

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 2614

INTRODUCER: Health Regulation Committee and Senator Gaetz

SUBJECT: Healthy and Fit Florida Act

DATE: April 7, 2009 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HR	Fav/CS
2.			GO	
3.			EE	
4.			HA	
5.			WPSC	
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

The Department of Health (DOH) is consolidating and codifying the chronic disease prevention role of the department under the bill. The DOH is revising the emphasis of its approach to “chronic disease” by renaming chapter 385, F.S., from “Chronic Diseases Act” to the “Healthy and Fit Florida Act.” The bill updates the chronic disease-related statutes to build the foundation for a more comprehensive program. The bill revises a number of chronic disease statutes to avoid duplication and to update some of the provisions.

Highlights of the bill include:

- Repeals s. 381.0053, F.S., relating to the comprehensive nutrition program, s. 381.0054, F.S., relating to healthy lifestyles promotion, ss. 381.732, 381.733, and 381.734, F.S., relating to the Healthy Communities, Healthy People Act, and s. 381.912, F.S., relating to the Cervical Cancer Elimination Task Force. These concepts are included in new sections created in ch. 385, F.S., by the bill.
- Defines “best practices” under the Comprehensive Statewide Tobacco Education and Use Prevention Program to mean the Best Practices for Comprehensive Tobacco Control Programs as established by the U.S. Centers for Disease Control and Prevention, as amended.

- Substantially modifies the program components and requirements for the Comprehensive Statewide Tobacco Education and Use Prevention Program.
- Revises appointment requirements for the prostate cancer advisory committee.
- Creates the Chronic Disease Prevention program within the DOH.
- Requires the DOH to implement state-level programs for chronic disease.
- Revises the DOH mission, to reflect an integration of community-level programs for chronic disease prevention and health promotion.
- Requires the DOH to develop programs for people at every stage of their lives to promote physical fitness.
- Requires certain practitioners to report information to the cancer registry.
- Revises the DOH rulemaking authority regarding reporting requirements for the cancer registry.
- Adds a representative of the Florida Academy of Family Physicians to the Diabetes Advisory Council.

This bill amends sections 154.503, 381.922, 385.101, 385.102, 385.103, 385.202, 385.203, 385.206, 385.207, 385.210, and 409.904, F.S.

This bill amends, transfers, and renumbers 381.84 (385.106), 381.91 (385.2024), 381.911 (385.2023), 381.92 (385.2025), 381.921 (385.20251), 381.93 (385.2021), 381.931 (385.20211), 385.101 – 385.103 (381.101 – 385.301), F.S.

This bill creates sections 385.1021, 385.1022, 385.1023, 385.105, and 385.301, F.S., and one undesignated section of law.

This bill repeals sections 381.0053, 381.0054, 381.732, 381.733, 381.734, and 381.912, F.S.

II. Present Situation:

Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the United States.¹ Chronic diseases account for 70 percent of all deaths in the United States, or 1.7 million deaths each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans or about 25 million people. Chronic disease has a significant impact on the quality of life and is associated with huge medical and social costs. Many chronic diseases are preventable.

Heart disease and stroke, the first and third leading causes of death in the United States, are the most common cardiovascular diseases.² Heart disease accounted for 27 percent of deaths in Florida during 2005 and stroke caused 5 percent of deaths. Cancer is the second leading cause of death in the United States and accounts for almost one in every four deaths.³ In 2005, 24 percent of all deaths in Florida were caused by cancer.

¹ See website for the U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion at < <http://www.cdc.gov/nccdphp/> > (Last visited on April 3, 2009).

² Source: Centers for Disease Control and Prevention.

³ Source: Centers for Disease Control and Prevention.

Leading a healthy lifestyle by avoiding tobacco use, being physically active, and eating well greatly reduces a person's risk for developing chronic diseases. Access to high-quality and affordable prevention measures save lives and reduce morbidity.

The Florida Department of Health is responsible for public health activities to prevent chronic disease in Florida. The Bureau of Chronic Disease Prevention within the DOH has expanded its capacity to provide a comprehensive approach to preventing, detecting, and reducing complications of chronic diseases in Florida. The bureau currently houses the following programs: Heart Disease and Stroke Prevention, Chronic Disease Health Promotion and Education, Obesity Prevention, Diabetes Prevention and Control, Comprehensive Cancer Control, Arthritis Prevention and Education, Epilepsy, and Coordinated School Health. The bureau receives funding from a variety of federal and state sources, including the Preventive Health and Health Services Block Grant, the U.S. Centers for Disease Control and Prevention (CDC), state trust funds, and general revenue.

Chapter 381, F.S., contains general public health provisions under the DOH. Several sections of ch. 381, F.S., relate to prevention of chronic diseases. Chapter 385, F.S., relates to chronic diseases. The chapter include provisions relating to: community intervention programs; the statewide cancer registry; the Diabetes Advisory Council; the hematology-oncology care center program; care and assistance of persons with epilepsy; and arthritis prevention and education.

III. Effect of Proposed Changes:

Section 1. Amends s. 154.503, F.S., to eliminate a requirement for the DOH to coordinate with the primary care program developed under the Healthy Communities, Healthy People program, which is repealed in section 2 of the bill.

Section 2. Repeals s. 381.0053, F.S., relating to the comprehensive nutrition program, s. 381.0054, F.S., relating to healthy lifestyles promotion, and ss. 381.732, 381.733, and 381.734, F.S., relating to the Healthy Communities, Healthy People Act. Similar provisions are incorporated into s. 385.105, F.S., created in section 19 of the bill.

Section 3. Amends, transfers, and renumbers s. 381.84, F.S., as s. 385.106, F.S., (The Comprehensive Statewide Tobacco Education and Use Prevention Program). The bill defines "best practices" to mean the Best Practices for Comprehensive Tobacco Control Programs as established by the CDC, as amended. The bill deletes the definitions for "department," "tobacco," and "youth." These definitions are included in section 14 of the bill, which provides definitions for ch. 385, F.S. The bill requires all program components to include efforts to educate youth and their parents about tobacco usage, and a youth-directed focus must exist in all components outlined in the section.

The bill substantially revises the program components and requirements for the Comprehensive Statewide Tobacco Education and Use Prevention Program. The bill establishes the content of the following components of the program:

- State and community interventions;
- Health communication interventions;
- Cessation interventions;

- Surveillance and evaluation;
- Administration and management;
- Training;
- County health departments; and
- Enforcement and awareness of related laws.

The bill repeals certain existing requirements of the program, including: the requirement that one-third of the total annual appropriation be spent on counter-marketing and advertising; the requirement to maintain a cyberspace resource center for copyrighted materials and information; and the requirement for the AHEC network to expand smoking cessation initiatives to each county in the state during certain fiscal years.

The bill revises the provisions relating to the Tobacco Education and Use Prevention Advisory Council to require the council to adhere to all state ethics laws, public records and meetings requirements, and ch. 112, F.S., relating to public officers and employees. The bill makes it clear that the council is assisting the DOH when it is fulfilling its responsibilities under the law.

The bill revises contract requirements for the Comprehensive Statewide Tobacco Education and Use Prevention Program to make a school or college of medicine that is represented on the Tobacco Education and Prevention Advisory Council eligible to receive a contract or grant under the program. The bill revises the date when the annual report for the Comprehensive Statewide Tobacco Education and Use Prevention Program is due to Legislature and Governor from January 31 to February 28 of each year.

The bill also repeals rulemaking authority for the DOH for the program, however section 25 of the bill gives the DOH rulemaking authority to administer ch. 385, F.S.

Section 4. Renumbers and transfers s. 381.91, F.S., relating to the Jessie Trice Cancer Prevention program, as s. 385.2024, F.S. The Jessie Trice Cancer Prevention program is focused on reducing the rates of lung cancer and other cancers and to improve the quality of life among low-income African-American and Hispanic populations through increased access to early, effective screening and diagnosis, education, and treatment programs.

Section 5. Amends, renumbers and transfers s. 381.911, F.S., relating to the Prostate Cancer Awareness program, as s. 385.2023, F.S. The section revises appointment requirements for the prostate cancer advisory committee within the DOH to allow scientists or clinicians from nonpublic universities or research organizations to serve on the committee.

Section 6. Repeals s. 381.912, F.S., relating to the Cervical Cancer Elimination Task Force.

Section 7. Renumbers and transfers s. 381.92, F.S., relating to the Florida Cancer Council, as s. 385.2025, F.S.

Section 8. Renumbers and transfers s. 381.921, F.S., relating to duties of the Florida Cancer Council, as s. 385.20251, F.S.

Section 9. Amends s. 381.922, F.S., relating to William G. “Bill” Bankhead, Jr., and David Coley Cancer Research program, to correct statutory cross-references to conform to changes in the bill.

Section 10. Transfers and renumbers s. 381.93, F.S., relating to the Breast and Cervical Cancer Early Detection program, as s. 385.2021, F.S.

Section 11. Transfers and renumbers s. 381.931, F.S., relating to the annual report on Medicaid program expenditures made under the Mary Brogan Breast and Cervical Cancer Early Detection Program Act, as s. 385.20211, F.S.

Section 12. Creates an undesignated section of law, to rename chapter 385, F.S., currently entitled “Chronic Diseases Act,” to “Healthy and Fit Florida Act.”

Section 13. Amends s. 385.101, F.S., to rename the title of ch. 385, F.S., from the “Chronic Diseases Act” to the “Healthy and Fit Florida Act.”

Section 14. Amends s. 385.102, F.S., relating to legislative intent regarding chronic diseases, to revise the legislative intent to emphasize the DOH’s focus on prevention to deal with chronic diseases. The section is updated with new statistical information regarding the impact of chronic preventable diseases.

Section 15. Creates s. 385.1021, F.S., to provide definitions for ch. 385, F.S., relating to chronic disease, to emphasize the DOH integrated approach to dealing with the preventative aspects of a “Healthy and Fit Florida” rather than “chronic disease.”

Section 16. Creates s. 385.1022, F.S., to create the Chronic Disease Prevention program within the DOH. Under the program, the DOH must support public health programs to reduce the incidence of mortality and morbidity from diseases for which risk factors can be identified. Some risk factors include being overweight or obese, physical inactivity, poor nutrition and diet, tobacco use, sun exposure, and other detrimental practices to health.

Section 17. Creates s. 385.1023, F.S., to require DOH to implement state-level prevention programs for chronic disease. The program must address preventable chronic disease factors of poor nutrition and obesity, tobacco use, sun exposure, and physical inactivity. The bill specifies activities that must be included in the state-level programs.

Section 18. Amends s. 385.103, F.S., relating to community intervention programs, to revise the DOH mission, to reflect an integration of community-level programs for chronic disease prevention and health promotion. Elements of the DOH programmatic approach are outlined in the section. The DOH is directed to use evidence-based interventions as well as best promising practices to guide specific activities and effect change. The DOH community health education program is revised to encourage the use of appropriate medical, research-based interventions to enable and encourage changes in behaviors which reduce or eliminate health risks and other methods specified in the section.

The bill requires the DOH to develop and implement a comprehensive, community-based program for chronic disease prevention and health promotion. The program must be designed to reduce major behavioral risk factors that are associated with chronic disease. The emphasis of the program is outlined in the section and includes the development of policies that encourage the use of alternative community delivery sites for health promotion, disease prevention, and preventive care programs and promote the use of the neighborhood delivery sites that are close to work, home, and school.

Section 19. Creates s. 385.105, F.S., relating to physical activity, obesity, nutrition, and other health-promotion services and wellness programs, to require the DOH to develop programs for people at every stage of their lives to promote physical fitness. The DOH is required to promote healthy lifestyles to reduce the prevalence of excess weight gain and being overweight or obese through directed programs to target Florida residents. The DOH is directed to promote and maintain optimal nutritional status in the population through the various activities specified in the section. The DOH is granted rulemaking authority to administer its duties regarding nutrition. The DOH is required to promote personal responsibility by encouraging residents of Florida to be informed, follow health recommendations, and adhere to other activities specified in the section that will promote health.

Every state agency is authorized to conduct employee wellness programs by use of existing resources or resources obtained through grant funding. The DOH must provide by rule, any requirements for nominal participation fees, when applicable, which may not exceed the department's actual costs.

Section 20. Amends s. 385.202, F.S., relating to the statewide cancer registry, to require laboratories and certain practitioners to report information to the cancer registry. The bill revises the DOH's rulemaking authority regarding reporting requirements for the cancer registry. Such rulemaking authority includes the data required, the timeframe for reporting, and those professionals who are responsible for ensuring compliance with reporting requirements. The DOH is also authorized to adopt rules regarding the establishment and operation of a statewide cancer registry program.

The bill authorizes the DOH to use cancer registry information for public health surveillance. The bill also requires each practitioner or facility that reports information to the cancer registry to make their records available for onsite review by the DOH or its authorized representative.

Section 21. Amends s. 385.203, relating to the Diabetes Advisory Council, to add a representative of the Florida Academy of Family Physicians to the Diabetes Advisory Council.

Section 22. Amends s. 385.206, F.S., relating to the Hematology-Oncology Care Center program to rename the program to the Pediatric Hematology-Oncology Center program. The definition of "patient" is revised to mean a person under the age of 21 who is in need of hematologic-oncologic services and who is enrolled in the Children's Medical Services Network. The requirements for grant agreements, affiliated programs, and program and peer review are updated.

Section 23. Amends s. 385.207, F.S., relating to care and assistance to persons with epilepsy, to revise the DOH duties to require the department, as part of its contract with a provider of epilepsy services, to collect information regarding the number of clients served, the outcomes reached, the expense incurred, and fees collected by such providers for the provision of services and make this information available to the Legislature and Governor upon request. Language that limits the DOH's total administrative expenditures from the Epilepsy Services Trust Fund to 5 percent of the annual receipts is deleted.

Section 24. Amends s. 385.210, F.S., relating to arthritis prevention and education to update and make minor housekeeping changes to the section.

Section 25. Creates s. 385.301, F.S., to grant rulemaking authority to the DOH for duties conferred on the department under ch. 385, F.S.

Section 26. Amends s. 409.904, F.S., relating to optional payments under the Medicaid program, to correct statutory cross-references to conform to other changes in the bill.

Section 27. Provides an effective date of July 1, 2009.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. **Government Sector Impact:**

The DOH reports that it will not incur any fiscal impact that cannot be absorbed through existing resources. Officials at the DOH report that they will work within current funding to maintain current programs and will continue to seek grants and other funding sources to expand activities consistent with the provisions of the bill.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Additional Information:**

A. **Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation on April 7, 2009:

The committee substitute reinstates the prohibition that a recipient of a contract or grant for surveillance and evaluation under the Comprehensive Statewide Tobacco Education and Use Prevention Program is not eligible for a contract or grant for any other program component in the same state fiscal year. The bill revises contract requirements for the Comprehensive Statewide Tobacco Education and Use Prevention Program to make a school or college of medicine that is represented on the Tobacco Education and Prevention Advisory Council eligible to receive a contract or grant under the program. The committee substitute revises the date when the annual report for the Comprehensive Statewide Tobacco Education and Use Prevention Program is due to Legislature and Governor from January 31 to February 28 of each year.

The committee substitute no longer creates an Office of Public Health Nutrition in the DOH. The committee substitute adds a representative of the Florida Academy of Family Physicians to the Diabetes Advisory Council.

B. **Amendments:**

None.