

By the Committee on Health Regulation; and 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 use; requiring a youth-directed focus in  
16          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; revising the  
28          submission date of an annual report; deleting an  
29          expired provision relating to rulemaking authority of

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30 the department; transferring and renumbering s.  
31 381.91, F.S., relating to the Jessie Trice Cancer  
32 Prevention Program; transferring, renumbering, and  
33 amending s. 381.911, F.S., relating to the Prostate  
34 Cancer Awareness Program; revising the criteria for  
35 members of the prostate cancer advisory committee;  
36 repealing s. 381.912, F.S., relating to the Cervical  
37 Cancer Elimination Task Force; transferring and  
38 renumbering s. 381.92, F.S., relating to the Florida  
39 Cancer Council; transferring and renumbering s.  
40 381.921, F.S., relating to the mission and duties of  
41 the Florida Cancer Council; amending s. 381.922, F.S.;  
42 conforming cross-references; transferring and  
43 renumbering s. 381.93, F.S., relating to a breast and  
44 cervical cancer early detection program; transferring  
45 and renumbering s. 381.931, F.S., relating to an  
46 annual report on Medicaid expenditures; renaming ch.  
47 385, F.S., as the "Healthy and Fit Florida Act";  
48 amending s. 385.101, F.S.; renaming the "Chronic  
49 Diseases Act" as the "Healthy and Fit Florida Act";  
50 amending s. 385.102, F.S.; revising legislative  
51 intent; creating s. 385.1021, F.S.; providing  
52 definitions; creating s. 385.1022, F.S.; requiring the  
53 Department of Health to support public health programs  
54 to reduce the incidence of mortality and morbidity  
55 from chronic diseases; creating s. 385.1023, F.S.;  
56 requiring the department to create state-level  
57 programs that address the risk factors of certain  
58 chronic diseases; providing required activities of the

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59 state-level programs; amending s. 385.103, F.S.;

60 providing for community-level programs for the

61 prevention of chronic diseases; revising definitions;

62 requiring the department to develop and implement a

63 community-based chronic disease prevention and health

64 promotion program; providing the purpose of the

65 program; providing requirements for the program;

66 creating s. 385.105, F.S.; requiring the department to

67 develop programs to increase physical fitness, to work

68 with school districts, to develop partnerships that

69 allow the public to access recreational facilities and

70 public land areas suitable for physical activity, to

71 work with the Executive Office of the Governor and

72 Volunteer Florida, Inc., to promote school

73 initiatives, and to collaborate with the Department of

74 Education in recognizing nationally accepted best

75 practices for improving physical education in schools;

76 requiring the Department of Health to promote healthy

77 lifestyles to reduce obesity; requiring the department

78 to promote optimal nutritional status in all stages of

79 people's lives, personal responsibility to prevent

80 chronic disease or slow its progression, and regular

81 health visits during a person's life span; authorizing

82 state agencies to conduct employee wellness programs;

83 requiring the department to serve as a model to

84 develop and implement employee wellness programs;

85 requiring the department to assist state agencies to

86 develop the employee wellness programs; providing

87 equal access to the programs by agency employees;

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

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117 that reports cancer cases to the department to make  
118 their records available for onsite review; amending s.  
119 385.203, F.S.; increasing the size of the Diabetes  
120 Advisory Council to include one representative of the  
121 Florida Academy of Family Physicians; amending s.  
122 385.206, F.S.; renaming the "hematology-oncology care  
123 center program" as the "Pediatric Hematology-Oncology  
124 Center Program"; revising definitions; authorizing the  
125 department to designate centers and provide funding to  
126 maintain programs for the care of patients with  
127 hematologic and oncologic disorders; clarifying  
128 provisions related to grant-funding agreements and  
129 grant disbursements; revising the department's  
130 requirement to evaluate services rendered by the  
131 centers; requiring data from the centers and other  
132 sources relating to pediatric cancer to be available  
133 to the department for program planning and quality  
134 assurance initiatives; amending s. 385.207, F.S.;  
135 clarifying provisions that require the department to  
136 collect information regarding the number of clients  
137 served, the outcomes reached, the expense incurred,  
138 and fees collected by providers of epilepsy services;  
139 deleting the provision that requires the department to  
140 limit administrative expenses from the Epilepsy  
141 Services Trust Fund to a certain percentage of annual  
142 receipts; amending s. 385.210, F.S.; revising  
143 legislative findings regarding the economic costs of  
144 treating arthritis and its complications; authorizing  
145 the State Surgeon General to seek any federal waivers

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146 that may be necessary to maximize funds from the  
147 Federal Government to implement the Arthritis  
148 Prevention and Education Program; creating s. 385.301,  
149 F.S.; authorizing the department to adopt rules to  
150 administer the act; amending s. 409.904, F.S.;

151 conforming a cross-reference; providing an effective  
152 date.

153

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

155

156 Section 1. Paragraph (e) of subsection (2) of section  
157 154.503, Florida Statutes, is amended to read:

158 154.503 Primary Care for Children and Families Challenge  
159 Grant Program; creation; administration.—

160 (2) The department shall:

161 (e) Coordinate with the primary care program developed  
162 pursuant to s. 154.011, the Florida Healthy Kids Corporation  
163 program created in s. 624.91, the school health services program  
164 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,  
165 Healthy People Program created in s. 381.734,~~ and the volunteer  
166 health care provider program developed pursuant to s. 766.1115.

167 Section 2. Sections 381.0053, 381.0054, 381.732, 381.733,  
168 and 381.734, Florida Statutes, are repealed.

169 Section 3. Section 381.84, Florida Statutes, is  
170 transferred, renumbered as section 385.106, Florida Statutes,  
171 and amended to read:

172 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education  
173 and Use Prevention Program.—

174 (1) DEFINITIONS.—As used in this section and for purposes

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175 of the provisions of s. 27, Art. X of the State Constitution,  
176 the term:

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

179 (b) "Best practices" means the Best Practices for  
180 Comprehensive Tobacco Control Programs as established by the  
181 CDC, as amended.

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

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

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

187 ~~(e) "Tobacco" means, without limitation, tobacco itself and~~  
188 ~~tobacco products that include tobacco and are intended or~~  
189 ~~expected for human use or consumption, including, but not~~  
190 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~  
191 ~~tobacco.~~

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

193 (2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of  
194 this section to implement s. 27, Art. X of the State  
195 Constitution. The Legislature finds that s. 27, Art. X of the  
196 State Constitution requires the funding of a statewide tobacco  
197 education and use prevention program that focuses on tobacco use  
198 by youth. The Legislature further finds that the primary goals  
199 of the program are to reduce the prevalence of tobacco use among  
200 youth, adults, and pregnant women; reduce per capita tobacco  
201 consumption; and reduce exposure to environmental tobacco smoke.  
202 Further, it is the intent of the Legislature to base increases  
203 in funding for individual components of the program on the

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204 results of assessments and evaluations. Recognizing that some  
205 components will need to grow faster than inflation, it is the  
206 intent of the Legislature to fund portions of the program on a  
207 nonrecurring basis in the early years so that those components  
208 that are most effective can be supported as the program matures.

209 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department  
210 shall conduct a comprehensive, statewide tobacco education and  
211 use prevention program consistent with the recommendations for  
212 effective program components contained in the 1999 Best  
213 Practices for Comprehensive Tobacco Control Programs of the CDC,  
214 as amended by the CDC. The program shall include the following  
215 components, each of which shall focus on educating people,  
216 ~~particularly youth and their parents,~~ about the health hazards  
217 of tobacco and discouraging the use of tobacco. All program  
218 components shall include efforts to educate youth and their  
219 parents about tobacco use, and a youth-directed focus shall  
220 exist in all components outlined in this subsection.‡

221 (a) State and community interventions.—These interventions  
222 shall include, but not be limited to, a statewide tobacco  
223 control program that combines and coordinates community-based  
224 interventions that focus on preventing initiation of tobacco use  
225 among youth and young adults; promoting quitting among adults,  
226 youth, and pregnant women; eliminating exposure to secondhand  
227 smoke; identifying and eliminating tobacco-related disparities  
228 among population groups; and promoting a range of collaborations  
229 to prevent and alleviate the effects of chronic diseases.  
230 ~~Counter-marketing and advertising; cyberspace resource center.~~  
231 The counter-marketing and advertising campaign shall include, at  
232 a minimum, Internet, print, radio, and television advertising



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233 ~~and shall be funded with a minimum of one-third of the total~~  
234 ~~annual appropriation required by s. 27, Art. X of the State~~  
235 ~~Constitution. A cyberspace resource center for copyrighted~~  
236 ~~materials and information concerning tobacco education and use~~  
237 ~~prevention, including cessation, shall be maintained by the~~  
238 ~~program. Such resource center must be accessible to the public,~~  
239 ~~including parents, teachers, and students, at each level of~~  
240 ~~public and private schools, universities, and colleges in the~~  
241 ~~state and shall provide links to other relevant resources. The~~  
242 ~~Internet address for the resource center must be incorporated in~~  
243 ~~all advertising. The information maintained in the resource~~  
244 ~~center shall be used by the other components of the program.~~

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

259 1. A statewide toll-free cessation service, which may  
260 include counseling, referrals to other local resources and  
261 support services, and treatment to the extent funds are

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262 ~~available for treatment services; and~~

263 ~~2. A local community-based program to disseminate~~  
264 ~~information about smoking cessation, how smoking cessation~~  
265 ~~relates to prenatal care and obesity prevention, and other~~  
266 ~~chronic tobacco-related diseases.~~

267 (c) *Cessation interventions.*—Cessation interventions  
268 include, but are not limited to, sustaining, expanding, and  
269 promoting the service through population-based counseling and  
270 treatment programs; encouraging public and private insurance  
271 coverage for counseling and FDA-approved medication treatments  
272 for tobacco-use cessation; eliminating cost and other barriers  
273 to treatment for underserved populations; and making health care  
274 system changes. Youth interventions to prevent tobacco-use  
275 initiation and encourage cessation among young people are needed  
276 in order to reshape the environment so that it supports tobacco-  
277 free norms. Because most people who start smoking are younger  
278 than 18 years of age, intervening during adolescence is  
279 critical. Community programs and school-based policies and  
280 interventions should be a part of a comprehensive effort that is  
281 implemented in coordination with community and school  
282 environments and in conjunction with increasing the unit price  
283 of tobacco products, sustaining anti-tobacco media campaigns,  
284 making environments tobacco free, and engaging in other efforts  
285 to create tobacco-free social norms. *Surveillance and*  
286 *evaluation.*—The program shall conduct ongoing epidemiological  
287 surveillance and shall contract for annual independent  
288 evaluations of the effectiveness of the various components of  
289 the program in meeting the goals as set forth in subsection (2).

290 (d) *Surveillance and evaluation.*—The surveillance and

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291 evaluation of all program components shall monitor and document  
292 short-term, intermediate, and long-term intervention outcomes to  
293 inform program and policy direction and ensure accountability.  
294 The surveillance and evaluation must be conducted objectively  
295 through scientifically sound methodology. ~~Youth school~~  
296 ~~programs. School and after-school programs shall use current~~  
297 ~~evidence-based curricula and programs that involve youth to~~  
298 ~~educate youth about the health hazards of tobacco, help youth~~  
299 ~~develop skills to refuse tobacco, and demonstrate to youth how~~  
300 ~~to stop using tobacco.~~

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

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320 (f) *Training.*—The program shall include the training of  
321 health care practitioners, smoking-cessation counselors, and  
322 teachers by health professional students and other tobacco-use  
323 prevention specialists who are trained in preventing tobacco use  
324 and health education. Smoking-cessation counselors shall be  
325 trained by specialists who are certified in tobacco-use  
326 cessation.

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

342 (h) *Enforcement and awareness of related laws.*—In  
343 coordination with the Department of Business and Professional  
344 Regulation, the program shall monitor the enforcement of laws,  
345 rules, and policies prohibiting the sale or other provision of  
346 tobacco to minors, as well as the continued enforcement of the  
347 Clean Indoor Air Act prescribed in chapter 386. The  
348 advertisements produced in accordance with paragraph (b)

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349 ~~paragraph (a)~~ may also include information designed to make the  
350 public aware of these related laws and rules. The departments  
351 may enter into interagency agreements to carry out this program  
352 component.

353 ~~(i) AHEC smoking cessation initiative. For the 2007-2008~~  
354 ~~and 2008-2009 fiscal years only, the AHEC network shall expand~~  
355 ~~the AHEC smoking cessation initiative to each county within the~~  
356 ~~state and perform other activities as determined by the~~  
357 ~~department.~~

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

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

362 1. The State Surgeon General, who shall serve as the  
363 chairperson.

364 2. One county health department director, appointed by the  
365 State Surgeon General.

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

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

370 5. The chief executive officer of the Greater Southeast  
371 Affiliate of the American Heart Association, or his or her  
372 designee.

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

375 7. The dean of the University of Miami School of Medicine,  
376 or his or her designee.

377 8. The dean of the University of Florida College of

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378 Medicine, or his or her designee.

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

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

383 11. The dean of Nova Southeastern College of Osteopathic  
384 Medicine, or his or her designee.

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

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

389 14. The chief executive officer of the Legacy Foundation,  
390 or his or her designee.

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

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

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

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

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

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407 consecutive terms.

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

411 (e) Members of the council shall serve without  
412 compensation, but are entitled to reimbursement for per diem and  
413 travel expenses pursuant to s. 112.061. Members who are state  
414 officers or employees or who are appointed by state officers or  
415 employees shall be reimbursed for per diem and travel expenses  
416 pursuant to s. 112.061 from the state agency through which they  
417 serve.

418 (f) The council shall adhere to all state ethics laws.  
419 Meetings of the council and the review panels are subject to  
420 chapter 119, s. 286.011, and s. 24, Art. I of the State  
421 Constitution. The department shall provide council members with  
422 information and other assistance as is reasonably necessary to  
423 assist the council in carrying out its responsibilities.

424 (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall  
425 advise the State Surgeon General as to the direction and scope  
426 of the Comprehensive Statewide Tobacco Education and Use  
427 Prevention Program. The responsibilities of the council may  
428 include, but are not limited to:

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

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

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

434 (d) Reviewing, as requested by the department, broadcast  
435 material prepared for the Internet, portable media players,

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436 radio, and television advertisement ~~as it relates to the~~  
437 ~~advertising component of the tobacco education and use~~  
438 ~~prevention program.~~

439 (e) Participating in periodic program evaluation, as  
440 requested by the department.

441 (f) Assisting the department in developing ~~the development~~  
442 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to  
443 the principles of merit and quality in the conduct of the  
444 program.

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

449 (h) Assisting the department in developing panels to review  
450 and evaluate potential fund recipients ~~the development and~~  
451 ~~supervision of peer review panels.~~

452 (i) Assisting the department in reviewing reports of peer  
453 review panels and making recommendations for funding allocations  
454 ~~contracts and grants.~~

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

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

462 (l) Recommending policies to encourage a coordinated  
463 response to tobacco use in this state, focusing specifically on  
464 creating partnerships within and between the public and private



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465 sectors.

466 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the  
467 program components or subcomponents described in paragraphs  
468 (3) (a)-(f) shall be awarded by the State Surgeon General, after  
469 consultation with the council, on the basis of merit, as  
470 determined by an open, competitive, peer-reviewed process that  
471 ensures objectivity, consistency, and high quality. The  
472 department shall award such grants or contracts no later than  
473 October 1 for each fiscal year. A recipient of a contract or  
474 grant for the program component described in paragraph (3) (d)  
475 ~~(3) (e)~~ is not eligible for a contract or grant award for any  
476 other program component described in subsection (3) in the same  
477 state fiscal year. ~~A school or college of medicine that is  
478 represented on the council is not eligible to receive a contract  
479 or grant under this section. For the 2007-2008 and 2008-2009  
480 fiscal years only, the department shall award a contract or  
481 grant in the amount of \$10 million to the AHEC network for the  
482 purpose of developing the components described in paragraph  
483 (3) (i).~~ The AHEC network may apply for a competitive contract or  
484 grant after the 2008-2009 fiscal year.

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

493 (b) The council and the ~~peer~~ review panel shall establish

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494 and follow rigorous guidelines for ethical conduct and adhere to  
495 a strict policy with regard to conflicts of interest. Council  
496 members are subject to the applicable provisions of chapter 112.

497 ~~A member of the council or panel may not participate in any~~  
498 ~~discussion or decision with respect to a research proposal by~~  
499 ~~any firm, entity, or agency with which the member is associated~~  
500 ~~as a member of the governing body or as an employee or with~~  
501 ~~which the member has entered into a contractual arrangement.~~  
502 ~~Meetings of the council and the peer review panels are subject~~  
503 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~  
504 ~~Constitution.~~

505 (c) In each contract or grant agreement, the department  
506 shall limit the use of food and promotional items to no more  
507 than 2.5 percent of the total amount of the contract or grant  
508 and limit overhead or indirect costs to no more than 7.5 percent  
509 of the total amount of the contract or grant. The department, in  
510 consultation with the Department of Financial Services, shall  
511 publish guidelines for appropriate food and promotional items.

512 (d) In each advertising contract, the department shall  
513 limit the total of production fees, buyer commissions, and  
514 related costs to no more than 10 percent of the total contract  
515 amount.

516 (e) Notwithstanding the competitive process for contracts  
517 prescribed in this subsection, each county health department is  
518 eligible for core funding, on a per capita basis, to implement  
519 tobacco education and use prevention activities within that  
520 county.

521 (7) ANNUAL REPORT REQUIRED.—By February 28 ~~January 31~~ of  
522 each year, the department shall provide to the Governor, the

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523 President of the Senate, and the Speaker of the House of  
524 Representatives a report that evaluates the program's  
525 effectiveness in reducing and preventing tobacco use and that  
526 recommends improvements to enhance the program's effectiveness.  
527 The report must contain, at a minimum, an annual survey of youth  
528 attitudes and behavior toward tobacco, as well as a description  
529 of the progress in reducing the prevalence of tobacco use among  
530 youth, adults, and pregnant women; reducing per capita tobacco  
531 consumption; and reducing exposure to environmental tobacco  
532 smoke.

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

538 ~~(9) RULEMAKING AUTHORIZED. By January 1, 2008, the~~  
539 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~  
540 ~~120.54 to administer this section.~~

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

543 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

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

545 (a) Reduce the rates of illness and death from lung cancer  
546 and other cancers and improve the quality of life among low-  
547 income African-American and Hispanic populations through  
548 increased access to early, effective screening and diagnosis,  
549 education, and treatment programs.

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

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552 community health centers to build upon the natural referral and  
553 education networks in place within minority communities and to  
554 increase access to health service delivery in Florida.

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

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

561 (b) Funding may be provided to develop contracts with  
562 community health centers and local community faith-based  
563 education programs to provide cancer screening, diagnosis,  
564 education, and treatment services to low-income populations  
565 throughout the state.

566 Section 5. Section 381.911, Florida Statutes, is  
567 transferred, renumbered as section 385.2023, Florida Statutes,  
568 and amended to read:

569 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

570 (1) To the extent that funds are specifically made  
571 available for this purpose, the Prostate Cancer Awareness  
572 Program is established within the Department of Health. The  
573 purpose of this program is to implement the recommendations of  
574 January 2000 of the Florida Prostate Cancer Task Force to  
575 provide for statewide outreach and health education activities  
576 to ensure that men are aware of and appropriately seek medical  
577 counseling for prostate cancer as an early-detection health care  
578 measure.

579 (2) For purposes of implementing the program, the  
580 Department of Health and the Florida Public Health Foundation,

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581 Inc., may:

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

584 (b) Seek any available gifts, grants, or funds from the  
585 state, the Federal Government, philanthropic foundations, and  
586 industry or business groups.

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

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

592 1. Three persons from prostate cancer survivor groups or  
593 cancer-related advocacy groups.

594 2. Three persons who are scientists or clinicians from  
595 public or nonpublic universities or research organizations.

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

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

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

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

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

608 385.2025 ~~381.92~~ Florida Cancer Council.—

609 (1) Effective July 1, 2004, the Florida Cancer Council

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610 within the Department of Health is established for the purpose  
611 of making the state a center of excellence for cancer research.

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

615 (b) The Florida Cancer Council may create not-for-profit  
616 corporate subsidiaries to fulfill its mission. The council and  
617 its subsidiaries are authorized to receive, hold, invest, and  
618 administer property and any moneys acquired from private, local,  
619 state, and federal sources, as well as technical and  
620 professional income generated or derived from the mission-  
621 related activities of the council.

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

- 623 1. The chair of the Florida Dialogue on Cancer, who shall  
624 serve as the chair of the council;
- 625 2. The State Surgeon General or his or her designee;
- 626 3. The chief executive officer of the H. Lee Moffitt Cancer  
627 Center or his or her designee;
- 628 4. The director of the University of Florida Shands Cancer  
629 Center or his or her designee;
- 630 5. The chief executive officer of the University of Miami  
631 Sylvester Comprehensive Cancer Center or his or her designee;
- 632 6. The chief executive officer of the Mayo Clinic,  
633 Jacksonville, or his or her designee;
- 634 7. The chief executive officer of the American Cancer  
635 Society, Florida Division, Inc., or his or her designee;
- 636 8. The president of the American Cancer Society, Florida  
637 Division, Inc., Board of Directors or his or her designee;
- 638 9. The president of the Florida Society of Clinical

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639 Oncology or his or her designee;

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

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

644 12. Five representatives from cancer programs approved by  
645 the American College of Surgeons. Three shall be appointed by  
646 the Governor, one shall be appointed by the Speaker of the House  
647 of Representatives, and one shall be appointed by the President  
648 of the Senate;

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

651 14. One member of the Senate, to be appointed by the  
652 President of the Senate.

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

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

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

663 (3) The council shall issue an annual report to the Center  
664 for Universal Research to Eradicate Disease, the Governor, the  
665 Speaker of the House of Representatives, and the President of  
666 the Senate by December 15 of each year, with policy and funding  
667 recommendations regarding cancer research capacity in Florida

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668 and related issues.

669 Section 8. Section 381.921, Florida Statutes, is  
670 transferred and renumbered as section 385.20251, Florida  
671 Statutes, to read:

672 385.20251 ~~381.921~~ Florida Cancer Council mission and  
673 duties.—The council, which shall work in concert with the  
674 Florida Center for Universal Research to Eradicate Disease to  
675 ensure that the goals of the center are advanced, shall endeavor  
676 to dramatically improve cancer research and treatment in this  
677 state through:

678 (1) Efforts to significantly expand cancer research  
679 capacity in the state by:

680 (a) Identifying ways to attract new research talent and  
681 attendant national grant-producing researchers to cancer  
682 research facilities in this state;

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

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

689 (d) Encouraging the employment of bioinformatics in order  
690 to create a cancer informatics infrastructure that enhances  
691 information and resource exchange and integration through  
692 researchers working in diverse disciplines, to facilitate the  
693 full spectrum of cancer investigations;

694 (e) Facilitating the technical coordination, business  
695 development, and support of intellectual property as it relates  
696 to the advancement of cancer research; and



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

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

701 (a) Identifying ways to increase adult enrollment in cancer  
702 clinical trials;

703 (b) Supporting public and private professional education  
704 programs designed to increase the awareness and knowledge about  
705 cancer clinical trials;

706 (c) Providing tools to cancer patients and community-based  
707 oncologists to aid in the identification of cancer clinical  
708 trials available in the state; and

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

712 (3) Efforts to reduce the impact of cancer on disparate  
713 groups by:

714 (a) Identifying those cancers that disproportionately  
715 impact certain demographic groups; and

716 (b) Building collaborations designed to reduce health  
717 disparities as they relate to cancer.

718 Section 9. Paragraph (a) of subsection (2) and subsection  
719 (5) of section 381.922, Florida Statutes, as amended by section  
720 2 of chapter 2009-5, Laws of Florida, is amended to read:

721 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
722 Cancer Research Program.—

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

725 (a) Emphasis shall be given to the goals enumerated in s.

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726 385.20251 ~~s. 381.921~~, as those goals support the advancement of  
727 such cures.

728 (5) For the 2008-2009 fiscal year and each fiscal year  
729 thereafter, the sum of \$6.75 million is appropriated annually  
730 from recurring funds in the General Revenue Fund to the  
731 Biomedical Research Trust Fund within the Department of Health  
732 for purposes of the William G. "Bill" Bankhead, Jr., and David  
733 Coley Cancer Research Program and shall be distributed pursuant  
734 to this section to provide grants to researchers seeking cures  
735 for cancer, with emphasis given to the goals enumerated in s.  
736 385.20251 ~~s. 381.921~~. From the total funds appropriated, an  
737 amount of up to 10 percent may be used for administrative  
738 expenses.

739 Section 10. Section 381.93, Florida Statutes, is  
740 transferred and renumbered as section 385.2021, Florida  
741 Statutes, to read:

742 385.2021 ~~381.93~~ Breast and cervical cancer early detection  
743 program.—This section may be cited as the "Mary Brogan Breast  
744 and Cervical Cancer Early Detection Program Act."

745 (1) It is the intent of the Legislature to reduce the rates  
746 of death due to breast and cervical cancer through early  
747 diagnosis and increased access to early screening, diagnosis,  
748 and treatment programs.

749 (2) The Department of Health, using available federal funds  
750 and state funds appropriated for that purpose, is authorized to  
751 establish the Mary Brogan Breast and Cervical Cancer Screening  
752 and Early Detection Program to provide screening, diagnosis,  
753 evaluation, treatment, case management, and followup and  
754 referral to the Agency for Health Care Administration for

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755 coverage of treatment services.

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

761 (4) The department shall limit enrollment in the program to  
762 persons with incomes up to and including 200 percent of the  
763 federal poverty level. The department shall establish an  
764 eligibility process that includes an income-verification process  
765 to ensure that persons served under the program meet income  
766 guidelines.

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

770 Section 11. Section 381.931, Florida Statutes, is  
771 transferred and renumbered as section 385.20211, Florida  
772 Statutes, to read:

773 385.20211 ~~381.931~~ Annual report on Medicaid expenditures.-  
774 The Department of Health and the Agency for Health Care  
775 Administration shall monitor the total Medicaid expenditures for  
776 services made under this act. If Medicaid expenditures are  
777 projected to exceed the amount appropriated by the Legislature,  
778 the Department of Health shall limit the number of screenings to  
779 ensure Medicaid expenditures do not exceed the amount  
780 appropriated. The Department of Health, in cooperation with the  
781 Agency for Health Care Administration, shall prepare an annual  
782 report that must include the number of women screened; the  
783 percentage of positive and negative outcomes; the number of

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784 referrals to Medicaid and other providers for treatment  
785 services; the estimated number of women who are not screened or  
786 not served by Medicaid due to funding limitations, if any; the  
787 cost of Medicaid treatment services; and the estimated cost of  
788 treatment services for women who were not screened or referred  
789 for treatment due to funding limitations. The report shall be  
790 submitted to the President of the Senate, the Speaker of the  
791 House of Representatives, and the Executive Office of the  
792 Governor by March 1 of each year.

793 Section 12. Chapter 385, Florida Statutes, entitled  
794 "Chronic Diseases," is renamed the "Healthy and Fit Florida  
795 Act."

796 Section 13. Section 385.101, Florida Statutes, is amended  
797 to read:

798 385.101 Short title.—This chapter Sections 385.101-385.103  
799 may be cited as the "Healthy and Fit Florida Chronic Diseases  
800 Act."

801 Section 14. Section 385.102, Florida Statutes, is amended  
802 to read:

803 385.102 Legislative intent.—It is the finding of the  
804 Legislature that:

805 (1) Chronic diseases continue to be the leading cause of  
806 death and disability in this state and the country ~~exist in high~~  
807 ~~proportions among the people of this state.~~ These Chronic  
808 diseases include, but are not limited to, arthritis,  
809 cardiovascular disease ~~heart disease, hypertension,~~ diabetes,  
810 renal disease, cancer, and ~~chronic obstructive~~ lung disease.  
811 These diseases ~~are~~ often have the same preventable risk factors  
812 ~~interrelated,~~ and they ~~directly and indirectly~~ account for a

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813 high rate of death, disability, and underlying costs to the  
814 state's health care system ~~illness~~.

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

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

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

823 (5) ~~(2)~~ Advances in medical knowledge and technology assist  
824 ~~have assisted~~ in the prevention, detection, and management of  
825 chronic diseases. Comprehensive approaches that stress the  
826 ~~stressing~~ application of current medical treatment, continuing  
827 research, professional training, and patient education, and  
828 community-level policy and environmental changes should be  
829 implemented ~~encouraged~~.

830 (6) ~~(3)~~ A comprehensive program dealing with the early  
831 ~~detection and prevention of chronic diseases is required to make~~  
832 ~~knowledge and therapy available to all people of this state. The~~  
833 mobilization of scientific, medical, and educational resources,  
834 along with the implementation of community-based policy under  
835 one comprehensive chronic disease law, ~~act~~ will facilitate the  
836 prevention, early intervention, and management ~~treatment~~ of  
837 chronic ~~these~~ diseases and their symptoms. This integration of  
838 resources and policy will ~~and~~ result in a decline in death and  
839 disability ~~illness~~ among the people of this state.

840 (7) Chronic diseases account for 70 percent of all deaths  
841 in the United States. The following chronic diseases are the

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842 leading causes of death and disability:

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

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

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

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

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

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

861 Section 15. Section 385.1021, Florida Statutes, is created  
862 to read:

863 385.1021 Definitions.—As used in this chapter, the term:

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

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

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

869 (4) "Environmental changes" means changes to the economic,  
870 social, or physical natural or built environments which

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871 encourage or enable behaviors.

872 (5) "Policy change" means altering an informal or formal  
873 agreement between public or private sectors which sets forth  
874 values, behaviors, or resource allocation in order to improve  
875 health.

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

879 (7) "Risk factor" means a characteristic or condition  
880 identified during the course of an epidemiological study of a  
881 disease that appears to be statistically associated with a high  
882 incidence of that disease.

883 (8) "Secondary prevention" means an intervention that is  
884 designed to promote the early detection and management of  
885 diseases and reduce the risks experienced by at-risk  
886 populations.

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

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

895 (11) "Tobacco" means, without limitation, tobacco itself  
896 and tobacco products that include tobacco and are intended or  
897 expected for human use or consumption, including, but not  
898 limited to, cigarettes, cigars, pipe tobacco, and smokeless  
899 tobacco.

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

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

906       Section 16. Section 385.1022, Florida Statutes, is created  
907 to read:

908       385.1022 Chronic disease prevention program.—The department  
909 shall support public health programs to reduce the incidence of  
910 mortality and morbidity from diseases for which risk factors can  
911 be identified. Such risk factors include, but are not limited  
912 to, being overweight or obese, physical inactivity, poor  
913 nutrition and diet, tobacco use, sun exposure, and other  
914 practices that are detrimental to health. The programs shall  
915 educate and screen the general public as well as groups at  
916 particularly high risk of chronic diseases.

917       Section 17. Section 385.1023, Florida Statutes, is created  
918 to read:

919       385.1023 State-level prevention programs for chronic  
920 disease.—

921       (1) The department shall create state-level programs that  
922 address the leading, preventable chronic disease risk factors of  
923 poor nutrition and obesity, tobacco use, sun exposure, and  
924 physical inactivity in order to decrease the incidence of  
925 arthritis, cancer, diabetes, heart disease, lung disease,  
926 stroke, and other chronic diseases.

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



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

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

933       (c) Promoting public awareness and increasing knowledge  
934 concerning the causes of chronic diseases, the importance of  
935 early detection, diagnosis, and appropriate evidence-based  
936 prevention, management, and treatment strategies.

937       (d) Disseminating educational materials and information  
938 concerning evidence-based results, available services, and  
939 pertinent new research findings and prevention strategies to  
940 patients, health insurers, health professionals, and the public.

941       (e) Using education and training resources and services  
942 developed by organizations having appropriate expertise and  
943 knowledge of chronic diseases for technical assistance.

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

946       (g) Increasing awareness among state and local officials  
947 involved in health and human services, health professionals and  
948 providers, and policymakers about evidence-based chronic-disease  
949 prevention, tobacco cessation, and treatment strategies and  
950 their benefits for people who have chronic diseases.

951       (h) Developing a partnership with state and local  
952 governments, voluntary health organizations, hospitals, health  
953 insurers, universities, medical centers, employer groups,  
954 private companies, and health care providers to address the  
955 burden of chronic disease in this state.

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

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958 (j) Providing lasting improvements in the delivery of  
959 health care for individuals who have chronic disease and their  
960 families, thus improving their quality of life while also  
961 containing health care costs.

962 Section 18. Section 385.103, Florida Statutes, is amended  
963 to read:

964 385.103 Community-level ~~Community intervention~~ programs for  
965 chronic disease prevention and health promotion.-

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

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

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

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

975 3. Use of public health data to make decisions and to  
976 develop and prioritize community-based interventions focusing on  
977 chronic diseases and their risk factors; ~~Appropriate~~  
978 ~~intervention to enable and encourage changes in behaviors that~~  
979 ~~create health risks; and~~

980 4. Adherence to a population-based approach by using a  
981 socioecological model that addresses the influence on individual  
982 behavior, interpersonal behavior, organizational behavior, the  
983 community, and public policy; ~~Counseling in nutrition, physical~~  
984 ~~activity, the effects of tobacco use, hypertension, blood~~  
985 ~~pressure control, and diabetes control and the provision of~~  
986 ~~other clinical prevention services.~~

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

990 6. Focus on developing and implementing interventions and  
991 activities through communities, schools, worksites, faith-based  
992 organizations, and health-care settings;

993 7. Use of evidence-based interventions as well as best and  
994 promising practices to guide specific activities and effect  
995 change, which may include guidelines developed by organizations,  
996 volunteer scientists, and health care professionals who write  
997 published medical, scientific statements on various chronic  
998 disease topics. The statements shall be supported by scientific  
999 studies published in recognized journals that have a rigorous  
1000 review and approval process. Scientific statements generally  
1001 include a review of data available on a specific subject and an  
1002 evaluation of its relationship to overall chronic disease  
1003 science;

1004 8. Use of policy, system, and environmental changes that  
1005 support healthy behaviors so as to affect large segments of the  
1006 population and encourage healthy choices;

1007 9. Development of extensive and comprehensive evaluation  
1008 that is linked to program planning at the state level and the  
1009 community level in order to determine the program's  
1010 effectiveness or necessary program modifications; and

1011 10. Reduction of duplication of efforts through  
1012 coordination among appropriate entities for the efficient use of  
1013 resources.

1014 (b) "~~Community~~ Health education program" means a program  
1015 that follows involving the planned and coordinated use of ~~the~~

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1016 educational standards and teaching methods ~~resources available~~  
1017 ~~in a community~~ in an effort to provide:

1018 1. Appropriate medical, research-based interventions to  
1019 enable and encourage changes in behaviors which reduce or  
1020 eliminate health risks;

1021 2. Counseling in nutrition, weight management, physical  
1022 inactivity, and tobacco-use prevention and cessation strategies;  
1023 hypertension, blood pressure, high cholesterol, and diabetes  
1024 control; and other clinical prevention services;

1025 3.1. Motivation and assistance to individuals or groups in  
1026 adopting and maintaining ~~Motivate and assist citizens to adopt~~  
1027 ~~and maintain~~ healthful practices and lifestyles; and

1028 4.2. Make available Learning opportunities that ~~which~~ will  
1029 increase the ability of people to make informed decisions  
1030 affecting their personal, family, and community well-being and  
1031 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of  
1032 behavior that ~~which~~ will improve or maintain health.7

1033 ~~3. Reduce, through coordination among appropriate agencies,~~  
1034 ~~duplication of health education efforts; and~~

1035 ~~4. Facilitate collaboration among appropriate agencies for~~  
1036 ~~efficient use of scarce resources.~~

1037 (c) "Community intervention program" means a program  
1038 combining the required elements of a chronic disease prevention  
1039 and health promotion ~~control~~ program and the principles of a  
1040 ~~community~~ health education program that addresses system,  
1041 policy, and environmental changes that ensure that communities  
1042 provide support for healthy lifestyles ~~into a unified program~~  
1043 ~~over which a single administrative entity has authority and~~  
1044 ~~responsibility.~~

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1045 ~~(d) "Department" means the Department of Health.~~

1046 ~~(e) "Risk factor" means a factor identified during the~~  
1047 ~~course of an epidemiological study of a disease, which factor~~  
1048 ~~appears to be statistically associated with a high incidence of~~  
1049 ~~that disease.~~

1050 (2) OPERATION OF COMMUNITY-LEVEL COMMUNITY INTERVENTION  
1051 PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.-

1052 (a) The department shall develop and implement a  
1053 comprehensive, community-based program for chronic disease  
1054 prevention and health promotion. The program shall be designed  
1055 to reduce major behavioral risk factors that are associated with  
1056 chronic diseases by enhancing the knowledge, skills, motivation,  
1057 and opportunities for individuals, organizations, health care  
1058 providers, small businesses, health insurers, and communities to  
1059 develop and maintain healthy lifestyles. The department shall  
1060 assist the county health departments in developing and operating  
1061 community intervention programs throughout the state. At a  
1062 minimum, the community intervention programs shall address one  
1063 to three of the following chronic diseases: cancer, diabetes,  
1064 heart disease, stroke, hypertension, renal disease, and chronic  
1065 obstructive lung disease.

1066 (b) The program shall include:

- 1067 1. Countywide assessments of specific, causal, and  
1068 behavioral risk factors that affect the health of residents;  
1069 2. The development of community-based programs for chronic  
1070 disease prevention and health promotion which incorporate health  
1071 promotion and preventive care practices that are supported in  
1072 scientific and medical literature;  
1073 3. The development and implementation of statewide age-

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1074 specific, disease-specific, and community-specific health  
1075 promotion and preventive care strategies using primary,  
1076 secondary, and tertiary prevention interventions;

1077 4. The promotion of community, research-based health-  
1078 promotion model programs that meet specific criteria, address  
1079 major risk factors, and motivate individuals to permanently  
1080 adopt healthy behaviors and increase social and personal  
1081 responsibilities;

1082 5. The development of policies that encourage the use of  
1083 alternative community delivery sites for health promotion,  
1084 disease prevention, and preventive care programs and promote the  
1085 use of neighborhood delivery sites that are close to work, home,  
1086 and school; and

1087 6. An emphasis on the importance of healthy and physically  
1088 active lifestyles to build self-esteem and reduce morbidity and  
1089 mortality associated with chronic disease and being overweight  
1090 or obese. Existing community resources, when available, shall be  
1091 used to support the programs. The department shall seek funding  
1092 for the programs from federal and state financial assistance  
1093 programs which presently exist or which may be hereafter  
1094 created. Additional services, as appropriate, may be  
1095 incorporated into a program to the extent that resources are  
1096 available. The department may accept gifts and grants in order  
1097 to carry out a program.

1098 ~~(c) Volunteers shall be used to the maximum extent possible~~  
1099 ~~in carrying out the programs. The department shall contract for~~  
1100 ~~the necessary insurance coverage to protect volunteers from~~  
1101 ~~personal liability while acting within the scope of their~~  
1102 ~~volunteer assignments under a program.~~

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1103       ~~(d) The department may contract for the provision of all or~~  
1104 ~~any portion of the services required by a program, and shall so~~  
1105 ~~contract whenever the services so provided are more cost-~~  
1106 ~~efficient than those provided by the department.~~

1107       ~~(e) If the department determines that it is necessary for~~  
1108 ~~clients to help pay for services provided by a program, the~~  
1109 ~~department may require clients to make contribution therefor in~~  
1110 ~~either money or personal services. The amount of money or value~~  
1111 ~~of the personal services shall be fixed according to a fee~~  
1112 ~~schedule established by the department or by the entity~~  
1113 ~~developing the program. In establishing the fee schedule, the~~  
1114 ~~department or the entity developing the program shall take into~~  
1115 ~~account the expenses and resources of a client and his or her~~  
1116 ~~overall ability to pay for the services.~~

1117       Section 19. Section 385.105, Florida Statutes, is created  
1118 to read:

1119       385.105 Physical activity, obesity prevention, nutrition,  
1120 other health-promotion services, and wellness programs.-

1121       (1) PHYSICAL ACTIVITY-.

1122       (a) The department shall develop programs for people at  
1123 every stage of their lives to increase physical fitness and  
1124 promote behavior changes.

1125       (b) The department shall work with school health advisory  
1126 or wellness committees in each school district as established in  
1127 s. 381.0056.

1128       (c) The department shall develop public and private  
1129 partnerships that allow the public to easily access recreational  
1130 facilities and public land areas that are suitable for physical  
1131 activity.

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1132 (d) The department shall work in collaboration with the  
1133 Executive Office of the Governor and Volunteer Florida, Inc., to  
1134 promote school initiatives, such as the Governor's Fitness  
1135 Challenge.

1136 (e) The department shall collaborate with the Department of  
1137 Education in recognizing nationally accepted best practices for  
1138 improving physical education in schools.

1139 (2) OBESITY PREVENTION.—The department shall promote  
1140 healthy lifestyles to reduce the prevalence of excess weight  
1141 gain and being overweight or obese through programs that are  
1142 directed towards all residents of this state by:

1143 (a) Using all appropriate media to promote maximum public  
1144 awareness of the latest research on healthy lifestyles and  
1145 chronic diseases and disseminating relevant information through  
1146 a statewide clearinghouse relating to wellness, physical  
1147 activity, and nutrition and the effect of these factors on  
1148 chronic diseases and disabling conditions.

1149 (b) Providing technical assistance, training, and resources  
1150 on healthy lifestyles and chronic diseases to the public, health  
1151 care providers, school districts, and other persons or entities,  
1152 including faith-based organizations that request such assistance  
1153 to promote physical activity, nutrition, and healthy lifestyle  
1154 programs.

1155 (c) Developing, implementing, and using all available  
1156 research methods to collect data, including, but not limited to,  
1157 population-specific data, and tracking the incidence and effects  
1158 of weight gain, obesity, and related chronic diseases. The  
1159 department shall include an evaluation and data-collection  
1160 component in all programs as appropriate. All research conducted



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1161 under this paragraph is subject to review and approval as  
1162 required by the department's institutional review board under s.  
1163 381.86.

1164 (d) Entering into partnerships with the Department of  
1165 Education, local communities, school districts, and other  
1166 entities to encourage schools in this state to promote  
1167 activities during and after school to help students meet a  
1168 minimum goal of 30 minutes of physical activity or physical  
1169 fitness per day.

1170 (e) Entering into partnerships with the Department of  
1171 Education, school districts, and the Florida Sports Foundation  
1172 to develop a programs recognizing the schools at which students  
1173 demonstrate excellent physical fitness or fitness improvement.

1174 (f) Collaborating with other state agencies to develop  
1175 policies and strategies for preventing and treating obesity,  
1176 which shall be incorporated into programs administered by each  
1177 agency and shall include promoting healthy lifestyles of  
1178 employees of each agency.

1179 (g) Advising, in accordance with s. 456.081, health care  
1180 practitioners about the morbidity, mortality, and costs  
1181 associated with being overweight or obese, informing such  
1182 practitioners of promising clinical practices for preventing and  
1183 treating obesity, and encouraging practitioners to counsel their  
1184 patients regarding the adoption of healthy lifestyles.

1185 (h) Maximizing all local, state, and federal funding  
1186 sources, including grants, public-private partnerships, and  
1187 other mechanisms to strengthen the department's programs  
1188 promoting physical activity and nutrition.

1189 (3) NUTRITION.—The department shall promote optimal

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1190 nutritional status in all stages of people's lives by developing  
1191 strategies to:

1192 (a) Promote and maintain optimal nutritional status in the  
1193 population through activities, including, but not limited to:

1194 1. Nutrition screening and assessment and nutrition  
1195 counseling, including nutrition therapy, followup, case  
1196 management, and referrals for persons who have medical  
1197 conditions or nutrition-risk factors and who are provided health  
1198 services through public health programs or through referrals  
1199 from private health care providers or facilities;

1200 2. Nutrition education to assist residents of the state in  
1201 achieving optimal health and preventing chronic disease; and

1202 3. Consultative nutrition services to group facilities  
1203 which promote the provision of safe and nutritionally adequate  
1204 diets.

1205 (b) Monitor and conduct surveillance of the nutritional  
1206 status of this state's population.

1207 (c) Conduct or support research or evaluations related to  
1208 public health nutrition. All research conducted under this  
1209 paragraph is subject to review and approval as required by the  
1210 department's institutional review board under s. 381.86.

1211 (d) Establish policies and standards for public health  
1212 nutrition practices.

1213 (e) Promote interagency cooperation, professional  
1214 education, and consultation.

1215 (f) Provide technical assistance and advise state agencies,  
1216 private institutions, and local organizations regarding public  
1217 health nutrition standards.

1218 (g) Work with the Department of Agriculture and Consumer

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1219 Services, the Department of Education, and the Department of  
1220 Management Services to further the use of fresh produce from  
1221 this state in schools and encourage the development of community  
1222 gardens. Nutritional services shall be available to eligible  
1223 persons in accordance with eligibility criteria adopted by the  
1224 department. The department shall provide by rule requirements  
1225 for the service fees, when applicable, which may not exceed the  
1226 department's actual costs.

1227  
1228 The department may adopt rules to administer this subsection.

1229 (4) OTHER HEALTH-PROMOTION SERVICES.-

1230 (a) The department shall promote personal responsibility by  
1231 encouraging residents of this state to be informed, follow  
1232 health recommendations, seek medical consultations and health  
1233 assessments, take healthy precautions, and comply with medical  
1234 guidelines, including those that lead to earlier detection of  
1235 chronic diseases in order to prevent chronic diseases or slow  
1236 the progression of established chronic diseases.

1237 (b) The department shall promote regular health visits  
1238 during a person's lifetime, including annual physical  
1239 examinations that include measuring body mass index and vital  
1240 signs, blood work, immunizations, screenings, and dental  
1241 examinations in order to reduce the financial, social, and  
1242 personal burden of chronic disease.

1243 (5) WELLNESS PROGRAMS.-

1244 (a) Each state agency may conduct employee wellness  
1245 programs in buildings and lands owned or leased by the state.  
1246 The department shall serve as a model to develop and implement  
1247 employee wellness programs that may include physical fitness,

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1248 healthy nutrition, self-management of disease, education, and  
1249 behavioral change. The department shall assist other state  
1250 agencies to develop and implement employee wellness programs.  
1251 These programs shall use existing resources, facilities, and  
1252 programs or resources procured through grant funding and  
1253 donations that are obtained in accordance with state ethics and  
1254 procurement policies, and shall provide equal access to any such  
1255 programs, resources, and facilities to all state employees.

1256 (b) The department shall coordinate its efforts with the  
1257 Department of Management Services and other state agencies.

1258 (c) Each agency may establish an employee wellness work  
1259 group to design the program. The department shall be available  
1260 to provide policy guidance and assist in identifying effective  
1261 wellness program strategies.

1262 (d) The department shall provide by rule requirements for  
1263 nominal participation fees, when applicable, which may not  
1264 exceed the department's actual costs; collaborations with  
1265 businesses; and the procurement of equipment and incentives.

1266 Section 20. Section 385.202, Florida Statutes, is amended  
1267 to read:

1268 385.202 Statewide cancer registry.—

1269 (1) Each facility, laboratory, or practitioner licensed  
1270 under chapter 395, chapter 458, chapter 459, chapter 464,  
1271 chapter 483, and each freestanding radiation therapy center as  
1272 defined in s. 408.07, shall report to the department ~~of Health~~  
1273 ~~such~~ information, specified by the department, by rule. The  
1274 department may adopt rules regarding reporting requirements for  
1275 the cancer registry, which shall include the data required, the  
1276 timeframe for reporting, and those professionals who are

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1277 responsible for ensuring compliance with reporting requirements,  
1278 ~~which indicates diagnosis, stage of disease, medical history,~~  
1279 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~  
1280 ~~other methods of diagnosis or treatment for each cancer~~  
1281 ~~diagnosed or treated by the facility or center. Failure to~~  
1282 ~~comply with this requirement may be cause for registration or~~  
1283 ~~licensure suspension or revocation.~~

1284 (2) The department shall establish, or cause to have  
1285 established, by contract with a recognized medical organization  
1286 in this state and its affiliated institutions, a statewide  
1287 cancer registry program to ensure that cancer reports required  
1288 under this section shall be maintained and available for use in  
1289 the course of public health surveillance and any study for the  
1290 purpose of reducing morbidity or mortality; and no liability of  
1291 any kind or character for damages or other relief shall arise or  
1292 be enforced against any facility or practitioner ~~hospital~~ by  
1293 reason of having provided such information or material to the  
1294 department.

1295 (3) The department may adopt rules regarding the  
1296 establishment and operation of a statewide cancer registry  
1297 program.

1298 (4) ~~(3)~~ The department or a contractual designee operating  
1299 the statewide cancer registry program required by this section  
1300 shall use or publish said material only for the purpose of  
1301 public health surveillance and advancing medical research or  
1302 medical education in the interest of reducing morbidity or  
1303 mortality, except that a summary of such studies may be released  
1304 for general publication. Information which discloses or could  
1305 lead to the disclosure of the identity of any person whose

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1306 condition or treatment has been reported and studied shall be  
1307 confidential and exempt from the provisions of s. 119.07(1),  
1308 except that:

1309 (a) Release may be made with the written consent of all  
1310 persons to whom the information applies;

1311 (b) The department or a contractual designee may contact  
1312 individuals for the purpose of epidemiologic investigation and  
1313 monitoring, provided information that is confidential under this  
1314 section is not further disclosed; or

1315 (c) The department may exchange personal data with any  
1316 other governmental agency or a contractual designee for the  
1317 purpose of public health surveillance and medical or scientific  
1318 research, ~~if provided~~ such governmental agency or contractual  
1319 designee does shall not further disclose information that is  
1320 confidential under this section.

1321 ~~(5)-(4)~~ Funds appropriated for this section shall be used  
1322 for establishing, administering, compiling, processing, and  
1323 providing biometric and statistical analyses to the reporting  
1324 facilities and practitioners. Funds may also be used to ensure  
1325 the quality and accuracy of the information reported and to  
1326 provide management information to the reporting facilities and  
1327 practitioners.

1328 ~~(6)-(5)~~ The department may adopt rules regarding the  
1329 classifications of, by rule, classify facilities that are  
1330 responsible for making reports to the cancer registry, the  
1331 content and frequency of the reports, and the penalty for  
1332 failure to comply with these requirements ~~for purposes of~~  
1333 ~~reports made to the cancer registry and specify the content and~~  
1334 ~~frequency of the reports. In classifying facilities, the~~

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1335 ~~department shall exempt certain facilities from reporting cancer~~  
1336 ~~information that was previously reported to the department or~~  
1337 ~~retrieved from existing state reports made to the department or~~  
1338 ~~the Agency for Health Care Administration. The provisions of~~  
1339 This section does ~~shall~~ not apply to any facility whose primary  
1340 function is to provide psychiatric care to its patients.

1341 (7) Notwithstanding subsection (1), each facility and  
1342 practitioner that reports cancer cases to the department shall  
1343 make their records available for onsite review by the department  
1344 or its authorized representative.

1345 Section 21. Subsection (3) of section 385.203, Florida  
1346 Statutes, is amended to read:

1347 385.203 Diabetes Advisory Council; creation; function;  
1348 membership.-

1349 (3) The council shall be composed of 26 ~~25~~ citizens of the  
1350 state who have knowledge of, or work in, the area of diabetes  
1351 mellitus as follows:

1352 (a) Five interested citizens, three of whom are affected by  
1353 diabetes.

1354 (b) Twenty-one ~~Twenty~~ members, who must include one  
1355 representative from each of the following areas: nursing with  
1356 diabetes-educator certification; dietary with diabetes educator  
1357 certification; podiatry; ophthalmology or optometry; psychology;  
1358 pharmacy; adult endocrinology; pediatric endocrinology; the  
1359 American Diabetes Association (ADA); the Juvenile Diabetes  
1360 Foundation (JDF); the Florida Academy of Family Physicians; a  
1361 community health center; a county health department; an American  
1362 Diabetes Association recognized community education program;  
1363 each medical school in the state; an osteopathic medical school;

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1364 the insurance industry; a Children's Medical Services diabetes  
1365 regional program; and an employer.

1366 (c) One or more representatives from the Department of  
1367 Health, who shall serve on the council as ex officio members.

1368 Section 22. Section 385.206, Florida Statutes, is amended  
1369 to read:

1370 385.206 Pediatric Hematology-Oncology ~~care~~ Center Program.—

1371 (1) DEFINITIONS.—As used in this section, the term:

1372 (a) "Department" means the Department of Health.

1373 (b) "Hematology" means the study, diagnosis, and treatment  
1374 of blood and blood-forming tissues.

1375 (c) "Oncology" means the study, diagnosis, and treatment of  
1376 malignant neoplasms or cancer.

1377 (d) "Hemophilia" or "other hemostatic disorder" means a  
1378 bleeding disorder resulting from a genetic abnormality of  
1379 mechanisms related to the control of bleeding.

1380 (e) "Sickle-cell anemia or other hemoglobinopathy" means an  
1381 hereditary, chronic disease caused by an abnormal type of  
1382 hemoglobin.

1383 (f) "Patient" means a person under the age of 21 who is in  
1384 need of hematologic-oncologic services and who is enrolled in  
1385 the Children's Medical Services Network ~~declared medically and~~  
1386 ~~financially eligible by the department; or a person who received~~  
1387 ~~such services prior to age 21 and who requires long-term~~  
1388 ~~monitoring and evaluation to ascertain the sequelae and the~~  
1389 ~~effectiveness of treatment.~~

1390 (g) "Center" means a facility designated by the department  
1391 as having a program specifically designed to provide a full  
1392 range of medical and specialty services to patients with



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1393 hematologic and oncologic disorders.

1394 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;  
 1395 AUTHORITY.—The department may designate ~~is authorized to make~~  
 1396 ~~grants and reimbursements to designated centers and provide~~  
 1397 funding to establish and maintain programs for the care of  
 1398 patients with hematologic and oncologic disorders. Program  
 1399 administration costs shall be paid by the department from funds  
 1400 appropriated for this purpose.

1401 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.—~~

1402 (a) Funding provided ~~A grant made~~ under this section shall  
 1403 be pursuant to a contract ~~contractual agreement~~ made between a  
 1404 center and the department. Each contract agreement shall provide  
 1405 that patients will receive services ~~specified types of treatment~~  
 1406 ~~and care~~ from the center without additional charge to the  
 1407 patients or their parents or guardians. ~~Grants shall be~~  
 1408 ~~disbursed in accordance with conditions set forth in the~~  
 1409 ~~disbursement guidelines.~~

1410 (4) ~~GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~  
 1411 ~~PROGRAMS.—~~

1412 (b) ~~(a)~~ Funding may be provided ~~Grant disbursements may be~~  
 1413 ~~made~~ to centers that ~~which~~ meet the following criteria:

1414 1. The personnel shall include at least one board-certified  
 1415 pediatric hematologist-oncologist, at least one board-certified  
 1416 pediatric surgeon, at least one board-certified radiotherapist,  
 1417 and at least one board-certified pathologist.

1418 2. ~~As approved by the department,~~ The center shall actively  
 1419 participate in a national children's cancer study group,  
 1420 maintain a pediatric tumor registry, have a multidisciplinary  
 1421 pediatric tumor board, and meet other guidelines for

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1422 development, including, but not limited to, guidelines from such  
1423 organizations as the American Academy of Pediatrics and the  
1424 American Pediatric Surgical Association.

1425 ~~(b) Programs shall also be established to provide care to~~  
1426 ~~hematology-oncology patients within each district of the~~  
1427 ~~department. The guidelines for local programs shall be~~  
1428 ~~formulated by the department. Special disbursements may be made~~  
1429 ~~by the program office to centers for educational programs~~  
1430 ~~designed for the districts of the department. These programs may~~  
1431 ~~include teaching total supportive care of the dying patient and~~  
1432 ~~his or her family, home therapy to hemophiliacs and patients~~  
1433 ~~with other hemostatic disorders, and screening and counseling~~  
1434 ~~for patients with sickle-cell anemia or other~~  
1435 ~~hemoglobinopathies.~~

1436 (4) ~~(5)~~ PROGRAM AND PEER REVIEW.—The department shall  
1437 evaluate ~~at least annually during the grant period~~ the services  
1438 rendered by the centers and ~~the districts of the department.~~  
1439 Data from the centers and other sources relating to pediatric  
1440 cancer shall be reviewed annually by the Florida Association of  
1441 Pediatric Tumor Programs, Inc.; and a written report with  
1442 recommendations shall be made to the department. This database  
1443 will be available to the department for program planning and  
1444 quality assurance initiatives ~~formulation of its annual program~~  
1445 ~~and financial evaluation report.~~ A portion of the funds  
1446 appropriated for this section may be used to provide statewide  
1447 consultation, supervision, and evaluation of the programs of the  
1448 centers, as well as central program ~~office~~ support personnel.

1449 Section 23. Paragraph (g) of subsection (2) and subsection  
1450 (7) of section 385.207, Florida Statutes, are amended to read:

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1451 385.207 Care and assistance of persons with epilepsy;  
1452 establishment of programs in epilepsy control.-

1453 (2) The Department of Health shall:

1454 (g) Continue current programs and develop cooperative  
1455 programs and services designed to enhance the vocational  
1456 rehabilitation of epilepsy clients, including the current jobs  
1457 programs. The department shall, as part of its contract with a  
1458 provider of epilepsy services, collect information regarding the  
1459 number of clients served, the outcomes reached, the expenses  
1460 incurred, and the fees collected by such providers for the  
1461 provision of services ~~keep~~ and make this information available  
1462 to the Governor and the Legislature upon request ~~information~~  
1463 ~~regarding the number of clients served, the outcome reached, and~~  
1464 ~~the expense incurred by such programs and services.~~

1465 ~~(7) The department shall limit total administrative~~  
1466 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~  
1467 ~~of annual receipts.~~

1468 Section 24. Paragraphs (b), (d), and (g) of subsection (2)  
1469 and paragraph (b) of subsection (5) of section 385.210, Florida  
1470 Statutes, are amended to read:

1471 385.210 Arthritis prevention and education.-

1472 (2) LEGISLATIVE FINDINGS.-The Legislature finds the  
1473 following:

1474 (b) Arthritis is the leading cause of disability in the  
1475 United States, limiting daily activities for more than 19 ~~7~~  
1476 million citizens.

1477 (d) There are enormous economic and social costs associated  
1478 with treating arthritis and its complications; the economic  
1479 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~

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1480 ~~(1997)~~ annually in the United States.

1481 (g) The National Arthritis Foundation, the CDC ~~Centers for~~  
1482 ~~Disease Control and Prevention~~, and the Association of State and  
1483 Territorial Health Officials have led the development of a  
1484 public health strategy, the National Arthritis Action Plan, to  
1485 respond to this challenge.

1486 (5) FUNDING.—

1487 (b) The State Surgeon General may ~~shall~~ seek any federal  
1488 waiver or waivers that may be necessary to maximize funds from  
1489 the Federal Government to implement this program.

1490 Section 25. Section 385.301, Florida Statutes, is created  
1491 to read:

1492 385.301 Rulemaking authority.—The department may adopt  
1493 rules pursuant to chapter 120 to administer this chapter.

1494 Section 26. Subsection (9) of section 409.904, Florida  
1495 Statutes, is amended to read:

1496 409.904 Optional payments for eligible persons.—The agency  
1497 may make payments for medical assistance and related services on  
1498 behalf of the following persons who are determined to be  
1499 eligible subject to the income, assets, and categorical  
1500 eligibility tests set forth in federal and state law. Payment on  
1501 behalf of these Medicaid eligible persons is subject to the  
1502 availability of moneys and any limitations established by the  
1503 General Appropriations Act or chapter 216.

1504 (9) Eligible women with incomes at or below 200 percent of  
1505 the federal poverty level and under age 65, for cancer treatment  
1506 pursuant to the federal Breast and Cervical Cancer Prevention  
1507 and Treatment Act of 2000, screened through the Mary Brogan  
1508 Breast and Cervical Cancer Early Detection Program established

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1509 under s. 385.2021 ~~s. 381.93~~.

1510 Section 27. This act shall take effect July 1, 2009.