

By Senator Gaetz

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1 A bill to be entitled
2 An act relating to the Healthy and Fit Florida Act;
3 amending s. 154.503, F.S.; conforming a cross-
4 reference; repealing s. 381.0053, F.S., relating to a
5 comprehensive nutrition program; repealing s.
6 381.0054, F.S., relating to healthy lifestyles
7 promotion; repealing ss. 381.732, 381.733, and
8 381.734, F.S., relating to the Healthy Communities,
9 Healthy People Act; transferring, renumbering, and
10 amending s. 381.84, F.S., relating to the
11 comprehensive statewide tobacco education and use
12 prevention program; revising definitions; revising
13 program components; requiring program components to
14 include efforts to educate youth and their parents
15 about tobacco usage; requiring a youth-directed focus
16 in each program component; requiring the Tobacco
17 Education and Use Prevention Advisory Council to
18 adhere to state ethics laws; providing that meetings
19 of the council are subject to public-records and
20 public-meetings requirements; revising the duties of
21 the council; deleting a provision that prohibits a
22 member of the council from participating in a
23 discussion or decision with respect to a research
24 proposal by a firm, entity, or agency with which the
25 member is associated as a member of the governing body
26 or as an employee or with which the member has entered
27 into a contractual arrangement; transferring and
28 renumbering s. 381.91, F.S., relating to the Jessie
29 Trice Cancer Prevention Program; transferring,

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30 renumbering, and amending s. 381.911, F.S., relating
31 to the Prostate Cancer Awareness Program; revising the
32 criteria for members of the prostate cancer advisory
33 committee; repealing s. 381.912, F.S., relating to the
34 Cervical Cancer Elimination Task Force; transferring
35 and renumbering s. 381.92, F.S., relating to the
36 Florida Cancer Council; transferring and renumbering
37 s. 381.921, F.S., relating to the mission and duties
38 of the Florida Cancer Council; amending s. 381.922,
39 F.S.; conforming cross-references; transferring and
40 renumbering s. 381.93 F.S., relating to a breast and
41 cervical cancer early detection program; transferring
42 and renumbering s. 381.931, F.S., relating to an
43 annual report on Medicaid expenditures; amending s.
44 385.101, F.S.; renaming the Chronic Diseases Act as
45 the "Healthy and Fit Florida Act"; amending s.
46 385.102, F.S.; revising legislative intent; creating
47 s. 385.1021, F.S.; providing definitions; creating s.
48 385.1022, F.S.; requiring the Department of Health to
49 support public health programs to reduce the incidence
50 of mortality and morbidity from chronic diseases;
51 creating s. 385.1023, F.S.; requiring the department
52 to create state-level programs that address the risk
53 factors of certain chronic diseases; providing
54 required activities of the state-level programs;
55 amending s. 385.103, F.S.; providing for community-
56 level programs for the prevention of chronic diseases;
57 revising definitions; requiring the department to
58 develop and implement a community-based chronic

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59 disease prevention and health promotion program;
60 providing the purpose of the program; providing
61 requirements for the program; creating s. 385.105,
62 F.S.; requiring the department to develop programs to
63 increase physical fitness, to work with school
64 districts, to develop partnerships that allow the
65 public to access recreational facilities and public
66 land areas suitable for physical activity, to work
67 with the Executive Office of the Governor and
68 Volunteer Florida to promote school initiatives, and
69 to collaborate with the Department of Education in
70 recognizing nationally accepted best practices for
71 improving physical education in schools; requiring the
72 Department of Health to promote healthy lifestyles to
73 reduce obesity; establishing the Office of Public
74 Health Nutrition within the department; providing
75 duties of the office; requiring the department to
76 promote personal responsibility to prevent chronic
77 disease or slow its progression; requiring the
78 department to promote regular health visits during a
79 person's life span; authorizing state agencies to
80 conduct employee wellness programs; requiring the
81 department to serve as a model to develop and
82 implement employee wellness programs; requiring the
83 department to assist state agencies to develop the
84 employee wellness programs; providing equal access to
85 the programs by agency employees; requiring the
86 department to coordinate efforts with the Department
87 of Management Services and other state agencies;

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88 authorizing each state agency to establish an employee
89 wellness work group to design the wellness program;
90 requiring the department to provide requirements for
91 participation fees, collaborations with businesses,
92 and procurement of equipment and incentives; amending
93 s. 385.202, F.S.; requiring facilities, laboratories,
94 and practitioners to report information; authorizing
95 the department to adopt rules regarding reporting
96 requirements for the cancer registry; providing
97 immunity from liability for facilities and
98 practitioners reporting information; requiring the
99 department to adopt rules regarding the establishment
100 and operation of a statewide cancer registry program;
101 requiring the department or contractual designee
102 operating the statewide cancer registry program to use
103 or publish material only for the purpose of public
104 health surveillance and advancing medical research or
105 medical education in the interest of reducing
106 morbidity or mortality; authorizing the department to
107 exchange personal data with any agency or contractual
108 designee for the purpose of public health surveillance
109 and medical or scientific research under certain
110 circumstances; clarifying that the department may
111 adopt rules regarding the classifications of
112 facilities related to reports made to the cancer
113 registry; requiring each facility and practitioner
114 that reports cancer cases to the department to make
115 their records available for onsite review; amending s.
116 385.206, F.S.; renaming the hematology-oncology care

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

145 conforming a cross-reference; providing an effective

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146 date.

147
148 Be It Enacted by the Legislature of the State of Florida:

149
150 Section 1. Paragraph (e) of subsection (2) of section
151 154.503, Florida Statutes, is amended to read:

152 154.503 Primary Care for Children and Families Challenge
153 Grant Program; creation; administration.—

154 (2) The department shall:

155 (e) Coordinate with the primary care program developed
156 pursuant to s. 154.011, the Florida Healthy Kids Corporation
157 program created in s. 624.91, the school health services program
158 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~
159 ~~Healthy People Program created in s. 381.734,~~ and the volunteer
160 health care provider program developed pursuant to s. 766.1115.

161 Section 2. Sections 381.0053, 381.0054, 381.732, 381.733,
162 and 381.734, Florida Statutes, are repealed.

163 Section 3. Section 381.84, Florida Statutes, is
164 transferred, renumbered as section 385.106, Florida Statutes,
165 and amended to read:

166 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education
167 and Use Prevention Program.—

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

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

173 (b) "Best practices" means the Best Practices as
174 established by the CDC, as amended.

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

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

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

180 ~~(e) "Tobacco" means, without limitation, tobacco itself and
181 tobacco products that include tobacco and are intended or
182 expected for human use or consumption, including, but not
183 limited to, cigarettes, cigars, pipe tobacco, and smokeless
184 tobacco.~~

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

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

202 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department
203 shall conduct a comprehensive, statewide tobacco education and

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204 use prevention program consistent with the recommendations for
205 effective program components contained in the 1999 Best
206 Practices for Comprehensive Tobacco Control Programs of the CDC,
207 as amended by the CDC. The program shall include the following
208 components, each of which shall focus on educating people,
209 ~~particularly youth and their parents,~~ about the health hazards
210 of tobacco and discouraging the use of tobacco. All program
211 components shall include efforts to educate youth and their
212 parents about tobacco usage, and a youth-directed focus shall
213 exist in all components outlined in this subsection.

214 (a) State and community interventions.—These interventions
215 shall include, but not be limited to, a statewide tobacco
216 control program that combines and coordinates community-based
217 interventions that focus on preventing initiation of tobacco use
218 among youth and young adults; promoting quitting among adults,
219 youth, and pregnant women; eliminating exposure to secondhand
220 smoke; identifying and eliminating tobacco-related disparities
221 among population groups; and promoting a range of collaborations
222 to prevent and alleviate the effects of chronic diseases.

223 ~~Counter-marketing and advertising; cyberspace resource center.~~
224 ~~The counter-marketing and advertising campaign shall include, at~~
225 ~~a minimum, Internet, print, radio, and television advertising~~
226 ~~and shall be funded with a minimum of one-third of the total~~
227 ~~annual appropriation required by s. 27, Art. X of the State~~
228 ~~Constitution. A cyberspace resource center for copyrighted~~
229 ~~materials and information concerning tobacco education and use~~
230 ~~prevention, including cessation, shall be maintained by the~~
231 ~~program. Such resource center must be accessible to the public,~~
232 ~~including parents, teachers, and students, at each level of~~

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233 ~~public and private schools, universities, and colleges in the~~
234 ~~state and shall provide links to other relevant resources. The~~
235 ~~Internet address for the resource center must be incorporated in~~
236 ~~all advertising. The information maintained in the resource~~
237 ~~center shall be used by the other components of the program.~~

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

252 1. A statewide toll-free cessation service, which may
253 include counseling, referrals to other local resources and
254 support services, and treatment to the extent funds are
255 available for treatment services; and

256 2. A local community-based program to disseminate
257 information about smoking cessation, how smoking cessation
258 relates to prenatal care and obesity prevention, and other
259 chronic tobacco-related diseases.

260 (c) Cessation interventions.—Cessation interventions
261 include, but are not limited to, sustaining, expanding, and

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262 promoting the service through population-based counseling and
263 treatment programs; encouraging public and private insurance
264 coverage for counseling and FDA-approved medication treatments
265 for tobacco-use cessation; eliminating cost and other barriers
266 to treatment for underserved populations; and making health care
267 system changes. Youth interventions to prevent tobacco-use
268 initiation and encourage cessation among young people is needed
269 in order to reshape the environment so that it supports tobacco-
270 free norms. Because most people who start smoking are younger
271 than 18 years of age, intervening during adolescence is
272 critical. Community programs and school-based policies and
273 interventions should be a part of a comprehensive effort that is
274 implemented in coordination with community and school
275 environments and in conjunction with increasing the unit price
276 of tobacco products, sustaining anti-tobacco media campaigns,
277 making environments tobacco free, and engaging in other efforts
278 to create tobacco-free social norms. ~~Surveillance and~~
279 ~~evaluation.~~ The program shall conduct ongoing epidemiological
280 ~~surveillance and shall contract for annual independent~~
281 ~~evaluations of the effectiveness of the various components of~~
282 ~~the program in meeting the goals as set forth in subsection (2).~~

283 (d) Surveillance and evaluation.—The surveillance and
284 evaluation of all program components shall monitor and document
285 short-term, intermediate, and long-term intervention outcomes to
286 inform program and policy direction and ensure accountability.
287 The surveillance and evaluation must be conducted objectively
288 through scientifically sound methodology. ~~Youth school~~
289 ~~programs.~~ School and after-school programs shall use current
290 evidence-based curricula and programs that involve youth to

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291 ~~educate youth about the health hazards of tobacco, help youth~~
292 ~~develop skills to refuse tobacco, and demonstrate to youth how~~
293 ~~to stop using tobacco.~~

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

313 (f) Training.—The program shall include the training of
314 health care practitioners, smoking-cessation counselors, and
315 teachers by health professional students and other tobacco-use
316 prevention specialists who are trained in preventing tobacco use
317 and health education. Smoking-cessation counselors shall be
318 trained by specialists who are certified in tobacco-use
319 cessation.

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

335 (h) *Enforcement and awareness of related laws.*—In
336 coordination with the Department of Business and Professional
337 Regulation, the program shall monitor the enforcement of laws,
338 rules, and policies prohibiting the sale or other provision of
339 tobacco to minors, as well as the continued enforcement of the
340 Clean Indoor Air Act prescribed in chapter 386. The
341 advertisements produced in accordance with paragraph (b)
342 ~~paragraph (a)~~ may also include information designed to make the
343 public aware of these related laws and rules. The departments
344 may enter into interagency agreements to carry out this program
345 component.

346 ~~(i) AHEC smoking cessation initiative. For the 2007-2008~~
347 ~~and 2008-2009 fiscal years only, the AHEC network shall expand~~
348 ~~the AHEC smoking cessation initiative to each county within the~~

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349 ~~state and perform other activities as determined by the~~
350 ~~department.~~

351 (4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND MEETINGS.—

352 The Tobacco Education and Use Prevention Advisory Council is
353 created within the department.

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

355 1. The State Surgeon General, who shall serve as the
356 chairperson.

357 2. One county health department director, appointed by the
358 State Surgeon General.

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

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

363 5. The chief executive officer of the Greater Southeast
364 Affiliate of the American Heart Association, or his or her
365 designee.

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

368 7. The dean of the University of Miami School of Medicine,
369 or his or her designee.

370 8. The dean of the University of Florida College of
371 Medicine, or his or her designee.

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

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

376 11. The dean of Nova Southeastern College of Osteopathic
377 Medicine, or his or her designee.

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

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

382 14. The chief executive officer of the Legacy Foundation,
383 or his or her designee.

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

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

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

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

399 (c) An appointed member may not serve more than two
400 consecutive terms.

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

404 (e) Members of the council shall serve without
405 compensation, but are entitled to reimbursement for per diem and
406 travel expenses pursuant to s. 112.061. Members who are state

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407 officers or employees or who are appointed by state officers or
408 employees shall be reimbursed for per diem and travel expenses
409 pursuant to s. 112.061 from the state agency through which they
410 serve.

411 (f) The council shall adhere to all state ethics laws.
412 Meetings of the council and the peer review panels are subject
413 to chapter 119, s. 286.011, and s. 24, Art. I of the State
414 Constitution. The department shall provide council members with
415 information and other assistance as is reasonably necessary to
416 assist the council in carrying out its responsibilities.

417 (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall
418 advise the State Surgeon General as to the direction and scope
419 of the Comprehensive Statewide Tobacco Education and Use
420 Prevention Program. The responsibilities of the council may
421 include, but are not limited to:

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

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

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

427 (d) Reviewing, as requested by the department, broadcast
428 material prepared for the Internet, portable media players,
429 radio, and television advertisement ~~as it relates to the~~
430 ~~advertising component of the tobacco education and use~~
431 ~~prevention program.~~

432 (e) Participating in periodic program evaluation, as
433 requested by the department.

434 (f) Assisting the department in developing the development
435 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to

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436 the principles of merit and quality in the conduct of the
437 program.

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

442 (h) Assisting the department in the development of panels
443 to review and evaluate potential fund recipients ~~and supervision~~
444 ~~of peer review panels.~~

445 (i) Assisting the department in reviewing reports of peer
446 review panels and making recommendations for funding allocations
447 ~~contracts and grants.~~

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

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

455 (l) Recommending policies to encourage a coordinated
456 response to tobacco use in this state, focusing specifically on
457 creating partnerships within and between the public and private
458 sectors.

459 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the
460 program components or subcomponents described in paragraphs
461 (3) (a)-(f) shall be awarded by the State Surgeon General, after
462 consultation with the council, on the basis of merit, as
463 determined by an open, competitive, peer-reviewed process that
464 ensures objectivity, consistency, and high quality. The

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465 department shall award such grants or contracts no later than
466 October 1 for each fiscal year. ~~A recipient of a contract or~~
467 ~~grant for the program component described in paragraph (3)(c) is~~
468 ~~not eligible for a contract or grant award for any other program~~
469 ~~component described in subsection (3) in the same state fiscal~~
470 ~~year.~~ A school or college of medicine that is represented on the
471 council is not eligible to receive a contract or grant under
472 this section. ~~For the 2007-2008 and 2008-2009 fiscal years only,~~
473 ~~the department shall award a contract or grant in the amount of~~
474 ~~\$10 million to the AHEC network for the purpose of developing~~
475 ~~the components described in paragraph (3)(i).~~ The AHEC network
476 may apply for a competitive contract or grant after the 2008-
477 2009 fiscal year.

478 (a) In order to ensure that all proposals for funding are
479 appropriate and are evaluated fairly on the basis of merit, the
480 State Surgeon General, in consultation with the council, shall
481 appoint a peer review panel of independent, qualified experts in
482 the field of tobacco control to review the content of each
483 proposal and establish its priority score. The priority scores
484 shall be forwarded to the council and must be considered in
485 determining which proposals will be recommended for funding.

486 (b) The council and the peer review panel shall establish
487 and follow rigorous guidelines for ethical conduct and adhere to
488 a strict policy with regard to conflicts of interest. Council
489 members are subject to the applicable provisions of chapter 112.
490 ~~A member of the council or panel may not participate in any~~
491 ~~discussion or decision with respect to a research proposal by~~
492 ~~any firm, entity, or agency with which the member is associated~~
493 ~~as a member of the governing body or as an employee or with~~

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494 ~~which the member has entered into a contractual arrangement.~~
495 ~~Meetings of the council and the peer review panels are subject~~
496 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~
497 ~~Constitution.~~

498 (c) In each contract or grant agreement, the department
499 shall limit the use of food and promotional items to no more
500 than 2.5 percent of the total amount of the contract or grant
501 and limit overhead or indirect costs to no more than 7.5 percent
502 of the total amount of the contract or grant. The department, in
503 consultation with the Department of Financial Services, shall
504 publish guidelines for appropriate food and promotional items.

505 (d) In each advertising contract, the department shall
506 limit the total of production fees, buyer commissions, and
507 related costs to no more than 10 percent of the total contract
508 amount.

509 (e) Notwithstanding the competitive process for contracts
510 prescribed in this subsection, each county health department is
511 eligible for core funding, on a per capita basis, to implement
512 tobacco education and use prevention activities within that
513 county.

514 (7) ANNUAL REPORT REQUIRED.—By January 31 of each year, the
515 department shall provide to the Governor, the President of the
516 Senate, and the Speaker of the House of Representatives a report
517 that evaluates the program's effectiveness in reducing and
518 preventing tobacco use and that recommends improvements to
519 enhance the program's effectiveness. The report must contain, at
520 a minimum, an annual survey of youth attitudes and behavior
521 toward tobacco, as well as a description of the progress in
522 reducing the prevalence of tobacco use among youth, adults, and

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523 pregnant women; reducing per capita tobacco consumption; and
 524 reducing exposure to environmental tobacco smoke.

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

530 ~~(9) RULEMAKING AUTHORIZED. By January 1, 2008, the~~
 531 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~
 532 ~~120.54 to administer this section.~~

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

535 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

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

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

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

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

549 (2) (a) There is created the Jessie Trice Cancer Prevention
 550 Program, to be located, for administrative purposes, within the
 551 Department of Health, and operated from the community health

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552 centers within the Health Choice Network in Florida.

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

558 Section 5. Section 381.911, Florida Statutes, is
559 transferred, renumbered as section 385.2023, Florida Statutes,
560 and amended to read:

561 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

562 (1) To the extent that funds are specifically made
563 available for this purpose, the Prostate Cancer Awareness
564 Program is established within the Department of Health. The
565 purpose of this program is to implement the recommendations of
566 January 2000 of the Florida Prostate Cancer Task Force to
567 provide for statewide outreach and health education activities
568 to ensure that men are aware of and appropriately seek medical
569 counseling for prostate cancer as an early-detection health care
570 measure.

571 (2) For purposes of implementing the program, the
572 Department of Health and the Florida Public Health Foundation,
573 Inc., may:

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

576 (b) Seek any available gifts, grants, or funds from the
577 state, the Federal Government, philanthropic foundations, and
578 industry or business groups.

579 (3) A prostate cancer advisory committee is created to
580 advise and assist the Department of Health and the Florida

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581 Public Health Foundation, Inc., in implementing the program.

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

584 1. Three persons from prostate cancer survivor groups or
585 cancer-related advocacy groups.

586 2. Three persons who are scientists or clinicians from
587 public or nonpublic universities or research organizations.

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

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

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

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

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

600 385.2025 ~~381.92~~ Florida Cancer Council.—

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

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

607 (b) The Florida Cancer Council may create not-for-profit
608 corporate subsidiaries to fulfill its mission. The council and
609 its subsidiaries are authorized to receive, hold, invest, and

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610 administer property and any moneys acquired from private, local,
611 state, and federal sources, as well as technical and
612 professional income generated or derived from the mission-
613 related activities of the council.

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

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

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

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

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

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

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

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

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

630 9. The president of the Florida Society of Clinical
631 Oncology or his or her designee;

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

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

636 12. Five representatives from cancer programs approved by
637 the American College of Surgeons. Three shall be appointed by
638 the Governor, one shall be appointed by the Speaker of the House

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639 of Representatives, and one shall be appointed by the President
640 of the Senate;

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

643 14. One member of the Senate, to be appointed by the
644 President of the Senate.

645 (d) Appointments made by the Speaker of the House of
646 Representatives and the President of the Senate pursuant to
647 paragraph (c) shall be for 2-year terms, concurrent with the
648 bienniums in which they serve as presiding officers.

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

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

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

661 Section 8. Section 381.921, Florida Statutes, is
662 transferred and renumbered as section 385.20251, Florida
663 Statutes, to read:

664 385.20251 ~~381.921~~ Florida Cancer Council mission and
665 duties.—The council, which shall work in concert with the
666 Florida Center for Universal Research to Eradicate Disease to
667 ensure that the goals of the center are advanced, shall endeavor

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668 to dramatically improve cancer research and treatment in this
669 state through:

670 (1) Efforts to significantly expand cancer research
671 capacity in the state by:

672 (a) Identifying ways to attract new research talent and
673 attendant national grant-producing researchers to cancer
674 research facilities in this state;

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

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

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

686 (e) Facilitating the technical coordination, business
687 development, and support of intellectual property as it relates
688 to the advancement of cancer research; and

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

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

693 (a) Identifying ways to increase adult enrollment in cancer
694 clinical trials;

695 (b) Supporting public and private professional education
696 programs designed to increase the awareness and knowledge about

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697 cancer clinical trials;

698 (c) Providing tools to cancer patients and community-based
699 oncologists to aid in the identification of cancer clinical
700 trials available in the state; and

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

704 (3) Efforts to reduce the impact of cancer on disparate
705 groups by:

706 (a) Identifying those cancers that disproportionately
707 impact certain demographic groups; and

708 (b) Building collaborations designed to reduce health
709 disparities as they relate to cancer.

710 Section 9. Paragraph (a) of subsection (2) and subsection
711 (5) of section 381.922, Florida Statutes, as amended by section
712 2 of chapter 2009-5, Laws of Florida, is amended to read:

713 381.922 William G. "Bill" Bankhead, Jr., and David Coley
714 Cancer Research Program.—

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

717 (a) Emphasis shall be given to the goals enumerated in s.
718 385.20251 ~~s. 381.921~~, as those goals support the advancement of
719 such cures.

720 (5) For the 2008-2009 fiscal year and each fiscal year
721 thereafter, the sum of \$6.75 million is appropriated annually
722 from recurring funds in the General Revenue Fund to the
723 Biomedical Research Trust Fund within the Department of Health
724 for purposes of the William G. "Bill" Bankhead, Jr., and David
725 Coley Cancer Research Program and shall be distributed pursuant

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726 to this section to provide grants to researchers seeking cures
727 for cancer, with emphasis given to the goals enumerated in s.
728 385.20251 ~~s. 381.921~~. From the total funds appropriated, an
729 amount of up to 10 percent may be used for administrative
730 expenses.

731 Section 10. Section 381.93, Florida Statutes, is
732 transferred and renumbered as section 385.2021, Florida
733 Statutes, to read:

734 385.2021 ~~381.93~~ Breast and cervical cancer early detection
735 program.—This section may be cited as the “Mary Brogan Breast
736 and Cervical Cancer Early Detection Program Act.”

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

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

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

753 (4) The department shall limit enrollment in the program to
754 persons with incomes up to and including 200 percent of the

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755 federal poverty level. The department shall establish an
756 eligibility process that includes an income-verification process
757 to ensure that persons served under the program meet income
758 guidelines.

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

762 Section 11. Section 381.931, Florida Statutes, is
763 transferred and renumbered as section 385.20211, Florida
764 Statutes, to read:

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

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784 Governor by March 1 of each year.

785 Section 12. Section 385.101, Florida Statutes, is amended
786 to read:

787 385.101 Short title.—~~Sections 381.101-385.301 Sections~~
788 ~~385.101-385.103~~ may be cited as the "Healthy and Fit Florida
789 Chronic Diseases Act."

790 Section 13. Section 385.102, Florida Statutes, is amended
791 to read:

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

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

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

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

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

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

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

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

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

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

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

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

840 (d) Diabetes is the sixth leading cause of death in this
841 state; and

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

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

850 Section 14. Section 385.1021, Florida Statutes, is created
851 to read:

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

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

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

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

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

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

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

868 (7) "Risk factor" means a characteristic or condition
869 identified during the course of an epidemiological study of a
870 disease. The factor appears to be statistically associated with

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871 a high incidence of that disease.

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

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

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

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

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

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

895 Section 15. Section 385.1022, Florida Statutes, is created
896 to read:

897 385.1022 Chronic disease prevention program.—The department
898 shall support public health programs to reduce the incidence of
899 mortality and morbidity from diseases for which risk factors can

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900 be identified. Such risk factors include, but are not limited
901 to, being overweight or obese, physical inactivity, poor
902 nutrition and diet, tobacco use, sun exposure, and other
903 practices that are detrimental to health. The programs shall
904 educate and screen the general public as well as groups at
905 particularly high risk of chronic diseases.

906 Section 16. Section 385.1023, Florida Statutes, is created
907 to read:

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

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

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

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

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

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

926 (d) Disseminating educational materials and information
927 concerning evidence-based results, available services, and
928 pertinent new research findings and prevention strategies to

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929 patients, health insurers, health professionals, and the public.

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

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

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

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

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

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

951 Section 17. Section 385.103, Florida Statutes, is amended
 952 to read:

953 385.103 Community-level ~~Community intervention~~ programs for
 954 chronic disease prevention and health promotion.—

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

956 (a) "Chronic disease prevention and health promotion
 957 ~~control~~ program" means a program that may include, but is not

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958 limited to, ~~including~~ a combination of the following elements:

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

962 2. Community input into the planning, implementation, and
963 evaluation processes ~~Risk factor detection;~~

964 3. Use of public health data to make decisions and to
965 develop and prioritize community-based interventions focusing on
966 chronic diseases and their risk factors; ~~Appropriate~~
967 ~~intervention to enable and encourage changes in behaviors that~~
968 ~~create health risks; and~~

969 4. Adherence to a population-based approach by using a
970 socioecological model that addresses the influence on individual
971 behavior, interpersonal behavior, organizational behavior, the
972 community, and public policy; ~~Counseling in nutrition, physical~~
973 ~~activity, the effects of tobacco use, hypertension, blood~~
974 ~~pressure control, and diabetes control and the provision of~~
975 ~~other clinical prevention services.~~

976 5. Focus on at least the common preventable risk factors
977 for chronic disease, such as physical inactivity, obesity, poor
978 nutrition, and tobacco use;

979 6. Focus on developing and implementing interventions and
980 activities through communities, schools, worksites, faith
981 organizations, and health care settings;

982 7. Use of evidence-based interventions as well as best and
983 promising practices to guide specific activities and effect
984 change, which may include guidelines developed by organizations,
985 volunteer scientists, and health care professionals who write
986 published medical, scientific statements on various chronic

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987 disease topics. The statements shall be supported by scientific
988 studies published in recognized journals and have a rigorous
989 review and approval process. Scientific statements generally
990 include a review of data available on a specific subject and an
991 evaluation of its relationship to overall chronic disease
992 science;

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

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

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

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

1007 1. Appropriate medical, research-based interventions to
1008 enable and encourage changes in behaviors which reduce or
1009 eliminate health risks;

1010 2. Counseling in nutrition, being overweight or obese,
1011 physical inactivity, and tobacco-use prevention and cessation
1012 strategies; hypertension, blood pressure, high cholesterol, and
1013 diabetes control; and other clinical prevention services;

1014 3.1. Motivation and assistance to individuals or groups in
1015 adopting and maintaining ~~Motivate and assist citizens to adopt~~

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1016 ~~and maintain~~ healthful practices and lifestyles; and

1017 ~~4.2. Make available~~ Learning opportunities that ~~which~~ will
 1018 increase the ability of people to make informed decisions
 1019 affecting their personal, family, and community well-being and
 1020 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of
 1021 behavior that ~~which~~ will improve or maintain health.~~7~~

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

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

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

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

1035 ~~(e) "Risk factor" means a factor identified during the~~
 1036 ~~course of an epidemiological study of a disease, which factor~~
 1037 ~~appears to be statistically associated with a high incidence of~~
 1038 ~~that disease.~~

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

1041 (a) The department shall develop and implement a
 1042 comprehensive, community-based program for chronic disease
 1043 prevention and health promotion. The program shall be designed
 1044 to reduce major behavioral risk factors that are associated with

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1045 chronic diseases by enhancing the knowledge, skills, motivation,
1046 and opportunities for individuals, organizations, health care
1047 providers, small businesses, health insurers, and communities to
1048 develop and maintain healthy lifestyles. ~~The department shall~~
1049 ~~assist the county health departments in developing and operating~~
1050 ~~community intervention programs throughout the state. At a~~
1051 ~~minimum, the community intervention programs shall address one~~
1052 ~~to three of the following chronic diseases: cancer, diabetes,~~
1053 ~~heart disease, stroke, hypertension, renal disease, and chronic~~
1054 ~~obstructive lung disease.~~

1055 (b) The program shall include:

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

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

1062 3. The development and implementation of statewide age-
1063 specific, disease-specific, and community-specific health
1064 promotion and preventive care strategies using primary,
1065 secondary, and tertiary prevention interventions;

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

1071 5. The development of policies that encourage the use of
1072 alternative community delivery sites for health promotion,
1073 disease prevention, and preventive care programs and promote the

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1074 use of neighborhood delivery sites that are close to work, home,
1075 and school; and

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

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

1092 ~~(d) The department may contract for the provision of all or~~
1093 ~~any portion of the services required by a program, and shall so~~
1094 ~~contract whenever the services so provided are more cost-~~
1095 ~~efficient than those provided by the department.~~

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

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1103 ~~department or the entity developing the program shall take into~~
1104 ~~account the expenses and resources of a client and his or her~~
1105 ~~overall ability to pay for the services.~~

1106 Section 18. Section 385.105, Florida Statutes, is created
1107 to read:

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

1110 (1) PHYSICAL ACTIVITY.-

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

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

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

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

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

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

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

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

1144 (c) Developing, implementing, and using all available
1145 research methods to collect data, including, but not limited to,
1146 population-specific data, and tracking the incidence and effects
1147 of weight gain, obesity, and related chronic diseases. The
1148 department shall include an evaluation and data-collection
1149 component in all programs as appropriate. All research conducted
1150 under this paragraph is subject to review and approval as
1151 required by the department's institutional review board under s.
1152 381.86.

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

1159 (e) Entering into partnerships with the Department of
1160 Education, school districts, and the Florida Sports Foundation

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1161 to develop a program recognizing the schools at which students
1162 demonstrate excellent physical fitness or fitness improvement.

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

1168 (g) Advising, in accordance with s. 456.081, health care
1169 practitioners about the morbidity, mortality, and costs
1170 associated with the condition of being overweight or obese,
1171 informing such practitioners of promising clinical practices for
1172 preventing and treating obesity, and encouraging practitioners
1173 to counsel their patients regarding the adoption of healthy
1174 lifestyles.

1175 (h) Maximizing all local, state, and federal funding
1176 sources, including grants, public-private partnerships, and
1177 other mechanisms, to strengthen the department's programs
1178 promoting physical activity and nutrition.

1179 (3) NUTRITION.—The Office of Public Health Nutrition is
1180 established within the department to:

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

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

1189 2. Nutrition education to assist residents of the state in

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1190 achieving optimal health and preventing chronic disease; and

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

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

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

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

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

1204 (f) Provide technical assistance and advise state agencies,
1205 private institutions, and local organizations regarding public
1206 health nutrition standards.

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

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

1218 (4) OTHER HEALTH-PROMOTION SERVICES.-

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

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

1232 (5) WELLNESS PROGRAMS.—

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

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

1247 (c) Each agency may establish an employee wellness work

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1248 group to design the program. The department shall be available
1249 to provide policy guidance and assist in identifying effective
1250 wellness program strategies.

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

1255 Section 19. Section 385.202, Florida Statutes, is amended
1256 to read:

1257 385.202 Statewide cancer registry.—

1258 (1) Each facility, laboratory, or practitioner licensed
1259 under chapter 395, chapter 459, chapter 464, chapter 483,
1260 chapter 485, or s. 408.07(20) and each freestanding radiation
1261 therapy center as defined in s. 408.07 shall report to the
1262 department of Health such information, specified by the
1263 department, by rule. The department may adopt rules regarding
1264 reporting requirements for the cancer registry, which shall
1265 include the data required, the timeframe for reporting, and
1266 those professionals who are responsible for ensuring compliance
1267 with reporting requirements, which indicates diagnosis, stage of
1268 disease, medical history, laboratory data, tissue diagnosis, and
1269 radiation, surgical, or other methods of diagnosis or treatment
1270 for each cancer diagnosed or treated by the facility or center.
1271 Failure to comply with this requirement may be cause for
1272 registration or licensure suspension or revocation.

1273 (2) The department shall establish, or cause to have
1274 established, by contract with a recognized medical organization
1275 in this state and its affiliated institutions, a statewide
1276 cancer registry program to ensure that cancer reports required

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1277 under this section shall be maintained and available for use in
1278 the course of public health surveillance and any study for the
1279 purpose of reducing morbidity or mortality; and no liability of
1280 any kind or character for damages or other relief shall arise or
1281 be enforced against any facility or practitioner ~~hospital~~ by
1282 reason of having provided such information or material to the
1283 department.

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

1287 (4) ~~(3)~~ The department or a contractual designee operating
1288 the statewide cancer registry program required by this section
1289 shall use or publish said material only for the purpose of
1290 public health surveillance and advancing medical research or
1291 medical education in the interest of reducing morbidity or
1292 mortality, except that a summary of such studies may be released
1293 for general publication. Information which discloses or could
1294 lead to the disclosure of the identity of any person whose
1295 condition or treatment has been reported and studied shall be
1296 confidential and exempt from the provisions of s. 119.07(1),
1297 except that:

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

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

1304 (c) The department may exchange personal data with any
1305 other governmental agency or a contractual designee for the

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1306 purpose of public health surveillance and medical or scientific
1307 research, ~~if provided~~ such governmental agency or contractual
1308 designee does shall not further disclose information that is
1309 confidential under this section.

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

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

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

1334 Section 20. Section 385.206, Florida Statutes, is amended

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1335 to read:

1336 385.206 Pediatric Hematology-Oncology ~~care~~ Center Program.-

1337 (1) DEFINITIONS.-As used in this section, the term:

1338 (a) "Department" means the Department of Health.

1339 (b) "Hematology" means the study, diagnosis, and treatment
1340 of blood and blood-forming tissues.

1341 (c) "Oncology" means the study, diagnosis, and treatment of
1342 malignant neoplasms or cancer.

1343 (d) "Hemophilia" or "other hemostatic disorder" means a
1344 bleeding disorder resulting from a genetic abnormality of
1345 mechanisms related to the control of bleeding.

1346 (e) "Sickle-cell anemia or other hemoglobinopathy" means an
1347 hereditary, chronic disease caused by an abnormal type of
1348 hemoglobin.

1349 (f) "Patient" means a person under the age of 21 who is in
1350 need of hematologic-oncologic services and who is enrolled in
1351 the Children's Medical Services Network ~~declared medically and~~
1352 ~~financially eligible by the department; or a person who received~~
1353 ~~such services prior to age 21 and who requires long-term~~
1354 ~~monitoring and evaluation to ascertain the sequelae and the~~
1355 ~~effectiveness of treatment.~~

1356 (g) "Center" means a facility designated by the department
1357 as having a program specifically designed to provide a full
1358 range of medical and specialty services to patients with
1359 hematologic and oncologic disorders.

1360 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;
1361 AUTHORITY.-The department may designate ~~is authorized to make~~
1362 ~~grants and reimbursements to designated centers and provide~~
1363 funding to ~~establish and~~ maintain programs for the care of

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1364 patients with hematologic and oncologic disorders. Program
1365 administration costs shall be paid by the department from funds
1366 appropriated for this purpose.

1367 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.-~~

1368 (a) Funding provided ~~A grant made~~ under this section shall
1369 be pursuant to a contract ~~contractual agreement~~ made between a
1370 center and the department. Each contract ~~agreement~~ shall provide
1371 that patients will receive services ~~specified types of treatment~~
1372 ~~and care~~ from the center without additional charge to the
1373 patients or their parents or guardians. ~~Grants shall be~~
1374 ~~disbursed in accordance with conditions set forth in the~~
1375 ~~disbursement guidelines.~~

1376 (4) ~~GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~
1377 ~~PROGRAMS.-~~

1378 (b) ~~(a)~~ Funding may be provided ~~Grant disbursements may be~~
1379 ~~made~~ to centers that ~~which~~ meet the following criteria:

1380 1. The personnel shall include at least one board-certified
1381 pediatric hematologist-oncologist, at least one board-certified
1382 pediatric surgeon, at least one board-certified radiotherapist,
1383 and at least one board-certified pathologist.

1384 2. ~~As approved by the department,~~ The center shall actively
1385 participate in a national children's cancer study group,
1386 maintain a pediatric tumor registry, have a multidisciplinary
1387 pediatric tumor board, and meet other guidelines for
1388 development, including, but not limited to, guidelines from such
1389 organizations as the American Academy of Pediatrics and the
1390 American Pediatric Surgical Association.

1391 (b) ~~Programs shall also be established to provide care to~~
1392 ~~hematology oncology patients within each district of the~~

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1393 ~~department. The guidelines for local programs shall be~~
1394 ~~formulated by the department. Special disbursements may be made~~
1395 ~~by the program office to centers for educational programs~~
1396 ~~designed for the districts of the department. These programs may~~
1397 ~~include teaching total supportive care of the dying patient and~~
1398 ~~his or her family, home therapy to hemophiliacs and patients~~
1399 ~~with other hemostatic disorders, and screening and counseling~~
1400 ~~for patients with sickle-cell anemia or other~~
1401 ~~hemoglobinopathies.~~

1402 (4) ~~(5)~~ PROGRAM AND PEER REVIEW.—The department shall
1403 evaluate ~~at least annually during the grant period~~ the services
1404 rendered by the centers ~~and the districts of the department.~~
1405 Data from the centers and other sources relating to pediatric
1406 cancer shall be reviewed annually by the Florida Association of
1407 Pediatric Tumor Programs, Inc.; and a written report with
1408 recommendations shall be made to the department. This database
1409 will be available to the department for program planning and
1410 quality assurance initiatives ~~formulation of its annual program~~
1411 ~~and financial evaluation report.~~ A portion of the funds
1412 appropriated for this section may be used to provide statewide
1413 consultation, supervision, and evaluation of the programs of the
1414 centers, as well as central program office support personnel.

1415 Section 21. Paragraph (g) of subsection (2) and subsection
1416 (7) of section 385.207, Florida Statutes, are amended to read:

1417 385.207 Care and assistance of persons with epilepsy;
1418 establishment of programs in epilepsy control.—

1419 (2) The Department of Health shall:

1420 (g) Continue current programs and develop cooperative
1421 programs and services designed to enhance the vocational

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1422 rehabilitation of epilepsy clients, including the current jobs
1423 programs. The department shall, as part of its contract with a
1424 provider of epilepsy services, collect information regarding the
1425 number of clients served, the outcomes reached, the expense
1426 incurred, and fees collected by such providers for the provision
1427 of services ~~keep~~ and make this information available to the
1428 Governor and the Legislature upon request ~~information regarding~~
1429 ~~the number of clients served, the outcome reached, and the~~
1430 ~~expense incurred by such programs and services.~~

1431 ~~(7) The department shall limit total administrative~~
1432 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~
1433 ~~of annual receipts.~~

1434 Section 22. Paragraphs (b), (d), and (g) of subsection (2)
1435 and paragraph (b) of subsection (5) of section 385.210, Florida
1436 Statutes, are amended to read:

1437 385.210 Arthritis prevention and education.—

1438 (2) LEGISLATIVE FINDINGS.—The Legislature finds the
1439 following:

1440 (b) Arthritis is the leading cause of disability in the
1441 United States, limiting daily activities for more than 19 7
1442 million citizens.

1443 (d) There are enormous economic and social costs associated
1444 with treating arthritis and its complications; the economic
1445 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~
1446 ~~(1997)~~ annually in the United States.

1447 (g) The National Arthritis Foundation, the CDC Centers for
1448 ~~Disease Control and Prevention~~, and the Association of State and
1449 Territorial Health Officials have led the development of a
1450 public health strategy, the National Arthritis Action Plan, to

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1451 respond to this challenge.

1452 (5) FUNDING.—

1453 (b) The State Surgeon General may ~~shall~~ seek any federal
1454 waiver or waivers that may be necessary to maximize funds from
1455 the Federal Government to implement this program.

1456 Section 23. Section 385.301, Florida Statutes, is created
1457 to read:

1458 385.301 Rulemaking authority.—The department may adopt
1459 rules pursuant to chapter 120 to administer this chapter.

1460 Section 24. Subsection (9) of section 409.904, Florida
1461 Statutes, is amended to read:

1462 409.904 Optional payments for eligible persons.—The agency
1463 may make payments for medical assistance and related services on
1464 behalf of the following persons who are determined to be
1465 eligible subject to the income, assets, and categorical
1466 eligibility tests set forth in federal and state law. Payment on
1467 behalf of these Medicaid eligible persons is subject to the
1468 availability of moneys and any limitations established by the
1469 General Appropriations Act or chapter 216.

1470 (9) Eligible women with incomes at or below 200 percent of
1471 the federal poverty level and under age 65, for cancer treatment
1472 pursuant to the federal Breast and Cervical Cancer Prevention
1473 and Treatment Act of 2000, screened through the Mary Brogan
1474 Breast and Cervical Cancer Early Detection Program established
1475 under s. 385.2021 ~~s. 381.93~~.

1476 Section 25. This act shall take effect July 1, 2009.