following
66 components, each of which shall focus on educating people,
67 ~~particularly youth and their parents,~~ about the health hazards
68 of tobacco and discouraging the use of tobacco. All program
69 components shall include efforts to educate youth and their



251224

70 parents about tobacco use, and a youth-directed focus shall
71 exist in all components outlined in this subsection.

72 (a) State and community interventions.—These interventions
73 shall include, but not be limited to, a statewide tobacco
74 control program that combines and coordinates community-based
75 interventions that focus on preventing initiation of tobacco use
76 among youth and young adults; promoting quitting among adults,
77 youth, and pregnant women; eliminating exposure to secondhand
78 smoke; identifying and eliminating tobacco-related disparities
79 among population groups; and promoting a range of collaborations
80 to prevent and alleviate the effects of chronic diseases.

81 ~~Counter-marketing and advertising; cyberspace resource center.~~
82 ~~The counter-marketing and advertising campaign shall include, at~~
83 ~~a minimum, Internet, print, radio, and television advertising~~
84 ~~and shall be funded with a minimum of one-third of the total~~
85 ~~annual appropriation required by s. 27, Art. X of the State~~
86 ~~Constitution. A cyberspace resource center for copyrighted~~
87 ~~materials and information concerning tobacco education and use~~
88 ~~prevention, including cessation, shall be maintained by the~~
89 ~~program. Such resource center must be accessible to the public,~~
90 ~~including parents, teachers, and students, at each level of~~
91 ~~public and private schools, universities, and colleges in the~~
92 ~~state and shall provide links to other relevant resources. The~~
93 ~~Internet address for the resource center must be incorporated in~~
94 ~~all advertising. The information maintained in the resource~~
95 ~~center shall be used by the other components of the program.~~

96 (b) Health communication interventions.—Effective media and
97 health communication intervention efforts include, but are not
98 limited to, audience research to define themes and execute



251224

99 messages for influential, high impact, and specifically targeted
100 campaigns; market research to identify the target market and the
101 behavioral theory motivating change; counter-marketing
102 surveillance; community tie-ins to support and reinforce the
103 statewide campaign; technologies such as viral marketing, social
104 networks, personal web pages, and web logs; traditional media;
105 process and outcome evaluation of the communication efforts; and
106 promotion of available services, including the state telephone
107 cessation quitline. ~~Cessation programs, counseling, and~~
108 ~~treatment. This program component shall include two~~
109 ~~subcomponents:~~

110 ~~1. A statewide toll-free cessation service, which may~~
111 ~~include counseling, referrals to other local resources and~~
112 ~~support services, and treatment to the extent funds are~~
113 ~~available for treatment services; and~~

114 ~~2. A local community-based program to disseminate~~
115 ~~information about smoking cessation, how smoking cessation~~
116 ~~relates to prenatal care and obesity prevention, and other~~
117 ~~chronic tobacco-related diseases.~~

118 (c) Cessation interventions.—Cessation interventions
119 include, but are not limited to, sustaining, expanding, and
120 promoting the service through population-based counseling and
121 treatment programs; encouraging public and private insurance
122 coverage for counseling and FDA-approved medication treatments
123 for tobacco-use cessation; eliminating cost and other barriers
124 to treatment for underserved populations; and making health care
125 system changes. Youth interventions to prevent tobacco-use
126 initiation and encourage cessation among young people are needed
127 in order to reshape the environment so that it supports tobacco-



251224

128 free norms. Because most people who start smoking are younger
129 than 18 years of age, intervening during adolescence is
130 critical. Community programs and school-based policies and
131 interventions should be a part of a comprehensive effort that is
132 implemented in coordination with community and school
133 environments and in conjunction with increasing the unit price
134 of tobacco products, sustaining anti-tobacco media campaigns,
135 making environments tobacco free, and engaging in other efforts
136 to create tobacco-free social norms. ~~Surveillance and~~
137 ~~evaluation. The program shall conduct ongoing epidemiological~~
138 ~~surveillance and shall contract for annual independent~~
139 ~~evaluations of the effectiveness of the various components of~~
140 ~~the program in meeting the goals as set forth in subsection (2).~~

141 (d) Surveillance and evaluation.—The surveillance and
142 evaluation of all program components shall monitor and document
143 short-term, intermediate, and long-term intervention outcomes to
144 inform program and policy direction and ensure accountability.
145 The surveillance and evaluation must be conducted objectively
146 through scientifically sound methodology. ~~Youth school~~
147 ~~programs. School and after-school programs shall use current~~
148 ~~evidence-based curricula and programs that involve youth to~~
149 ~~educate youth about the health hazards of tobacco, help youth~~
150 ~~develop skills to refuse tobacco, and demonstrate to youth how~~
151 ~~to stop using tobacco.~~

152 (e) Administration and management.—Administration and
153 management activities include, but are not limited to, strategic
154 planning to guide program efforts and resources in order to
155 accomplish goals; recruiting and developing qualified and
156 diverse technical, program, and administrative staff; awarding



251224

157 and monitoring program contracts and grants to coordinate
158 implementation across program areas; developing and maintaining
159 a fiscal-management system to track allocations and the
160 expenditure of funds; increasing capacity at the community level
161 through ongoing training and technical assistance; creating
162 effective communications internally among chronic disease
163 prevention programs and local coalitions and partners; and
164 educating the public and decisionmakers on the health effects of
165 tobacco and evidence-based effective program and policy
166 interventions. ~~Community programs and chronic disease~~
167 ~~prevention. The department shall promote and support local~~
168 ~~community-based partnerships that emphasize programs involving~~
169 ~~youth, including programs for the prevention, detection, and~~
170 ~~early intervention of smoking-related chronic diseases.~~

171 (f) *Training.*—The program shall include the training of
172 health care practitioners, smoking-cessation counselors, and
173 teachers by health professional students and other tobacco-use
174 prevention specialists who are trained in preventing tobacco use
175 and health education. Smoking-cessation counselors shall be
176 trained by specialists who are certified in tobacco-use
177 cessation.

178 (g) County health departments Administration, statewide
179 ~~programs, and county health departments.~~—Each county health
180 department is eligible to receive a portion of the annual
181 appropriation, on a per capita basis, for coordinating tobacco
182 education and use prevention programs within that county.
183 Appropriated funds may be used to improve the infrastructure of
184 the county health department to implement the comprehensive,
185 statewide tobacco education and use prevention program. Each



251224

186 county health department shall prominently display in all
187 treatment rooms and waiting rooms, counter-marketing and
188 advertisement materials in the form of wall posters, brochures,
189 television advertising if televisions are used in the lobby or
190 waiting room, and screensavers and Internet advertising if
191 computer kiosks are available for use or viewing by people at
192 the county health department.

193 (h) *Enforcement and awareness of related laws.*—In
194 coordination with the Department of Business and Professional
195 Regulation, the program shall monitor the enforcement of laws,
196 rules, and policies prohibiting the sale or other provision of
197 tobacco to minors, as well as the continued enforcement of the
198 Clean Indoor Air Act prescribed in chapter 386. The
199 advertisements produced in accordance with paragraph (b)
200 ~~paragraph (a)~~ may also include information designed to make the
201 public aware of these related laws and rules. The departments
202 may enter into interagency agreements to carry out this program
203 component.

204 ~~(i) AHEC smoking cessation initiative. For the 2007-2008~~
205 ~~and 2008-2009 fiscal years only, the AHEC network shall expand~~
206 ~~the AHEC smoking cessation initiative to each county within the~~
207 ~~state and perform other activities as determined by the~~
208 ~~department.~~

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

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

213 1. The State Surgeon General, who shall serve as the
214 chairperson.



251224

- 215 2. One county health department director, appointed by the
216 State Surgeon General.
- 217 3. Two members appointed by the Commissioner of Education,
218 of whom one must be a school district superintendent.
- 219 4. The chief executive officer of the Florida Division of
220 the American Cancer Society, or his or her designee.
- 221 5. The chief executive officer of the Greater Southeast
222 Affiliate of the American Heart Association, or his or her
223 designee.
- 224 6. The chief executive officer of the American Lung
225 Association of Florida, or his or her designee.
- 226 7. The dean of the University of Miami School of Medicine,
227 or his or her designee.
- 228 8. The dean of the University of Florida College of
229 Medicine, or his or her designee.
- 230 9. The dean of the University of South Florida College of
231 Medicine, or his or her designee.
- 232 10. The dean of the Florida State University College of
233 Medicine, or his or her designee.
- 234 11. The dean of Nova Southeastern College of Osteopathic
235 Medicine, or his or her designee.
- 236 12. The dean of the Lake Erie College of Osteopathic
237 Medicine in Bradenton, Florida, or his or her designee.
- 238 13. The chief executive officer of the Campaign for Tobacco
239 Free Kids, or his or her designee.
- 240 14. The chief executive officer of the Legacy Foundation,
241 or his or her designee.
- 242 15. Four members appointed by the Governor, of whom two
243 must have expertise in the field of tobacco-use prevention and



251224

244 education or smoking cessation and one individual who shall be
245 between the ages of 16 and 21 at the time of his or her
246 appointment.

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

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

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

257 (c) An appointed member may not serve more than two
258 consecutive terms.

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

262 (e) Members of the council shall serve without
263 compensation, but are entitled to reimbursement for per diem and
264 travel expenses pursuant to s. 112.061. Members who are state
265 officers or employees or who are appointed by state officers or
266 employees shall be reimbursed for per diem and travel expenses
267 pursuant to s. 112.061 from the state agency through which they
268 serve.

269 (f) The council shall adhere to all state ethics laws.
270 Meetings of the council and the review panels are subject to
271 chapter 119, s. 286.011, and s. 24, Art. I of the State
272 Constitution. ~~The department shall provide council members with~~



251224

273 ~~information and other assistance as is reasonably necessary to~~
274 ~~assist the council in carrying out its responsibilities.~~

275 (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall
276 advise the State Surgeon General as to the direction and scope
277 of the Comprehensive Statewide Tobacco Education and Use
278 Prevention Program. The responsibilities of the council may
279 include, but are not limited to:

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

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

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

285 (d) Reviewing, as requested by the department, broadcast
286 material prepared for the Internet, portable media players,
287 radio, and television advertisement ~~as it relates to the~~
288 ~~advertising component of the tobacco education and use~~
289 ~~prevention program.~~

290 (e) Participating in periodic program evaluation, as
291 requested by the department.

292 (f) Assisting the department in developing ~~the development~~
293 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to
294 the principles of merit and quality in the conduct of the
295 program.

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

300 (h) Assisting the department in developing panels to review
301 and evaluate potential fund recipients ~~the development and~~



251224

302 ~~supervision of peer review panels.~~

303 (i) Assisting the department in reviewing reports of peer
304 review panels and making recommendations for funding allocations
305 ~~contracts and grants.~~

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

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

313 (l) Recommending policies to encourage a coordinated
314 response to tobacco use in this state, focusing specifically on
315 creating partnerships within and between the public and private
316 sectors.

317 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the
318 program components or subcomponents described in paragraphs
319 (3) (a)-(f) shall be awarded by the State Surgeon General, after
320 consultation with the council, on the basis of merit, as
321 determined by an open, competitive, peer-reviewed process that
322 ensures objectivity, consistency, and high quality. The
323 department shall award such grants or contracts no later than
324 October 1 for each fiscal year. A recipient of a contract or
325 grant for the program component described in paragraph (3) (d)
326 ~~(3) (e)~~ is not eligible for a contract or grant award for any
327 other program component described in subsection (3) in the same
328 state fiscal year. ~~A school or college of medicine that is~~
329 ~~represented on the council is not eligible to receive a contract~~
330 ~~or grant under this section. For the 2007-2008 and 2008-2009~~



251224

331 ~~fiscal years only, the department shall award a contract or~~
332 ~~grant in the amount of \$10 million to the AHEC network for the~~
333 ~~purpose of developing the components described in paragraph~~
334 ~~(3)(i).~~ The AHEC network may apply for a competitive contract or
335 grant after the 2008-2009 fiscal year.

336 (a) In order to ensure that all proposals for funding are
337 appropriate and are evaluated fairly on the basis of merit, the
338 State Surgeon General, in consultation with the council, shall
339 appoint a ~~peer~~ review panel of independent, qualified experts in
340 the field of tobacco control to review the content of each
341 proposal and establish its priority score. The priority scores
342 shall be forwarded to the council and must be considered in
343 determining which proposals will be recommended for funding.

344 (b) The council and the ~~peer~~ review panel shall establish
345 and follow rigorous guidelines for ethical conduct and adhere to
346 a strict policy with regard to conflicts of interest. Council
347 members are subject to the applicable provisions of chapter 112.
348 ~~A member of the council or panel may not participate in any~~
349 ~~discussion or decision with respect to a research proposal by~~
350 ~~any firm, entity, or agency with which the member is associated~~
351 ~~as a member of the governing body or as an employee or with~~
352 ~~which the member has entered into a contractual arrangement.~~
353 ~~Meetings of the council and the peer review panels are subject~~
354 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~
355 ~~Constitution.~~

356 (c) In each contract or grant agreement, the department
357 shall limit the use of food and promotional items to no more
358 than 2.5 percent of the total amount of the contract or grant
359 and limit overhead or indirect costs to no more than 7.5 percent



251224

360 of the total amount of the contract or grant. The department, in
361 consultation with the Department of Financial Services, shall
362 publish guidelines for appropriate food and promotional items.

363 (d) In each advertising contract, the department shall
364 limit the total of production fees, buyer commissions, and
365 related costs to no more than 10 percent of the total contract
366 amount.

367 (e) Notwithstanding the competitive process for contracts
368 prescribed in this subsection, each county health department is
369 eligible for core funding, on a per capita basis, to implement
370 tobacco education and use prevention activities within that
371 county.

372 (7) ANNUAL REPORT REQUIRED.—By February 28 ~~January 31~~ of
373 each year, the department shall provide to the Governor, the
374 President of the Senate, and the Speaker of the House of
375 Representatives a report that evaluates the program's
376 effectiveness in reducing and preventing tobacco use and that
377 recommends improvements to enhance the program's effectiveness.
378 The report must contain, at a minimum, an annual survey of youth
379 attitudes and behavior toward tobacco, as well as a description
380 of the progress in reducing the prevalence of tobacco use among
381 youth, adults, and pregnant women; reducing per capita tobacco
382 consumption; and reducing exposure to environmental tobacco
383 smoke.

384 (8) LIMITATION ON ADMINISTRATIVE EXPENSES.—From the total
385 funds appropriated for the Comprehensive Statewide Tobacco
386 Education and Use Prevention Program in the General
387 Appropriations Act, an amount of up to 5 percent may be used by
388 the department for administrative expenses.



251224

389 ~~(9) RULEMAKING AUTHORIZED. By January 1, 2008, the~~
390 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~
391 ~~120.54 to administer this section.~~

392 Section 4. Section 381.91, Florida Statutes, is transferred
393 and renumbered as section 385.2024, Florida Statutes, to read:

394 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

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

396 (a) Reduce the rates of illness and death from lung cancer
397 and other cancers and improve the quality of life among low-
398 income African-American and Hispanic populations through
399 increased access to early, effective screening and diagnosis,
400 education, and treatment programs.

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

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

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

412 (b) Funding may be provided to develop contracts with
413 community health centers and local community faith-based
414 education programs to provide cancer screening, diagnosis,
415 education, and treatment services to low-income populations
416 throughout the state.

417 Section 5. Section 381.911, Florida Statutes, is



251224

418 transferred, renumbered as section 385.2023, Florida Statutes,
419 and amended to read:

420 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

421 (1) To the extent that funds are specifically made
422 available for this purpose, the Prostate Cancer Awareness
423 Program is established within the Department of Health. The
424 purpose of this program is to implement the recommendations of
425 January 2000 of the Florida Prostate Cancer Task Force to
426 provide for statewide outreach and health education activities
427 to ensure that men are aware of and appropriately seek medical
428 counseling for prostate cancer as an early-detection health care
429 measure.

430 (2) For purposes of implementing the program, the
431 Department of Health and the Florida Public Health Foundation,
432 Inc., may:

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

435 (b) Seek any available gifts, grants, or funds from the
436 state, the Federal Government, philanthropic foundations, and
437 industry or business groups.

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

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

443 1. Three persons from prostate cancer survivor groups or
444 cancer-related advocacy groups.

445 2. Three persons who are scientists or clinicians from
446 public or nonpublic universities or research organizations.



251224

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

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

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

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

457 Section 7. Section 381.92, Florida Statutes, is transferred
458 and renumbered as section 385.2025, Florida Statutes, to read:

459 385.2025 ~~381.92~~ Florida Cancer Council.—

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

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

466 (b) The Florida Cancer Council may create not-for-profit
467 corporate subsidiaries to fulfill its mission. The council and
468 its subsidiaries are authorized to receive, hold, invest, and
469 administer property and any moneys acquired from private, local,
470 state, and federal sources, as well as technical and
471 professional income generated or derived from the mission-
472 related activities of the council.

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

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



251224

- 476 2. The State Surgeon General or his or her designee;
477 3. The chief executive officer of the H. Lee Moffitt Cancer
478 Center or his or her designee;
479 4. The director of the University of Florida Shands Cancer
480 Center or his or her designee;
481 5. The chief executive officer of the University of Miami
482 Sylvester Comprehensive Cancer Center or his or her designee;
483 6. The chief executive officer of the Mayo Clinic,
484 Jacksonville, or his or her designee;
485 7. The chief executive officer of the American Cancer
486 Society, Florida Division, Inc., or his or her designee;
487 8. The president of the American Cancer Society, Florida
488 Division, Inc., Board of Directors or his or her designee;
489 9. The president of the Florida Society of Clinical
490 Oncology or his or her designee;
491 10. The president of the American College of Surgeons,
492 Florida Chapter, or his or her designee;
493 11. The chief executive officer of Enterprise Florida,
494 Inc., or his or her designee;
495 12. Five representatives from cancer programs approved by
496 the American College of Surgeons. Three shall be appointed by
497 the Governor, one shall be appointed by the Speaker of the House
498 of Representatives, and one shall be appointed by the President
499 of the Senate;
500 13. One member of the House of Representatives, to be
501 appointed by the Speaker of the House of Representatives; and
502 14. One member of the Senate, to be appointed by the
503 President of the Senate.
504 (d) Appointments made by the Speaker of the House of



251224

505 Representatives and the President of the Senate pursuant to
506 paragraph (c) shall be for 2-year terms, concurrent with the
507 bienniums in which they serve as presiding officers.

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

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

514 (3) The council shall issue an annual report to the Center
515 for Universal Research to Eradicate Disease, the Governor, the
516 Speaker of the House of Representatives, and the President of
517 the Senate by December 15 of each year, with policy and funding
518 recommendations regarding cancer research capacity in Florida
519 and related issues.

520 Section 8. Section 381.921, Florida Statutes, is
521 transferred and renumbered as section 385.20251, Florida
522 Statutes, to read:

523 385.20251 ~~381.921~~ Florida Cancer Council mission and
524 duties.—The council, which shall work in concert with the
525 Florida Center for Universal Research to Eradicate Disease to
526 ensure that the goals of the center are advanced, shall endeavor
527 to dramatically improve cancer research and treatment in this
528 state through:

529 (1) Efforts to significantly expand cancer research
530 capacity in the state by:

531 (a) Identifying ways to attract new research talent and
532 attendant national grant-producing researchers to cancer
533 research facilities in this state;



251224

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

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

540 (d) Encouraging the employment of bioinformatics in order
541 to create a cancer informatics infrastructure that enhances
542 information and resource exchange and integration through
543 researchers working in diverse disciplines, to facilitate the
544 full spectrum of cancer investigations;

545 (e) Facilitating the technical coordination, business
546 development, and support of intellectual property as it relates
547 to the advancement of cancer research; and

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

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

552 (a) Identifying ways to increase adult enrollment in cancer
553 clinical trials;

554 (b) Supporting public and private professional education
555 programs designed to increase the awareness and knowledge about
556 cancer clinical trials;

557 (c) Providing tools to cancer patients and community-based
558 oncologists to aid in the identification of cancer clinical
559 trials available in the state; and

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



251224

563 (3) Efforts to reduce the impact of cancer on disparate
564 groups by:

565 (a) Identifying those cancers that disproportionately
566 impact certain demographic groups; and

567 (b) Building collaborations designed to reduce health
568 disparities as they relate to cancer.

569 Section 9. Paragraph (a) of subsection (2) and subsection
570 (5) of section 381.922, Florida Statutes, as amended by section
571 2 of chapter 2009-5, Laws of Florida, is amended to read:

572 381.922 William G. "Bill" Bankhead, Jr., and David Coley
573 Cancer Research Program.—

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

576 (a) Emphasis shall be given to the goals enumerated in s.
577 385.20251 ~~s. 381.921~~, as those goals support the advancement of
578 such cures.

579 (5) For the 2008-2009 fiscal year and each fiscal year
580 thereafter, the sum of \$6.75 million is appropriated annually
581 from recurring funds in the General Revenue Fund to the
582 Biomedical Research Trust Fund within the Department of Health
583 for purposes of the William G. "Bill" Bankhead, Jr., and David
584 Coley Cancer Research Program and shall be distributed pursuant
585 to this section to provide grants to researchers seeking cures
586 for cancer, with emphasis given to the goals enumerated in s.
587 385.20251 ~~s. 381.921~~. From the total funds appropriated, an
588 amount of up to 10 percent may be used for administrative
589 expenses.

590 Section 10. Section 381.93, Florida Statutes, is
591 transferred and renumbered as section 385.2021, Florida



251224

592 Statutes, to read:

593 385.2021 ~~381.93~~ Breast and cervical cancer early detection
594 program.—This section may be cited as the “Mary Brogan Breast
595 and Cervical Cancer Early Detection Program Act.”

596 (1) It is the intent of the Legislature to reduce the rates
597 of death due to breast and cervical cancer through early
598 diagnosis and increased access to early screening, diagnosis,
599 and treatment programs.

600 (2) The Department of Health, using available federal funds
601 and state funds appropriated for that purpose, is authorized to
602 establish the Mary Brogan Breast and Cervical Cancer Screening
603 and Early Detection Program to provide screening, diagnosis,
604 evaluation, treatment, case management, and followup and
605 referral to the Agency for Health Care Administration for
606 coverage of treatment services.

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

612 (4) The department shall limit enrollment in the program to
613 persons with incomes up to and including 200 percent of the
614 federal poverty level. The department shall establish an
615 eligibility process that includes an income-verification process
616 to ensure that persons served under the program meet income
617 guidelines.

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



251224

621 Section 11. Section 381.931, Florida Statutes, is
622 transferred and renumbered as section 385.20211, Florida
623 Statutes, to read:

624 385.20211 ~~381.931~~ Annual report on Medicaid expenditures.-
625 The Department of Health and the Agency for Health Care
626 Administration shall monitor the total Medicaid expenditures for
627 services made under this act. If Medicaid expenditures are
628 projected to exceed the amount appropriated by the Legislature,
629 the Department of Health shall limit the number of screenings to
630 ensure Medicaid expenditures do not exceed the amount
631 appropriated. The Department of Health, in cooperation with the
632 Agency for Health Care Administration, shall prepare an annual
633 report that must include the number of women screened; the
634 percentage of positive and negative outcomes; the number of
635 referrals to Medicaid and other providers for treatment
636 services; the estimated number of women who are not screened or
637 not served by Medicaid due to funding limitations, if any; the
638 cost of Medicaid treatment services; and the estimated cost of
639 treatment services for women who were not screened or referred
640 for treatment due to funding limitations. The report shall be
641 submitted to the President of the Senate, the Speaker of the
642 House of Representatives, and the Executive Office of the
643 Governor by March 1 of each year.

644 Section 12. Chapter 385, Florida Statutes, entitled
645 "Chronic Diseases," is renamed the "Healthy and Fit Florida
646 Act."

647 Section 13. Section 385.101, Florida Statutes, is amended
648 to read:

649 385.101 Short title.-This chapter Sections 385.101-385.103



251224

650 may be cited as the "Healthy and Fit Florida Chronic Diseases
651 Act."

652 Section 14. Section 385.102, Florida Statutes, is amended
653 to read:

654 385.102 Legislative intent.—It is the finding of the
655 Legislature that:

656 (1) Chronic diseases continue to be the leading cause of
657 death and disability in this state and the country exist in high
658 proportions among the people of this state. These Chronic
659 diseases include, but are not limited to, arthritis,
660 cardiovascular disease ~~heart disease,~~ hypertension, diabetes,
661 renal disease, cancer, and ~~chronic obstructive~~ lung disease.
662 These diseases ~~are~~ often have the same preventable risk factors
663 interrelated, and ~~they directly and indirectly~~ account for a
664 high rate of death, disability, and underlying costs to the
665 state's health care system illness.

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

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

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

674 (5) ~~(2)~~ Advances in medical knowledge and technology assist
675 have assisted in the prevention, detection, and management of
676 chronic diseases. Comprehensive approaches that stress the
677 stresssing application of current medical treatment, continuing
678 research, professional training, and patient education, and



251224

679 community-level policy and environmental changes should be
680 implemented encouraged.

681 ~~(6)(3) A comprehensive program dealing with the early~~
682 ~~detection and prevention of chronic diseases is required to make~~
683 ~~knowledge and therapy available to all people of this state. The~~
684 ~~mobilization of scientific, medical, and educational resources,~~
685 ~~along with the implementation of community-based policy under~~
686 ~~one comprehensive chronic disease law, act will facilitate the~~
687 ~~prevention, early intervention, and management treatment of~~
688 ~~chronic these diseases and their symptoms. This integration of~~
689 ~~resources and policy will and result in a decline in death and~~
690 ~~disability illness among the people of this state.~~

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

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

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

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

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

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



251224

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

712 Section 15. Section 385.1021, Florida Statutes, is created
713 to read:

714 385.1021 Definitions.—As used in this chapter, the term:

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

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

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

720 (4) "Environmental changes" means changes to the economic,
721 social, or physical natural or built environments which
722 encourage or enable behaviors.

723 (5) "Policy change" means altering an informal or formal
724 agreement between public or private sectors which sets forth
725 values, behaviors, or resource allocation in order to improve
726 health.

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

730 (7) "Risk factor" means a characteristic or condition
731 identified during the course of an epidemiological study of a
732 disease that appears to be statistically associated with a high
733 incidence of that disease.

734 (8) "Secondary prevention" means an intervention that is
735 designed to promote the early detection and management of
736 diseases and reduce the risks experienced by at-risk



251224

737 populations.

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

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

746 (11) "Tobacco" means, without limitation, tobacco itself
747 and tobacco products that include tobacco and are intended or
748 expected for human use or consumption, including, but not
749 limited to, cigarettes, cigars, pipe tobacco, and smokeless
750 tobacco.

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

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

757 Section 16. Section 385.1022, Florida Statutes, is created
758 to read:

759 385.1022 Chronic disease prevention program.—The department
760 shall support public health programs to reduce the incidence of
761 mortality and morbidity from diseases for which risk factors can
762 be identified. Such risk factors include, but are not limited
763 to, being overweight or obese, physical inactivity, poor
764 nutrition and diet, tobacco use, sun exposure, and other
765 practices that are detrimental to health. The programs shall



251224

766 educate and screen the general public as well as groups at
767 particularly high risk of chronic diseases.

768 Section 17. Section 385.1023, Florida Statutes, is created
769 to read:

770 385.1023 State-level prevention programs for chronic
771 disease.—

772 (1) The department shall create state-level programs that
773 address the leading, preventable chronic disease risk factors of
774 poor nutrition and obesity, tobacco use, sun exposure, and
775 physical inactivity in order to decrease the incidence of
776 arthritis, cancer, diabetes, heart disease, lung disease,
777 stroke, and other chronic diseases.

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

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

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

784 (c) Promoting public awareness and increasing knowledge
785 concerning the causes of chronic diseases, the importance of
786 early detection, diagnosis, and appropriate evidence-based
787 prevention, management, and treatment strategies.

788 (d) Disseminating educational materials and information
789 concerning evidence-based results, available services, and
790 pertinent new research findings and prevention strategies to
791 patients, health insurers, health professionals, and the public.

792 (e) Using education and training resources and services
793 developed by organizations having appropriate expertise and
794 knowledge of chronic diseases for technical assistance.



251224

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

797 (g) Increasing awareness among state and local officials
798 involved in health and human services, health professionals and
799 providers, and policymakers about evidence-based chronic-disease
800 prevention, tobacco cessation, and treatment strategies and
801 their benefits for people who have chronic diseases.

802 (h) Developing a partnership with state and local
803 governments, voluntary health organizations, hospitals, health
804 insurers, universities, medical centers, employer groups,
805 private companies, and health care providers to address the
806 burden of chronic disease in this state.

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

809 (j) Providing lasting improvements in the delivery of
810 health care for individuals who have chronic disease and their
811 families, thus improving their quality of life while also
812 containing health care costs.

813 Section 18. Section 385.103, Florida Statutes, is amended
814 to read:

815 385.103 Community-level Community intervention programs for
816 chronic disease prevention and health promotion.-

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

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

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



251224

- 824 2. Community input into the planning, implementation, and
825 evaluation processes ~~Risk factor detection;~~
- 826 3. Use of public health data to make decisions and to
827 develop and prioritize community-based interventions focusing on
828 chronic diseases and their risk factors; ~~Appropriate~~
829 ~~intervention to enable and encourage changes in behaviors that~~
830 ~~create health risks; and~~
- 831 4. Adherence to a population-based approach by using a
832 socioecological model that addresses the influence on individual
833 behavior, interpersonal behavior, organizational behavior, the
834 community, and public policy; ~~Counseling in nutrition, physical~~
835 ~~activity, the effects of tobacco use, hypertension, blood~~
836 ~~pressure control, and diabetes control and the provision of~~
837 ~~other clinical prevention services.~~
- 838 5. Focus on at least the common preventable risk factors
839 for chronic disease, such as physical inactivity, obesity, poor
840 nutrition, and tobacco use;
- 841 6. Focus on developing and implementing interventions and
842 activities through communities, schools, worksites, faith-based
843 organizations, and health-care settings;
- 844 7. Use of evidence-based interventions as well as best and
845 promising practices to guide specific activities and effect
846 change, which may include guidelines developed by organizations,
847 volunteer scientists, and health care professionals who write
848 published medical, scientific statements on various chronic
849 disease topics. The statements shall be supported by scientific
850 studies published in recognized journals that have a rigorous
851 review and approval process. Scientific statements generally
852 include a review of data available on a specific subject and an



251224

853 evaluation of its relationship to overall chronic disease
854 science;

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

858 9. Development of extensive and comprehensive evaluation
859 that is linked to program planning at the state level and the
860 community level in order to determine the program's
861 effectiveness or necessary program modifications; and

862 10. Reduction of duplication of efforts through
863 coordination among appropriate entities for the efficient use of
864 resources.

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

869 1. Appropriate medical, research-based interventions to
870 enable and encourage changes in behaviors which reduce or
871 eliminate health risks;

872 2. Counseling in nutrition, weight management, physical
873 inactivity, and tobacco-use prevention and cessation strategies;
874 hypertension, blood pressure, high cholesterol, and diabetes
875 control; and other clinical prevention services;

876 ~~3.1.~~ Motivation and assistance to individuals or groups in
877 adopting and maintaining ~~Motivate and assist citizens to adopt~~
878 ~~and maintain~~ healthful practices and lifestyles; and

879 ~~4.2.~~ Make available Learning opportunities that ~~which~~ will
880 increase the ability of people to make informed decisions
881 affecting their personal, family, and community well-being and



251224

882 ~~that which~~ are designed to facilitate ~~voluntary~~ adoption of
883 behavior ~~that which~~ will improve or maintain health.~~7~~

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

886 ~~4. Facilitate collaboration among appropriate agencies for~~
887 ~~efficient use of scarce resources.~~

888 (c) "Community intervention program" means a program
889 combining the required elements of a chronic disease prevention
890 and health promotion control program and the principles of a
891 community health education program that addresses system,
892 policy, and environmental changes that ensure that communities
893 provide support for healthy lifestyles into a unified program
894 over which a single administrative entity has authority and
895 responsibility.

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

897 (e) ~~"Risk factor" means a factor identified during the~~
898 ~~course of an epidemiological study of a disease, which factor~~
899 ~~appears to be statistically associated with a high incidence of~~
900 ~~that disease.~~

901 (2) OPERATION OF COMMUNITY-LEVEL COMMUNITY INTERVENTION
902 PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.-

903 (a) The department shall develop and implement a
904 comprehensive, community-based program for chronic disease
905 prevention and health promotion. The program shall be designed
906 to reduce major behavioral risk factors that are associated with
907 chronic diseases by enhancing the knowledge, skills, motivation,
908 and opportunities for individuals, organizations, health care
909 providers, small businesses, health insurers, and communities to
910 develop and maintain healthy lifestyles. The department shall



251224

911 ~~assist the county health departments in developing and operating~~
912 ~~community intervention programs throughout the state. At a~~
913 ~~minimum, the community intervention programs shall address one~~
914 ~~to three of the following chronic diseases: cancer, diabetes,~~
915 ~~heart disease, stroke, hypertension, renal disease, and chronic~~
916 ~~obstructive lung disease.~~

917 (b) The program shall include:

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

920 2. The development of community-based programs for chronic
921 disease prevention and health promotion which incorporate health
922 promotion and preventive care practices that are supported in
923 scientific and medical literature;

924 3. The development and implementation of statewide age-
925 specific, disease-specific, and community-specific health
926 promotion and preventive care strategies using primary,
927 secondary, and tertiary prevention interventions;

928 4. The promotion of community, research-based health-
929 promotion model programs that meet specific criteria, address
930 major risk factors, and motivate individuals to permanently
931 adopt healthy behaviors and increase social and personal
932 responsibilities;

933 5. The development of policies that encourage the use of
934 alternative community delivery sites for health promotion,
935 disease prevention, and preventive care programs and promote the
936 use of neighborhood delivery sites that are close to work, home,
937 and school; and

938 6. An emphasis on the importance of healthy and physically
939 active lifestyles to build self-esteem and reduce morbidity and



251224

940 mortality associated with chronic disease and being overweight
941 or obese. Existing community resources, when available, shall be
942 used to support the programs. The department shall seek funding
943 for the programs from federal and state financial assistance
944 programs which presently exist or which may be hereafter
945 created. Additional services, as appropriate, may be
946 incorporated into a program to the extent that resources are
947 available. The department may accept gifts and grants in order
948 to carry out a program.

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

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

958 ~~(e) If the department determines that it is necessary for~~
959 ~~clients to help pay for services provided by a program, the~~
960 ~~department may require clients to make contribution therefor in~~
961 ~~either money or personal services. The amount of money or value~~
962 ~~of the personal services shall be fixed according to a fee~~
963 ~~schedule established by the department or by the entity~~
964 ~~developing the program. In establishing the fee schedule, the~~
965 ~~department or the entity developing the program shall take into~~
966 ~~account the expenses and resources of a client and his or her~~
967 ~~overall ability to pay for the services.~~

968 Section 19. Section 385.105, Florida Statutes, is created



251224

969 to read:

970 385.105 Physical activity, obesity prevention, nutrition,
971 other health-promotion services, and wellness programs.—

972 (1) PHYSICAL ACTIVITY—.

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

976 (b) The department shall work with school health advisory
977 or wellness committees in each school district as established in
978 s. 381.0056.

979 (c) The department shall develop public and private
980 partnerships that allow the public to easily access recreational
981 facilities and public land areas that are suitable for physical
982 activity.

983 (d) The department shall work in collaboration with the
984 Executive Office of the Governor and Volunteer Florida, Inc., to
985 promote school initiatives, such as the Governor's Fitness
986 Challenge.

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

990 (2) OBESITY PREVENTION.—The department shall promote
991 healthy lifestyles to reduce the prevalence of excess weight
992 gain and being overweight or obese through programs that are
993 directed towards all residents of this state by:

994 (a) Using all appropriate media to promote maximum public
995 awareness of the latest research on healthy lifestyles and
996 chronic diseases and disseminating relevant information through
997 a statewide clearinghouse relating to wellness, physical



251224

998 activity, and nutrition and the effect of these factors on
999 chronic diseases and disabling conditions.

1000 (b) Providing technical assistance, training, and resources
1001 on healthy lifestyles and chronic diseases to the public, health
1002 care providers, school districts, and other persons or entities,
1003 including faith-based organizations that request such assistance
1004 to promote physical activity, nutrition, and healthy lifestyle
1005 programs.

1006 (c) Developing, implementing, and using all available
1007 research methods to collect data, including, but not limited to,
1008 population-specific data, and tracking the incidence and effects
1009 of weight gain, obesity, and related chronic diseases. The
1010 department shall include an evaluation and data-collection
1011 component in all programs as appropriate. All research conducted
1012 under this paragraph is subject to review and approval as
1013 required by the department's institutional review board under s.
1014 381.86.

1015 (d) Entering into partnerships with the Department of
1016 Education, local communities, school districts, and other
1017 entities to encourage schools in this state to promote
1018 activities during and after school to help students meet a
1019 minimum goal of 30 minutes of physical activity or physical
1020 fitness per day.

1021 (e) Entering into partnerships with the Department of
1022 Education, school districts, and the Florida Sports Foundation
1023 to develop a programs recognizing the schools at which students
1024 demonstrate excellent physical fitness or fitness improvement.

1025 (f) Collaborating with other state agencies to develop
1026 policies and strategies for preventing and treating obesity,



251224

1027 which shall be incorporated into programs administered by each
1028 agency and shall include promoting healthy lifestyles of
1029 employees of each agency.

1030 (g) Advising, in accordance with s. 456.081, health care
1031 practitioners about the morbidity, mortality, and costs
1032 associated with being overweight or obese, informing such
1033 practitioners of promising clinical practices for preventing and
1034 treating obesity, and encouraging practitioners to counsel their
1035 patients regarding the adoption of healthy lifestyles.

1036 (h) Maximizing all local, state, and federal funding
1037 sources, including grants, public-private partnerships, and
1038 other mechanisms to strengthen the department's programs
1039 promoting physical activity and nutrition.

1040 (3) NUTRITION.—The department shall promote optimal
1041 nutritional status in all stages of people's lives by developing
1042 strategies to:

1043 (a) Promote and maintain optimal nutritional status in the
1044 population through activities, including, but not limited to:

1045 1. Nutrition screening and assessment and nutrition
1046 counseling, including nutrition therapy, followup, case
1047 management, and referrals for persons who have medical
1048 conditions or nutrition-risk factors and who are provided health
1049 services through public health programs or through referrals
1050 from private health care providers or facilities;

1051 2. Nutrition education to assist residents of the state in
1052 achieving optimal health and preventing chronic disease; and

1053 3. Consultative nutrition services to group facilities
1054 which promote the provision of safe and nutritionally adequate
1055 diets.



251224

1056 (b) Monitor and conduct surveillance of the nutritional
1057 status of this state's population.

1058 (c) Conduct or support research or evaluations related to
1059 public health nutrition. All research conducted under this
1060 paragraph is subject to review and approval as required by the
1061 department's institutional review board under s. 381.86.

1062 (d) Establish policies and standards for public health
1063 nutrition practices.

1064 (e) Promote interagency cooperation, professional
1065 education, and consultation.

1066 (f) Provide technical assistance and advise state agencies,
1067 private institutions, and local organizations regarding public
1068 health nutrition standards.

1069 (g) Work with the Department of Agriculture and Consumer
1070 Services, the Department of Education, and the Department of
1071 Management Services to further the use of fresh produce from
1072 this state in schools and encourage the development of community
1073 gardens. Nutritional services shall be available to eligible
1074 persons in accordance with eligibility criteria adopted by the
1075 department. The department shall provide by rule requirements
1076 for the service fees, when applicable, which may not exceed the
1077 department's actual costs.

1078
1079 The department may adopt rules to administer this subsection.

1080 (4) OTHER HEALTH-PROMOTION SERVICES.-

1081 (a) The department shall promote personal responsibility by
1082 encouraging residents of this state to be informed, follow
1083 health recommendations, seek medical consultations and health
1084 assessments, take healthy precautions, and comply with medical



251224

1085 guidelines, including those that lead to earlier detection of
1086 chronic diseases in order to prevent chronic diseases or slow
1087 the progression of established chronic diseases.

1088 (b) The department shall promote regular health visits
1089 during a person's lifetime, including annual physical
1090 examinations that include measuring body mass index and vital
1091 signs, blood work, immunizations, screenings, and dental
1092 examinations in order to reduce the financial, social, and
1093 personal burden of chronic disease.

1094 (5) WELLNESS PROGRAMS.-

1095 (a) Each state agency may conduct employee wellness
1096 programs in buildings and lands owned or leased by the state.
1097 The department shall serve as a model to develop and implement
1098 employee wellness programs that may include physical fitness,
1099 healthy nutrition, self-management of disease, education, and
1100 behavioral change. The department shall assist other state
1101 agencies to develop and implement employee wellness programs.
1102 These programs shall use existing resources, facilities, and
1103 programs or resources procured through grant funding and
1104 donations that are obtained in accordance with state ethics and
1105 procurement policies, and shall provide equal access to any such
1106 programs, resources, and facilities to all state employees.

1107 (b) The department shall coordinate its efforts with the
1108 Department of Management Services and other state agencies.

1109 (c) Each agency may establish an employee wellness work
1110 group to design the program. The department shall be available
1111 to provide policy guidance and assist in identifying effective
1112 wellness program strategies.

1113 (d) The department shall provide by rule requirements for



251224

1114 nominal participation fees, when applicable, which may not
1115 exceed the department's actual costs; collaborations with
1116 businesses; and the procurement of equipment and incentives.

1117 Section 20. Section 385.202, Florida Statutes, is amended
1118 to read:

1119 385.202 Statewide cancer registry.—

1120 (1) Each facility, laboratory, or practitioner licensed
1121 under chapter 395, chapter 458, chapter 459, chapter 464,
1122 chapter 483, and each freestanding radiation therapy center as
1123 defined in s. 408.07, shall report to the department of Health
1124 ~~such~~ information, specified by the department, by rule. The
1125 department may adopt rules regarding reporting requirements for
1126 the cancer registry, which shall include the data required, the
1127 timeframe for reporting, and those professionals who are
1128 responsible for ensuring compliance with reporting requirements,
1129 ~~which indicates diagnosis, stage of disease, medical history,~~
1130 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~
1131 ~~other methods of diagnosis or treatment for each cancer~~
1132 ~~diagnosed or treated by the facility or center. Failure to~~
1133 ~~comply with this requirement may be cause for registration or~~
1134 ~~licensure suspension or revocation.~~

1135 (2) The department shall establish, or cause to have
1136 established, by contract with a recognized medical organization
1137 in this state and its affiliated institutions, a statewide
1138 cancer registry program to ensure that cancer reports required
1139 under this section shall be maintained and available for use in
1140 the course of public health surveillance and any study for the
1141 purpose of reducing morbidity or mortality; and no liability of
1142 any kind or character for damages or other relief shall arise or



251224

1143 be enforced against any facility or practitioner ~~hospital~~ by
1144 reason of having provided such information or material to the
1145 department.

1146 (3) The department may adopt rules regarding the
1147 establishment and operation of a statewide cancer registry
1148 program.

1149 (4) ~~(3)~~ The department or a contractual designee operating
1150 the statewide cancer registry program required by this section
1151 shall use or publish said material only for the purpose of
1152 public health surveillance and advancing medical research or
1153 medical education in the interest of reducing morbidity or
1154 mortality, except that a summary of such studies may be released
1155 for general publication. Information which discloses or could
1156 lead to the disclosure of the identity of any person whose
1157 condition or treatment has been reported and studied shall be
1158 confidential and exempt from the provisions of s. 119.07(1),
1159 except that:

1160 (a) Release may be made with the written consent of all
1161 persons to whom the information applies;

1162 (b) The department or a contractual designee may contact
1163 individuals for the purpose of epidemiologic investigation and
1164 monitoring, provided information that is confidential under this
1165 section is not further disclosed; or

1166 (c) The department may exchange personal data with any
1167 other governmental agency or a contractual designee for the
1168 purpose of public health surveillance and medical or scientific
1169 research, if provided such governmental agency or contractual
1170 designee does ~~shall~~ not further disclose information that is
1171 confidential under this section.



251224

1172 (5)~~(4)~~ Funds appropriated for this section shall be used
1173 for establishing, administering, compiling, processing, and
1174 providing biometric and statistical analyses to the reporting
1175 facilities and practitioners. Funds may also be used to ensure
1176 the quality and accuracy of the information reported and to
1177 provide management information to the reporting facilities and
1178 practitioners.

1179 (6)~~(5)~~ The department may adopt rules regarding the
1180 classifications of, by rule, classify facilities that are
1181 responsible for making reports to the cancer registry, the
1182 content and frequency of the reports, and the penalty for
1183 failure to comply with these requirements for purposes of
1184 reports made to the cancer registry and specify the content and
1185 frequency of the reports. In classifying facilities, the
1186 department shall exempt certain facilities from reporting cancer
1187 information that was previously reported to the department or
1188 retrieved from existing state reports made to the department or
1189 the Agency for Health Care Administration. The provisions of
1190 This section does shall not apply to any facility whose primary
1191 function is to provide psychiatric care to its patients.

1192 (7) Notwithstanding subsection (1), each facility and
1193 practitioner that reports cancer cases to the department shall
1194 make their records available for onsite review by the department
1195 or its authorized representative.

1196 Section 21. Subsection (3) of section 385.203, Florida
1197 Statutes, is amended to read:

1198 385.203 Diabetes Advisory Council; creation; function;
1199 membership.—

1200 (3) The council shall be composed of 26 ~~25~~ citizens of the



251224

1201 state who have knowledge of, or work in, the area of diabetes
1202 mellitus as follows:

1203 (a) Five interested citizens, three of whom are affected by
1204 diabetes.

1205 (b) Twenty-one ~~Twenty~~ members, who must include one
1206 representative from each of the following areas: nursing with
1207 diabetes-educator certification; dietary with diabetes educator
1208 certification; podiatry; ophthalmology or optometry; psychology;
1209 pharmacy; adult endocrinology; pediatric endocrinology; the
1210 American Diabetes Association (ADA); the Juvenile Diabetes
1211 Foundation (JDF); the Florida Academy of Family Physicians; a
1212 community health center; a county health department; an American
1213 Diabetes Association recognized community education program;
1214 each medical school in the state; an osteopathic medical school;
1215 the insurance industry; a Children's Medical Services diabetes
1216 regional program; and an employer.

1217 (c) One or more representatives from the Department of
1218 Health, who shall serve on the council as ex officio members.

1219 Section 22. Section 385.206, Florida Statutes, is amended
1220 to read:

1221 385.206 Pediatric Hematology-Oncology ~~care~~ Center Program.—

1222 (1) DEFINITIONS.—As used in this section, the term:

1223 (a) "Department" means the Department of Health.

1224 (b) "Hematology" means the study, diagnosis, and treatment
1225 of blood and blood-forming tissues.

1226 (c) "Oncology" means the study, diagnosis, and treatment of
1227 malignant neoplasms or cancer.

1228 (d) "Hemophilia" or "other hemostatic disorder" means a
1229 bleeding disorder resulting from a genetic abnormality of



251224

1230 mechanisms related to the control of bleeding.

1231 (e) "Sickle-cell anemia or other hemoglobinopathy" means an
1232 hereditary, chronic disease caused by an abnormal type of
1233 hemoglobin.

1234 (f) "Patient" means a person under the age of 21 who is in
1235 need of hematologic-oncologic services and who is enrolled in
1236 the Children's Medical Services Network ~~declared medically and~~
1237 ~~financially eligible by the department; or a person who received~~
1238 ~~such services prior to age 21 and who requires long-term~~
1239 ~~monitoring and evaluation to ascertain the sequelae and the~~
1240 ~~effectiveness of treatment.~~

1241 (g) "Center" means a facility designated by the department
1242 as having a program specifically designed to provide a full
1243 range of medical and specialty services to patients with
1244 hematologic and oncologic disorders.

1245 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;
1246 AUTHORITY.-The department may designate ~~is authorized to make~~
1247 ~~grants and reimbursements to designated centers and provide~~
1248 funding to establish and maintain programs for the care of
1249 patients with hematologic and oncologic disorders. Program
1250 administration costs shall be paid by the department from funds
1251 appropriated for this purpose.

1252 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.~~-

1253 (a) Funding provided ~~A grant made~~ under this section shall
1254 be pursuant to a contract ~~contractual agreement~~ made between a
1255 center and the department. Each contract ~~agreement~~ shall provide
1256 that patients will receive services ~~specified types of treatment~~
1257 ~~and care~~ from the center without additional charge to the
1258 patients or their parents or guardians. ~~Grants shall be~~



251224

1259 ~~disbursed in accordance with conditions set forth in the~~
1260 ~~disbursement guidelines.~~

1261 ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~
1262 ~~PROGRAMS.—~~

1263 ~~(b)(a) Funding may be provided Grant disbursements may be~~
1264 ~~made to centers that which meet the following criteria:~~

1265 1. The personnel shall include at least one board-certified
1266 pediatric hematologist-oncologist, at least one board-certified
1267 pediatric surgeon, at least one board-certified radiotherapist,
1268 and at least one board-certified pathologist.

1269 2. ~~As approved by the department,~~ The center shall actively
1270 participate in a national children's cancer study group,
1271 maintain a pediatric tumor registry, have a multidisciplinary
1272 pediatric tumor board, and meet other guidelines for
1273 development, including, but not limited to, guidelines from such
1274 organizations as the American Academy of Pediatrics and the
1275 American Pediatric Surgical Association.

1276 ~~(b) Programs shall also be established to provide care to~~
1277 ~~hematology oncology patients within each district of the~~
1278 ~~department. The guidelines for local programs shall be~~
1279 ~~formulated by the department. Special disbursements may be made~~
1280 ~~by the program office to centers for educational programs~~
1281 ~~designed for the districts of the department. These programs may~~
1282 ~~include teaching total supportive care of the dying patient and~~
1283 ~~his or her family, home therapy to hemophiliacs and patients~~
1284 ~~with other hemostatic disorders, and screening and counseling~~
1285 ~~for patients with sickle-cell anemia or other~~
1286 ~~hemoglobinopathies.~~

1287 ~~(4)(5) PROGRAM AND PEER REVIEW.—~~The department shall



251224

1288 evaluate ~~at least annually during the grant period~~ the services
1289 rendered by the centers ~~and the districts of the department~~.
1290 Data from the centers and other sources relating to pediatric
1291 cancer shall be reviewed annually by the Florida Association of
1292 Pediatric Tumor Programs, Inc.; and a written report with
1293 recommendations shall be made to the department. This database
1294 will be available to the department for program planning and
1295 quality assurance initiatives ~~formulation of its annual program~~
1296 ~~and financial evaluation report~~. A portion of the funds
1297 appropriated for this section may be used to provide statewide
1298 consultation, supervision, and evaluation of the programs of the
1299 centers, as well as central program office support personnel.

1300 Section 23. Paragraph (g) of subsection (2) and subsection
1301 (7) of section 385.207, Florida Statutes, are amended to read:

1302 385.207 Care and assistance of persons with epilepsy;
1303 establishment of programs in epilepsy control.—

1304 (2) The Department of Health shall:

1305 (g) Continue current programs and develop cooperative
1306 programs and services designed to enhance the vocational
1307 rehabilitation of epilepsy clients, including the current jobs
1308 programs. The department shall, as part of its contract with a
1309 provider of epilepsy services, collect information regarding the
1310 number of clients served, the outcomes reached, the expenses
1311 incurred, and the fees collected by such providers for the
1312 provision of services ~~keep~~ and make this information available
1313 to the Governor and the Legislature upon request ~~information~~
1314 ~~regarding the number of clients served, the outcome reached, and~~
1315 ~~the expense incurred by such programs and services.~~

1316 ~~(7) The department shall limit total administrative~~



251224

1317 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~
1318 ~~of annual receipts.~~

1319 Section 24. Paragraphs (b), (d), and (g) of subsection (2)
1320 and paragraph (b) of subsection (5) of section 385.210, Florida
1321 Statutes, are amended to read:

1322 385.210 Arthritis prevention and education.—

1323 (2) LEGISLATIVE FINDINGS.—The Legislature finds the
1324 following:

1325 (b) Arthritis is the leading cause of disability in the
1326 United States, limiting daily activities for more than 19 7
1327 million citizens.

1328 (d) There are enormous economic and social costs associated
1329 with treating arthritis and its complications; the economic
1330 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~
1331 ~~(1997)~~ annually in the United States.

1332 (g) The National Arthritis Foundation, the CDC ~~Centers for~~
1333 ~~Disease Control and Prevention~~, and the Association of State and
1334 Territorial Health Officials have led the development of a
1335 public health strategy, the National Arthritis Action Plan, to
1336 respond to this challenge.

1337 (5) FUNDING.—

1338 (b) The State Surgeon General may ~~shall~~ seek any federal
1339 waiver or waivers that may be necessary to maximize funds from
1340 the Federal Government to implement this program.

1341 Section 25. Section 385.301, Florida Statutes, is created
1342 to read:

1343 385.301 Rulemaking authority.—The department may adopt
1344 rules pursuant to chapter 120 to administer this chapter.

1345 Section 26. Subsection (9) of section 409.904, Florida



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1346 Statutes, is amended to read:

1347 409.904 Optional payments for eligible persons.—The agency
1348 may make payments for medical assistance and related services on
1349 behalf of the following persons who are determined to be
1350 eligible subject to the income, assets, and categorical
1351 eligibility tests set forth in federal and state law. Payment on
1352 behalf of these Medicaid eligible persons is subject to the
1353 availability of moneys and any limitations established by the
1354 General Appropriations Act or chapter 216.

1355 (9) Eligible women with incomes at or below 200 percent of
1356 the federal poverty level and under age 65, for cancer treatment
1357 pursuant to the federal Breast and Cervical Cancer Prevention
1358 and Treatment Act of 2000, screened through the Mary Brogan
1359 Breast and Cervical Cancer Early Detection Program established
1360 under s. 385.2021 ~~s. 381.93~~.

1361 Section 27. This act shall take effect July 1, 2009.

1362
1363 ===== T I T L E A M E N D M E N T =====

1364 And the title is amended as follows:

1365 Delete everything before the enacting clause
1366 and insert:

1367 A bill to be entitled
1368 An act relating to the Healthy and Fit Florida Act;
1369 amending s. 154.503, F.S.; conforming a cross-
1370 reference; repealing s. 381.0053, F.S., relating to a
1371 comprehensive nutrition program; repealing s.
1372 381.0054, F.S., relating to healthy lifestyles
1373 promotion; repealing ss. 381.732, 381.733, and
1374 381.734, F.S., relating to the Healthy Communities,



251224

1375 Healthy People Act; transferring, renumbering, and
1376 amending s. 381.84, F.S., relating to the
1377 Comprehensive Statewide Tobacco Education and Use
1378 Prevention Program; revising definitions; revising
1379 program components; requiring program components to
1380 include efforts to educate youth and their parents
1381 about tobacco use; requiring a youth-directed focus in
1382 each program component; requiring the Tobacco
1383 Education and Use Prevention Advisory Council to
1384 adhere to state ethics laws; providing that meetings
1385 of the council are subject to public-records and
1386 public-meetings requirements; revising the duties of
1387 the council; deleting a provision that prohibits a
1388 member of the council from participating in a
1389 discussion or decision with respect to a research
1390 proposal by a firm, entity, or agency with which the
1391 member is associated as a member of the governing body
1392 or as an employee or with which the member has entered
1393 into a contractual arrangement; revising the
1394 submission date of an annual report; deleting an
1395 expired provision relating to rulemaking authority of
1396 the department; transferring and renumbering s.
1397 381.91, F.S., relating to the Jessie Trice Cancer
1398 Prevention Program; transferring, renumbering, and
1399 amending s. 381.911, F.S., relating to the Prostate
1400 Cancer Awareness Program; revising the criteria for
1401 members of the prostate cancer advisory committee;
1402 repealing s. 381.912, F.S., relating to the Cervical
1403 Cancer Elimination Task Force; transferring and



251224

1404 renumbering s. 381.92, F.S., relating to the Florida
1405 Cancer Council; transferring and renumbering s.
1406 381.921, F.S., relating to the mission and duties of
1407 the Florida Cancer Council; amending s. 381.922, F.S.;
1408 conforming cross-references; transferring and
1409 renumbering s. 381.93, F.S., relating to a breast and
1410 cervical cancer early detection program; transferring
1411 and renumbering s. 381.931, F.S., relating to an
1412 annual report on Medicaid expenditures; renaming ch.
1413 385, F.S., as the "Healthy and Fit Florida Act";
1414 amending s. 385.101, F.S.; renaming the "Chronic
1415 Diseases Act" as the "Healthy and Fit Florida Act";
1416 amending s. 385.102, F.S.; revising legislative
1417 intent; creating s. 385.1021, F.S.; providing
1418 definitions; creating s. 385.1022, F.S.; requiring the
1419 Department of Health to support public health programs
1420 to reduce the incidence of mortality and morbidity
1421 from chronic diseases; creating s. 385.1023, F.S.;
1422 requiring the department to create state-level
1423 programs that address the risk factors of certain
1424 chronic diseases; providing required activities of the
1425 state-level programs; amending s. 385.103, F.S.;
1426 providing for community-level programs for the
1427 prevention of chronic diseases; revising definitions;
1428 requiring the department to develop and implement a
1429 community-based chronic disease prevention and health
1430 promotion program; providing the purpose of the
1431 program; providing requirements for the program;
1432 creating s. 385.105, F.S.; requiring the department to



251224

1433 develop programs to increase physical fitness, to work
1434 with school districts, to develop partnerships that
1435 allow the public to access recreational facilities and
1436 public land areas suitable for physical activity, to
1437 work with the Executive Office of the Governor and
1438 Volunteer Florida, Inc., to promote school
1439 initiatives, and to collaborate with the Department of
1440 Education in recognizing nationally accepted best
1441 practices for improving physical education in schools;
1442 requiring the Department of Health to promote healthy
1443 lifestyles to reduce obesity; requiring the department
1444 to promote optimal nutritional status in all stages of
1445 people's lives, personal responsibility to prevent
1446 chronic disease or slow its progression, and regular
1447 health visits during a person's life span; authorizing
1448 state agencies to conduct employee wellness programs;
1449 requiring the department to serve as a model to
1450 develop and implement employee wellness programs;
1451 requiring the department to assist state agencies to
1452 develop the employee wellness programs; providing
1453 equal access to the programs by agency employees;
1454 requiring the department to coordinate efforts with
1455 the Department of Management Services and other state
1456 agencies; authorizing each state agency to establish
1457 an employee wellness work group to design the wellness
1458 program; requiring the department to provide
1459 requirements for participation fees, collaborations
1460 with businesses, and procurement of equipment and
1461 incentives; amending s. 385.202, F.S.; requiring



251224

1462 facilities, laboratories, and practitioners to report
1463 information; authorizing the department to adopt rules
1464 regarding reporting requirements for the cancer
1465 registry; providing immunity from liability for
1466 facilities and practitioners reporting certain
1467 information; requiring the department to adopt rules
1468 regarding the establishment and operation of a
1469 statewide cancer registry program; requiring the
1470 department or contractual designee operating the
1471 statewide cancer registry program to use or publish
1472 material only for the purpose of public health
1473 surveillance and advancing medical research or medical
1474 education in the interest of reducing morbidity or
1475 mortality; authorizing the department to exchange
1476 personal data with any agency or contractual designee
1477 for the purpose of public health surveillance and
1478 medical or scientific research under certain
1479 circumstances; clarifying that the department may
1480 adopt rules regarding the classifications of
1481 facilities related to reports made to the cancer
1482 registry; requiring each facility and practitioner
1483 that reports cancer cases to the department to make
1484 their records available for onsite review; amending s.
1485 385.203, F.S.; increasing the size of the Diabetes
1486 Advisory Council to include one representative of the
1487 Florida Academy of Family Physicians; amending s.
1488 385.206, F.S.; renaming the "hematology-oncology care
1489 center program" as the "Pediatric Hematology-Oncology
1490 Center Program"; revising definitions; authorizing the



251224

1491 department to designate centers and provide funding to
1492 maintain programs for the care of patients with
1493 hematologic and oncologic disorders; clarifying
1494 provisions related to grant-funding agreements and
1495 grant disbursements; revising the department's
1496 requirement to evaluate services rendered by the
1497 centers; requiring data from the centers and other
1498 sources relating to pediatric cancer to be available
1499 to the department for program planning and quality
1500 assurance initiatives; amending s. 385.207, F.S.;
1501 clarifying provisions that require the department to
1502 collect information regarding the number of clients
1503 served, the outcomes reached, the expense incurred,
1504 and fees collected by providers of epilepsy services;
1505 deleting the provision that requires the department to
1506 limit administrative expenses from the Epilepsy
1507 Services Trust Fund to a certain percentage of annual
1508 receipts; amending s. 385.210, F.S.; revising
1509 legislative findings regarding the economic costs of
1510 treating arthritis and its complications; authorizing
1511 the State Surgeon General to seek any federal waivers
1512 that may be necessary to maximize funds from the
1513 Federal Government to implement the Arthritis
1514 Prevention and Education Program; creating s. 385.301,
1515 F.S.; authorizing the department to adopt rules to
1516 administer the act; amending s. 409.904, F.S.;
1517 conforming a cross-reference; providing an effective
1518 date.