

By the Committees on Health and Human Services Appropriations;  
and Health Regulation; and Senator Gaetz

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1                                   A bill to be entitled  
2           An act relating to health care; amending s. 154.503,  
3           F.S.; conforming a cross-reference; repealing s.  
4           381.0053, F.S., relating to a comprehensive nutrition  
5           program; repealing s. 381.0054, F.S., relating to  
6           healthy lifestyles promotion; repealing ss. 381.732,  
7           381.733, and 381.734, F.S., relating to the Healthy  
8           Communities, Healthy People Act; amending s. 381.006,  
9           F.S.; requiring the Department of Health, when  
10          conducting an environmental health program inspection  
11          of a certified domestic violence center to limit the  
12          inspection of the domestic violence center to the  
13          requirements set forth in the department's rules  
14          applicable to community-based residential facilities  
15          with five or fewer residents; amending s. 381.0072,  
16          F.S.; requiring the Department of Health, when  
17          conducting a food service inspection of a certified  
18          domestic violence center to limit the inspection of  
19          the domestic violence center to the requirements set  
20          forth in the department's rules applicable to  
21          community-based residential facilities with five or  
22          fewer residents; amending s. 381.0203, F.S.; requiring  
23          certain state agencies to purchase drugs through the  
24          statewide purchasing contract administered by the  
25          Department of Health; providing an exception;  
26          requiring the department to establish and maintain  
27          certain pharmacy services program; transferring,  
28          renumbering, and amending s. 381.84, F.S., relating to  
29          the Comprehensive Statewide Tobacco Education and Use

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30 Prevention Program; revising definitions; revising  
31 program components; requiring program components to  
32 include efforts to educate youth and their parents  
33 about tobacco use; requiring a youth-directed focus in  
34 each program component; requiring the Tobacco  
35 Education and Use Prevention Advisory Council to  
36 adhere to state ethics laws; providing that meetings  
37 of the council are subject to public-records and  
38 public-meetings requirements; revising the duties of  
39 the council; deleting a provision that prohibits a  
40 member of the council from participating in a  
41 discussion or decision with respect to a research  
42 proposal by a firm, entity, or agency with which the  
43 member is associated as a member of the governing body  
44 or as an employee or with which the member has entered  
45 into a contractual arrangement; revising the  
46 submission date of an annual report; deleting an  
47 expired provision relating to rulemaking authority of  
48 the department; transferring and renumbering s.  
49 381.91, F.S., relating to the Jessie Trice Cancer  
50 Prevention Program; transferring, renumbering, and  
51 amending s. 381.911, F.S., relating to the Prostate  
52 Cancer Awareness Program; revising the criteria for  
53 members of the prostate cancer advisory committee;  
54 repealing s. 381.912, F.S., relating to the Cervical  
55 Cancer Elimination Task Force; transferring and  
56 renumbering s. 381.92, F.S., relating to the Florida  
57 Cancer Council; transferring and renumbering s.  
58 381.921, F.S., relating to the mission and duties of

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

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

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

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146 provisions related to grant-funding agreements and  
147 grant disbursements; revising the department's  
148 requirement to evaluate services rendered by the  
149 centers; requiring data from the centers and other  
150 sources relating to pediatric cancer to be available  
151 to the department for program planning and quality  
152 assurance initiatives; amending s. 385.207, F.S.;  
153 clarifying provisions that require the department to  
154 collect information regarding the number of clients  
155 served, the outcomes reached, the expense incurred,  
156 and fees collected by providers of epilepsy services;  
157 deleting the provision that requires the department to  
158 limit administrative expenses from the Epilepsy  
159 Services Trust Fund to a certain percentage of annual  
160 receipts; amending s. 385.210, F.S.; revising  
161 legislative findings regarding the economic costs of  
162 treating arthritis and its complications; authorizing  
163 the State Surgeon General to seek any federal waivers  
164 that may be necessary to maximize funds from the  
165 Federal Government to implement the Arthritis  
166 Prevention and Education Program; creating s. 385.301,  
167 F.S.; authorizing the department to adopt rules to  
168 administer the act; creating s. 385.401, F.S.;  
169 authorizing the department to establish a direct-  
170 support organization; providing definitions; providing  
171 for a board of directors; providing terms; providing  
172 for membership; authorizing the department to allow  
173 the direct-support organization to use the  
174 department's fixed property and facilities within the

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175 state public health system; providing an exception;  
176 requiring that the direct-support organization submit  
177 certain federal forms to the department; requiring  
178 that the direct-support organization provide an annual  
179 financial audit; amending s. 409.904, F.S.; conforming  
180 a cross-reference; creating the Pharmacy and  
181 Therapeutic Advisory Council within the Executive  
182 Office of the Governor; providing duties of the  
183 council; providing for the appointment and  
184 qualification of members; providing for the use of  
185 subject-matter experts when necessary; providing  
186 requirements for voting and a quorum; providing for  
187 quarterly meetings of the council; providing for  
188 staffing; providing for reimbursement of per diem and  
189 travel expenses for members of the council; amending  
190 s. 499.003, F.S.; excluding from the definition of  
191 "wholesale distribution" certain activities of state  
192 agencies; providing an effective date.

193

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

195

196 Section 1. Paragraph (e) of subsection (2) of section  
197 154.503, Florida Statutes, is amended to read:

198 154.503 Primary Care for Children and Families Challenge  
199 Grant Program; creation; administration.—

200 (2) The department shall:

201 (e) Coordinate with the primary care program developed  
202 pursuant to s. 154.011, the Florida Healthy Kids Corporation  
203 program created in s. 624.91, the school health services program

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204 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~  
205 ~~Healthy People Program created in s. 381.734,~~ and the volunteer  
206 health care provider program developed pursuant to s. 766.1115.

207 Section 2. Sections 381.0053, 381.0054, 381.732, 381.733,  
208 and 381.734, Florida Statutes, are repealed.

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

211 381.006 Environmental health.—The department shall conduct  
212 an environmental health program as part of fulfilling the  
213 state's public health mission. The purpose of this program is to  
214 detect and prevent disease caused by natural and manmade factors  
215 in the environment. The environmental health program shall  
216 include, but not be limited to:

217 (16) A group-care-facilities function, where a group care  
218 facility means any public or private school, housing, building  
219 or buildings, section of a building, or distinct part of a  
220 building or other place, whether operated for profit or not,  
221 which undertakes, through its ownership or management, to  
222 provide one or more personal services, care, protection, and  
223 supervision to persons who require such services and who are not  
224 related to the owner or administrator. The department may adopt  
225 rules necessary to protect the health and safety of residents,  
226 staff, and patrons of group care facilities, such as child care  
227 facilities, family day care homes, assisted living facilities,  
228 adult day care centers, adult family care homes, hospices,  
229 residential treatment facilities, crisis stabilization units,  
230 pediatric extended care centers, intermediate care facilities  
231 for the developmentally disabled, group care homes, and, jointly  
232 with the Department of Education, private and public schools.



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233 These rules may include definitions of terms; provisions  
234 relating to operation and maintenance of facilities, buildings,  
235 grounds, equipment, furnishings, and occupant-space  
236 requirements; lighting; heating, cooling, and ventilation; food  
237 service; water supply and plumbing; sewage; sanitary facilities;  
238 insect and rodent control; garbage; safety; personnel health,  
239 hygiene, and work practices; and other matters the department  
240 finds are appropriate or necessary to protect the safety and  
241 health of the residents, staff, or patrons. The department may  
242 not adopt rules that conflict with rules adopted by the  
243 licensing or certifying agency. The department may enter and  
244 inspect at reasonable hours to determine compliance with  
245 applicable statutes or rules. An environmental health program  
246 inspection of a certified domestic violence center shall be  
247 limited to the requirements set forth in the department's rules  
248 applicable to community-based residential facilities with five  
249 or fewer residents. In addition to any sanctions that the  
250 department may impose for violations of rules adopted under this  
251 section, the department shall also report such violations to any  
252 agency responsible for licensing or certifying the group care  
253 facility. The licensing or certifying agency may also impose any  
254 sanction based solely on the findings of the department.

255  
256 The department may adopt rules to carry out the provisions of  
257 this section.

258 Section 4. Paragraph (a) of subsection (2) of section  
259 381.0072, Florida Statutes, is amended to read:

260 381.0072 Food service protection.—It shall be the duty of  
261 the Department of Health to adopt and enforce sanitation rules

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262 consistent with law to ensure the protection of the public from  
263 food-borne illness. These rules shall provide the standards and  
264 requirements for the storage, preparation, serving, or display  
265 of food in food service establishments as defined in this  
266 section and which are not permitted or licensed under chapter  
267 500 or chapter 509.

268 (2) DUTIES.—

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

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291 that complies with nursing or hospital regulations; and bars and  
292 lounges, as defined by department rule, are exempt from the  
293 rules developed for manager certification. The department shall  
294 administer a comprehensive inspection, monitoring, and sampling  
295 program to ensure such standards are maintained. With respect to  
296 food service establishments permitted or licensed under chapter  
297 500 or chapter 509, the department shall assist the Division of  
298 Hotels and Restaurants of the Department of Business and  
299 Professional Regulation and the Department of Agriculture and  
300 Consumer Services with rulemaking by providing technical  
301 information. Food service inspections of a certified domestic  
302 violence center shall be limited to the requirements set forth  
303 in the department's rules applicable to community-based  
304 residential facilities with five or fewer residents.

305 Section 5. Subsection (1) and paragraph (a) of subsection  
306 (2) of section 381.0203, Florida Statutes, are amended to read:  
307 381.0203 Pharmacy services.—

308 (1) The department must ~~may~~ contract on a statewide basis  
309 for the purchase of drugs, as defined in s. 499.003, to be used  
310 by state agencies and political subdivisions, and may adopt  
311 rules to administer this section. Effective January 1, 2010, all  
312 state agencies, except the Agency for Health Care  
313 Administration, the Department of Veterans' Affairs, and the  
314 Department of Management Services, must purchase drugs through  
315 the statewide contract unless:

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

318 (b) The drugs required are not available through the  
319 statewide purchasing contract.

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

323 (a) A central pharmacy to support pharmaceutical services  
324 provided by the county health departments, including  
325 pharmaceutical repackaging, dispensing, and the purchase and  
326 distribution of immunizations and other pharmaceuticals. Such  
327 services shall be provided to other state agencies and political  
328 subdivisions of the state upon written agreement. Cost savings  
329 realized by the state through utilization of the central  
330 pharmacy may be used by the department to offset additional  
331 costs.

332 Section 6. Section 381.84, Florida Statutes, is  
333 transferred, renumbered as section 385.106, Florida Statutes,  
334 and amended to read:

335 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education  
336 and Use Prevention Program.—

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

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

342 (b) "Best practices" means the Best Practices for  
343 Comprehensive Tobacco Control Programs as established by the  
344 CDC, as amended.

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

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

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

350 ~~(e) "Tobacco" means, without limitation, tobacco itself and~~  
351 ~~tobacco products that include tobacco and are intended or~~  
352 ~~expected for human use or consumption, including, but not~~  
353 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~  
354 ~~tobacco.~~

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

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

372 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department  
373 shall conduct a comprehensive, statewide tobacco education and  
374 use prevention program consistent with the recommendations for  
375 effective program components contained in the 1999 Best  
376 Practices for Comprehensive Tobacco Control Programs of the CDC,  
377 as amended by the CDC. The program shall include the following

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378 components, each of which shall focus on educating people,  
379 ~~particularly youth and their parents,~~ about the health hazards  
380 of tobacco and discouraging the use of tobacco. All program  
381 components shall include efforts to educate youth and their  
382 parents about tobacco use, and a youth-directed focus shall  
383 exist in all components outlined in this subsection.

384 (a) State and community interventions.—These interventions  
385 shall include, but not be limited to, a statewide tobacco  
386 control program that combines and coordinates community-based  
387 interventions that focus on preventing initiation of tobacco use  
388 among youth and young adults; promoting quitting among adults,  
389 youth, and pregnant women; eliminating exposure to secondhand  
390 smoke; identifying and eliminating tobacco-related disparities  
391 among population groups; and promoting a range of collaborations  
392 to prevent and alleviate the effects of chronic diseases.

393 ~~Counter marketing and advertising; cyberspace resource center.~~  
394 The counter marketing and advertising campaign shall include, at  
395 a minimum, Internet, print, radio, and television advertising  
396 and shall be funded with a minimum of one-third of the total  
397 annual appropriation required by s. 27, Art. X of the State  
398 Constitution. A cyberspace resource center for copyrighted  
399 materials and information concerning tobacco education and use  
400 prevention, including cessation, shall be maintained by the  
401 program. Such resource center must be accessible to the public,  
402 including parents, teachers, and students, at each level of  
403 public and private schools, universities, and colleges in the  
404 state and shall provide links to other relevant resources. The  
405 Internet address for the resource center must be incorporated in  
406 all advertising. The information maintained in the resource

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407 ~~center shall be used by the other components of the program.~~

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

422 1. ~~A statewide toll-free cessation service, which may~~  
423 ~~include counseling, referrals to other local resources and~~  
424 ~~support services, and treatment to the extent funds are~~  
425 ~~available for treatment services; and~~

426 2. ~~A local community-based program to disseminate~~  
427 ~~information about smoking cessation, how smoking cessation~~  
428 ~~relates to prenatal care and obesity prevention, and other~~  
429 ~~chronic tobacco-related diseases.~~

430 (c) Cessation interventions.—Cessation interventions  
431 include, but are not limited to, sustaining, expanding, and  
432 promoting the service through population-based counseling and  
433 treatment programs; encouraging public and private insurance  
434 coverage for counseling and FDA-approved medication treatments  
435 for tobacco-use cessation; eliminating cost and other barriers

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436 to treatment for underserved populations; and making health care  
437 system changes. Youth interventions to prevent tobacco-use  
438 initiation and encourage cessation among young people are needed  
439 in order to reshape the environment so that it supports tobacco-  
440 free norms. Because most people who start smoking are younger  
441 than 18 years of age, intervening during adolescence is  
442 critical. Community programs and school-based policies and  
443 interventions should be a part of a comprehensive effort that is  
444 implemented in coordination with community and school  
445 environments and in conjunction with increasing the unit price  
446 of tobacco products, sustaining anti-tobacco media campaigns,  
447 making environments tobacco free, and engaging in other efforts  
448 to create tobacco-free social norms. ~~Surveillance and~~  
449 ~~evaluation. The program shall conduct ongoing epidemiological~~  
450 ~~surveillance and shall contract for annual independent~~  
451 ~~evaluations of the effectiveness of the various components of~~  
452 ~~the program in meeting the goals as set forth in subsection (2).~~

453 (d) Surveillance and evaluation.—The surveillance and  
454 evaluation of all program components shall monitor and document  
455 short-term, intermediate, and long-term intervention outcomes to  
456 inform program and policy direction and ensure accountability.  
457 The surveillance and evaluation must be conducted objectively  
458 through scientifically sound methodology. ~~Youth school~~  
459 ~~programs. School and after-school programs shall use current~~  
460 ~~evidence-based curricula and programs that involve youth to~~  
461 ~~educate youth about the health hazards of tobacco, help youth~~  
462 ~~develop skills to refuse tobacco, and demonstrate to youth how~~  
463 ~~to stop using tobacco.~~

464 (e) Administration and management.—Administration and



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

483 (f) *Training.*—The program shall include the training of  
484 health care practitioners, smoking-cessation counselors, and  
485 teachers by health professional students and other tobacco-use  
486 prevention specialists who are trained in preventing tobacco use  
487 and health education. Smoking-cessation counselors shall be  
488 trained by specialists who are certified in tobacco-use  
489 cessation.

490 (g) County health departments Administration, statewide  
491 ~~programs, and county health departments.~~—Each county health  
492 department is eligible to receive a portion of the annual  
493 appropriation, on a per capita basis, for coordinating tobacco

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494 education and use prevention programs within that county.  
495 Appropriated funds may be used to improve the infrastructure of  
496 the county health department to implement the comprehensive,  
497 statewide tobacco education and use prevention program. Each  
498 county health department shall prominently display in all  
499 treatment rooms and waiting rooms, counter-marketing and  
500 advertisement materials in the form of wall posters, brochures,  
501 television advertising if televisions are used in the lobby or  
502 waiting room, and screensavers and Internet advertising if  
503 computer kiosks are available for use or viewing by people at  
504 the county health department.

505 (h) *Enforcement and awareness of related laws.*—In  
506 coordination with the Department of Business and Professional  
507 Regulation, the program shall monitor the enforcement of laws,  
508 rules, and policies prohibiting the sale or other provision of  
509 tobacco to minors, as well as the continued enforcement of the  
510 Clean Indoor Air Act prescribed in chapter 386. The  
511 advertisements produced in accordance with paragraph (b)  
512 ~~paragraph (a)~~ may also include information designed to make the  
513 public aware of these related laws and rules. The departments  
514 may enter into interagency agreements to carry out this program  
515 component.

516 (i) *AHEC smoking-cessation initiative.* ~~For the 2007-2008~~  
517 ~~and 2008-2009 fiscal years only,~~ The AHEC network shall expand  
518 the AHEC smoking-cessation initiative to each county within the  
519 state and perform other activities as determined by the  
520 department.

521 (4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND MEETINGS.—  
522 The Tobacco Education and Use Prevention Advisory Council is

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523 created within the department.

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

525 1. The State Surgeon General, who shall serve as the  
526 chairperson.

527 2. One county health department director, appointed by the  
528 State Surgeon General.

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

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

533 5. The chief executive officer of the Greater Southeast  
534 Affiliate of the American Heart Association, or his or her  
535 designee.

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

538 7. The dean of the University of Miami School of Medicine,  
539 or his or her designee.

540 8. The dean of the University of Florida College of  
541 Medicine, or his or her designee.

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

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

546 11. The dean of Nova Southeastern College of Osteopathic  
547 Medicine, or his or her designee.

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

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

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552 14. The chief executive officer of the Legacy Foundation,  
553 or his or her designee.

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

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

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

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

569 (c) An appointed member may not serve more than two  
570 consecutive terms.

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

574 (e) Members of the council shall serve without  
575 compensation, but are entitled to reimbursement for per diem and  
576 travel expenses pursuant to s. 112.061. Members who are state  
577 officers or employees or who are appointed by state officers or  
578 employees shall be reimbursed for per diem and travel expenses  
579 pursuant to s. 112.061 from the state agency through which they  
580 serve.

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

587           (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall  
588 advise the State Surgeon General as to the direction and scope  
589 of the Comprehensive Statewide Tobacco Education and Use  
590 Prevention Program. The responsibilities of the council may  
591 include, but are not limited to:

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

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

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

597           (d) Reviewing, as requested by the department, broadcast  
598 material prepared for the Internet, portable media players,  
599 radio, and television advertisement ~~as it relates to the~~  
600 ~~advertising component of the tobacco education and use~~  
601 ~~prevention program.~~

602           (e) Participating in periodic program evaluation, as  
603 requested by the department.

604           (f) Assisting the department in developing ~~the development~~  
605 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to  
606 the principles of merit and quality in the conduct of the  
607 program.

608           (g) Assisting the department in developing ~~the development~~  
609 ~~of~~ administrative procedures relating to solicitation, review,

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610 and award of contracts and grants in order to ensure an  
611 impartial, high-quality peer review system.

612 (h) Assisting the department in developing panels to review  
613 and evaluate potential fund recipients ~~the development and~~  
614 ~~supervision of peer review panels.~~

615 (i) Assisting the department in reviewing reports of ~~peer~~  
616 review panels and making recommendations for funding allocations  
617 ~~contracts and grants.~~

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

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

625 (l) Recommending policies to encourage a coordinated  
626 response to tobacco use in this state, focusing specifically on  
627 creating partnerships within and between the public and private  
628 sectors.

629 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the  
630 program components or subcomponents described in paragraphs  
631 (3) (a)-(f) shall be awarded by the State Surgeon General, after  
632 consultation with the council, on the basis of merit, as  
633 determined by an open, competitive, peer-reviewed process that  
634 ensures objectivity, consistency, and high quality. The  
635 department shall award such grants or contracts no later than  
636 October 1 for each fiscal year. A recipient of a contract or  
637 grant for the program component described in paragraph (3) (d)  
638 ~~(3) (e)~~ is not eligible for a contract or grant award for any

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639 other program component described in subsection (3) in the same  
640 state fiscal year. ~~A school or college of medicine that is~~  
641 ~~represented on the council is not eligible to receive a contract~~  
642 ~~or grant under this section. For the 2007-2008 and 2008-2009~~  
643 ~~fiscal years only,~~ The department shall award a contract or  
644 grant in the amount of \$11 ~~\$10~~ million to the AHEC network for  
645 the purpose of developing the components described in paragraph  
646 (3) (i). ~~The AHEC network may apply for a competitive contract or~~  
647 ~~grant after the 2008-2009 fiscal year.~~

648 (a) In order to ensure that all proposals for funding are  
649 appropriate and are evaluated fairly on the basis of merit, the  
650 State Surgeon General, in consultation with the council, shall  
651 appoint a ~~peer~~ review panel of independent, qualified experts in  
652 the field of tobacco control to review the content of each  
653 proposal and establish its priority score. The priority scores  
654 shall be forwarded to the council and must be considered in  
655 determining which proposals will be recommended for funding.

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

660 ~~A member of the council or panel may not participate in any~~  
661 ~~discussion or decision with respect to a research proposal by~~  
662 ~~any firm, entity, or agency with which the member is associated~~  
663 ~~as a member of the governing body or as an employee or with~~  
664 ~~which the member has entered into a contractual arrangement.~~  
665 ~~Meetings of the council and the peer review panels are subject~~  
666 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~  
667 ~~Constitution.~~

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668 (c) In each contract or grant agreement, the department  
669 shall limit the use of food and promotional items to no more  
670 than 2.5 percent of the total amount of the contract or grant  
671 and limit overhead or indirect costs to no more than 7.5 percent  
672 of the total amount of the contract or grant. The department, in  
673 consultation with the Department of Financial Services, shall  
674 publish guidelines for appropriate food and promotional items.

675 (d) In each advertising contract, the department shall  
676 limit the total of production fees, buyer commissions, and  
677 related costs to no more than 10 percent of the total contract  
678 amount.

679 (e) Notwithstanding the competitive process for contracts  
680 prescribed in this subsection, each county health department is  
681 eligible for core funding, on a per capita basis, to implement  
682 tobacco education and use prevention activities within that  
683 county.

684 (7) ANNUAL REPORT REQUIRED.—By February 28 ~~January 31~~ of  
685 each year, the department shall provide to the Governor, the  
686 President of the Senate, and the Speaker of the House of  
687 Representatives a report that evaluates the program's  
688 effectiveness in reducing and preventing tobacco use and that  
689 recommends improvements to enhance the program's effectiveness.  
690 The report must contain, at a minimum, an annual survey of youth  
691 attitudes and behavior toward tobacco, as well as a description  
692 of the progress in reducing the prevalence of tobacco use among  
693 youth, adults, and pregnant women; reducing per capita tobacco  
694 consumption; and reducing exposure to environmental tobacco  
695 smoke.

696 (8) LIMITATION ON ADMINISTRATIVE EXPENSES.—From the total



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697 funds appropriated for the Comprehensive Statewide Tobacco  
698 Education and Use Prevention Program in the General  
699 Appropriations Act, an amount of up to 5 percent may be used by  
700 the department for administrative expenses.

701 ~~(9) RULEMAKING AUTHORIZED. By January 1, 2008, the~~  
702 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~  
703 ~~120.54 to administer this section.~~

704 Section 7. Section 381.91, Florida Statutes, is transferred  
705 and renumbered as section 385.2024, Florida Statutes, to read:

706 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

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

708 (a) Reduce the rates of illness and death from lung cancer  
709 and other cancers and improve the quality of life among low-  
710 income African-American and Hispanic populations through  
711 increased access to early, effective screening and diagnosis,  
712 education, and treatment programs.

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

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

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

724 (b) Funding may be provided to develop contracts with  
725 community health centers and local community faith-based

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726 education programs to provide cancer screening, diagnosis,  
727 education, and treatment services to low-income populations  
728 throughout the state.

729 Section 8. Section 381.911, Florida Statutes, is  
730 transferred, renumbered as section 385.2023, Florida Statutes,  
731 and amended to read:

732 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

733 (1) To the extent that funds are specifically made  
734 available for this purpose, the Prostate Cancer Awareness  
735 Program is established within the Department of Health. The  
736 purpose of this program is to implement the recommendations of  
737 January 2000 of the Florida Prostate Cancer Task Force to  
738 provide for statewide outreach and health education activities  
739 to ensure that men are aware of and appropriately seek medical  
740 counseling for prostate cancer as an early-detection health care  
741 measure.

742 (2) For purposes of implementing the program, the  
743 Department of Health and the Florida Public Health Foundation,  
744 Inc., may:

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

747 (b) Seek any available gifts, grants, or funds from the  
748 state, the Federal Government, philanthropic foundations, and  
749 industry or business groups.

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

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

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755 1. Three persons from prostate cancer survivor groups or  
756 cancer-related advocacy groups.

757 2. Three persons who are scientists or clinicians from  
758 public or nonpublic universities or research organizations.

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

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

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

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

769 Section 10. Section 381.92, Florida Statutes, is  
770 transferred and renumbered as section 385.2025, Florida  
771 Statutes, to read:

772 385.2025 ~~381.92~~ Florida Cancer Council.—

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

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

779 (b) The Florida Cancer Council may create not-for-profit  
780 corporate subsidiaries to fulfill its mission. The council and  
781 its subsidiaries are authorized to receive, hold, invest, and  
782 administer property and any moneys acquired from private, local,  
783 state, and federal sources, as well as technical and

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784 professional income generated or derived from the mission-  
785 related activities of the council.

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

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

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

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

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

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

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

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

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

802 9. The president of the Florida Society of Clinical  
803 Oncology or his or her designee;

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

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

808 12. Five representatives from cancer programs approved by  
809 the American College of Surgeons. Three shall be appointed by  
810 the Governor, one shall be appointed by the Speaker of the House  
811 of Representatives, and one shall be appointed by the President  
812 of the Senate;

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

815 14. One member of the Senate, to be appointed by the  
816 President of the Senate.

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

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

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

827 (3) The council shall issue an annual report to the Center  
828 for Universal Research to Eradicate Disease, the Governor, the  
829 Speaker of the House of Representatives, and the President of  
830 the Senate by December 15 of each year, with policy and funding  
831 recommendations regarding cancer research capacity in Florida  
832 and related issues.

833 Section 11. Section 381.921, Florida Statutes, is  
834 transferred and renumbered as section 385.20251, Florida  
835 Statutes, to read:

836 385.20251 ~~381.921~~ Florida Cancer Council mission and  
837 duties.—The council, which shall work in concert with the  
838 Florida Center for Universal Research to Eradicate Disease to  
839 ensure that the goals of the center are advanced, shall endeavor  
840 to dramatically improve cancer research and treatment in this  
841 state through:

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842 (1) Efforts to significantly expand cancer research  
843 capacity in the state by:

844 (a) Identifying ways to attract new research talent and  
845 attendant national grant-producing researchers to cancer  
846 research facilities in this state;

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

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

853 (d) Encouraging the employment of bioinformatics in order  
854 to create a cancer informatics infrastructure that enhances  
855 information and resource exchange and integration through  
856 researchers working in diverse disciplines, to facilitate the  
857 full spectrum of cancer investigations;

858 (e) Facilitating the technical coordination, business  
859 development, and support of intellectual property as it relates  
860 to the advancement of cancer research; and

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

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

865 (a) Identifying ways to increase adult enrollment in cancer  
866 clinical trials;

867 (b) Supporting public and private professional education  
868 programs designed to increase the awareness and knowledge about  
869 cancer clinical trials;

870 (c) Providing tools to cancer patients and community-based

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871 oncologists to aid in the identification of cancer clinical  
872 trials available in the state; and

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

876 (3) Efforts to reduce the impact of cancer on disparate  
877 groups by:

878 (a) Identifying those cancers that disproportionately  
879 impact certain demographic groups; and

880 (b) Building collaborations designed to reduce health  
881 disparities as they relate to cancer.

882 Section 12. Paragraph (a) of subsection (2) and subsection  
883 (5) of section 381.922, Florida Statutes, as amended by section  
884 2 of chapter 2009-5, Laws of Florida, is amended to read:

885 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
886 Cancer Research Program.—

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

889 (a) Emphasis shall be given to the goals enumerated in s.  
890 385.20251 ~~s. 381.921~~, as those goals support the advancement of  
891 such cures.

892 (5) For the 2008-2009 fiscal year and each fiscal year  
893 thereafter, the sum of \$6.75 million is appropriated annually  
894 from recurring funds in the General Revenue Fund to the  
895 Biomedical Research Trust Fund within the Department of Health  
896 for purposes of the William G. "Bill" Bankhead, Jr., and David  
897 Coley Cancer Research Program and shall be distributed pursuant  
898 to this section to provide grants to researchers seeking cures  
899 for cancer, with emphasis given to the goals enumerated in s.

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900 385.20251 ~~s. 381.921~~. From the total funds appropriated, an  
901 amount of up to 10 percent may be used for administrative  
902 expenses.

903 Section 13. Section 381.93, Florida Statutes, is  
904 transferred and renumbered as section 385.2021, Florida  
905 Statutes, to read:

906 385.2021 ~~381.93~~ Breast and cervical cancer early detection  
907 program.—This section may be cited as the “Mary Brogan Breast  
908 and Cervical Cancer Early Detection Program Act.”

909 (1) It is the intent of the Legislature to reduce the rates  
910 of death due to breast and cervical cancer through early  
911 diagnosis and increased access to early screening, diagnosis,  
912 and treatment programs.

913 (2) The Department of Health, using available federal funds  
914 and state funds appropriated for that purpose, is authorized to  
915 establish the Mary Brogan Breast and Cervical Cancer Screening  
916 and Early Detection Program to provide screening, diagnosis,  
917 evaluation, treatment, case management, and followup and  
918 referral to the Agency for Health Care Administration for  
919 coverage of treatment services.

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

925 (4) The department shall limit enrollment in the program to  
926 persons with incomes up to and including 200 percent of the  
927 federal poverty level. The department shall establish an  
928 eligibility process that includes an income-verification process



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929 to ensure that persons served under the program meet income  
930 guidelines.

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

934 Section 14. Section 381.931, Florida Statutes, is  
935 transferred and renumbered as section 385.20211, Florida  
936 Statutes, to read:

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

957 Section 15. Chapter 385, Florida Statutes, entitled

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958 "Chronic Diseases," is renamed the "Healthy and Fit Florida  
959 Act."

960 Section 16. Section 385.101, Florida Statutes, is amended  
961 to read:

962 385.101 Short title.—~~This chapter Sections 385.101-385.103~~  
963 may be cited as the "Healthy and Fit Florida Chronic Diseases  
964 Act."

965 Section 17. Section 385.102, Florida Statutes, is amended  
966 to read:

967 385.102 Legislative intent.—It is the finding of the  
968 Legislature that:

969 (1) Chronic diseases continue to be the leading cause of  
970 death and disability in this state and the country exist in high  
971 proportions among the people of this state. These Chronic  
972 diseases include, but are not limited to, arthritis,  
973 cardiovascular disease ~~heart disease, hypertension,~~ diabetes,  
974 renal disease, cancer, and ~~chronic obstructive lung disease,~~  
975 including chronic obstructive pulmonary disease. These diseases  
976 are often have the same preventable risk factors interrelated,  
977 and they directly and indirectly account for a high rate of  
978 death, disability, and underlying costs to the state's health  
979 care system illness.

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

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

986 (4) There are enormous medical costs and lost wages

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987 associated with chronic diseases and their complications.

988 (5)-(2) Advances in medical knowledge and technology assist  
989 have assisted in the prevention, detection, and management of  
990 chronic diseases. Comprehensive approaches that stress the  
991 stresssing application of current medical treatment, continuing  
992 research, professional training, and patient education, and  
993 community-level policy and environmental changes should be  
994 implemented encouraged.

995 (6)-(3) A comprehensive program dealing with the early  
996 detection and prevention of chronic diseases is required to make  
997 knowledge and therapy available to all people of this state. The  
998 mobilization of scientific, medical, and educational resources,  
999 along with the implementation of community-based policy under  
1000 one comprehensive chronic disease law, act will facilitate the  
1001 prevention, early intervention, and management treatment of  
1002 chronic these diseases and their symptoms. This integration of  
1003 resources and policy will and result in a decline in death and  
1004 disability illness among the people of this state.

1005 (7) Chronic diseases account for 70 percent of all deaths  
1006 in the United States. The following chronic diseases are the  
1007 leading causes of death and disability:

1008 (a) Heart disease and stroke, which have remained the first  
1009 and third leading causes of death for both men and women in the  
1010 United States for over seven decades and account for  
1011 approximately one-third of total deaths each year in this state.

1012 (b) Cancer, which is the second leading cause of death and  
1013 is responsible for one in four deaths in this state.

1014 (c) Lung disease, which is the third leading cause of death  
1015 and accounts for one in every six deaths in this state.

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1016 (d) Diabetes, which is the sixth leading cause of death in  
1017 this state.

1018 (e) Arthritis, which is the leading cause of disability in  
1019 the United States, limiting daily activities for more than 19  
1020 million citizens. In this state, arthritis limits daily  
1021 activities for an estimated 1.3 million people.

1022 (8) The department shall establish, promote, and maintain  
1023 state-level and local-level programs for chronic disease  
1024 prevention and health promotion to the extent that funds are  
1025 specifically made available for this purpose.

1026 Section 18. Section 385.1021, Florida Statutes, is created  
1027 to read:

1028 385.1021 Definitions.—As used in this chapter, the term:

1029 (1) "CDC" means the United States Centers for Disease  
1030 Control and Prevention.

1031 (2) "Chronic disease" means an illness that is prolonged,  
1032 does not resolve spontaneously, and is rarely cured completely.

1033 (3) "Department" means the Department of Health.

1034 (4) "Environmental changes" means changes to the economic,  
1035 social, or physical natural or built environments which  
1036 encourage or enable behaviors.

1037 (5) "Policy change" means altering an informal or formal  
1038 agreement between public or private sectors which sets forth  
1039 values, behaviors, or resource allocation in order to improve  
1040 health.

1041 (6) "Primary prevention" means an intervention that is  
1042 directed toward healthy populations and focuses on avoiding  
1043 disease before it occurs.

1044 (7) "Risk factor" means a characteristic or condition

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1045 identified during the course of an epidemiological study of a  
1046 disease that appears to be statistically associated with a high  
1047 incidence of that disease.

1048 (8) "Secondary prevention" means an intervention that is  
1049 designed to promote the early detection and management of  
1050 diseases and reduce the risks experienced by at-risk  
1051 populations.

1052 (9) "System changes" means altering standard activities,  
1053 protocols, policies, processes, and structures carried out in  
1054 population-based settings, such as schools, worksites, health  
1055 care facilities, faith-based organizations, and the overall  
1056 community, which promote and support new behaviors.

1057 (10) "Tertiary prevention" means an intervention that is  
1058 directed at rehabilitating and minimizing the effects of disease  
1059 in a chronically ill population.

1060 (11) "Tobacco" means, without limitation, tobacco itself  
1061 and tobacco products that include tobacco and are intended or  
1062 expected for human use or consumption, including, but not  
1063 limited to, cigarettes, cigars, pipe tobacco, and smokeless  
1064 tobacco.

1065 (12) "Wellness program" means a structured program that is  
1066 designed or approved by the department to offer intervention  
1067 activities on or off the worksite which help state employees  
1068 change certain behaviors or adopt healthy lifestyles.

1069 (13) "Youth" means children and young adults, up through 24  
1070 years of age, inclusive.

1071 Section 19. Section 385.1022, Florida Statutes, is created  
1072 to read:

1073 385.1022 Chronic disease prevention program.—The department

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1074 shall support public health programs to reduce the incidence of  
1075 mortality and morbidity from diseases for which risk factors can  
1076 be identified. Such risk factors include, but are not limited  
1077 to, being overweight or obese, physical inactivity, poor  
1078 nutrition and diet, tobacco use, sun exposure, and other  
1079 practices that are detrimental to health. The programs shall  
1080 educate and screen the general public as well as groups at  
1081 particularly high risk of chronic diseases.

1082 Section 20. Section 385.1023, Florida Statutes, is created  
1083 to read:

1084 385.1023 State-level prevention programs for chronic  
1085 disease.-

1086 (1) The department shall create state-level programs that  
1087 address the leading, preventable chronic disease risk factors of  
1088 poor nutrition and obesity, tobacco use, sun exposure, and  
1089 physical inactivity in order to decrease the incidence of  
1090 arthritis, cancer, diabetes, heart disease, lung disease,  
1091 stroke, and other chronic diseases.

1092 (2) State-level programs shall address, but need not be  
1093 limited to, the following activities:

1094 (a) Monitoring specific causal and behavioral risk factors  
1095 that affect the health of residents in the state.

1096 (b) Analyzing data regarding chronic disease mortality and  
1097 morbidity to track changes over time.

1098 (c) Promoting public awareness and increasing knowledge  
1099 concerning the causes of chronic diseases, the importance of  
1100 early detection, diagnosis, and appropriate evidence-based  
1101 prevention, management, and treatment strategies.

1102 (d) Disseminating educational materials and information

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1103 concerning evidence-based results, available services, and  
1104 pertinent new research findings and prevention strategies to  
1105 patients, health insurers, health professionals, and the public.

1106 (e) Using education and training resources and services  
1107 developed by organizations having appropriate expertise and  
1108 knowledge of chronic diseases for technical assistance.

1109 (f) Evaluating the quality and accessibility of existing  
1110 community-based services for chronic disease.

1111 (g) Increasing awareness among state and local officials  
1112 involved in health and human services, health professionals and  
1113 providers, and policymakers about evidence-based chronic-disease  
1114 prevention, tobacco cessation, and treatment strategies and  
1115 their benefits for people who have chronic diseases.

1116 (h) Developing a partnership with state and local  
1117 governments, voluntary health organizations, hospitals, health  
1118 insurers, universities, medical centers, employer groups,  
1119 private companies, and health care providers to address the  
1120 burden of chronic disease in this state.

1121 (i) Implementing and coordinating state-level policies in  
1122 order to reduce the burden of chronic disease.

1123 (j) Providing lasting improvements in the delivery of  
1124 health care for individuals who have chronic disease and their  
1125 families, thus improving their quality of life while also  
1126 containing health care costs.

1127 Section 21. Section 385.103, Florida Statutes, is amended  
1128 to read:

1129 385.103 Community-level ~~Community intervention~~ programs for  
1130 chronic disease prevention and health promotion.-

1131 (1) DEFINITIONS.-As used in this section, the term:

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1132 (a) "Chronic disease prevention and health promotion  
1133 ~~control~~ program" means a program that may include, but is not  
1134 limited to, including a combination of the following elements:

1135 1. Staff who are sufficiently trained and skilled in public  
1136 health, community health, or school health education to  
1137 facilitate the operation of the program ~~Health screening;~~

1138 2. Community input into the planning, implementation, and  
1139 evaluation processes ~~Risk factor detection;~~

1140 3. Use of public health data to make decisions and to  
1141 develop and prioritize community-based interventions focusing on  
1142 chronic diseases and their risk factors; ~~Appropriate~~  
1143 ~~intervention to enable and encourage changes in behaviors that~~  
1144 ~~create health risks; and~~

1145 4. Adherence to a population-based approach by using a  
1146 socioecological model that addresses the influence on individual  
1147 behavior, interpersonal behavior, organizational behavior, the  
1148 community, and public policy; ~~Counseling in nutrition, physical~~  
1149 ~~activity, the effects of tobacco use, hypertension, blood~~  
1150 ~~pressure control, and diabetes control and the provision of~~  
1151 ~~other clinical prevention services.~~

1152 5. Focus on at least the common preventable risk factors  
1153 for chronic disease, such as physical inactivity, obesity, poor  
1154 nutrition, and tobacco use;

1155 6. Focus on developing and implementing interventions and  
1156 activities through communities, schools, worksites, faith-based  
1157 organizations, and health-care settings;

1158 7. Use of evidence-based interventions as well as best and  
1159 promising practices to guide specific activities and effect  
1160 change, which may include guidelines developed by organizations,



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1161 volunteer scientists, and health care professionals who write  
1162 published medical, scientific statements on various chronic  
1163 disease topics. The statements shall be supported by scientific  
1164 studies published in recognized journals that have a rigorous  
1165 review and approval process. Scientific statements generally  
1166 include a review of data available on a specific subject and an  
1167 evaluation of its relationship to overall chronic disease  
1168 science;

1169 8. Use of policy, system, and environmental changes that  
1170 support healthy behaviors so as to affect large segments of the  
1171 population and encourage healthy choices;

1172 9. Development of extensive and comprehensive evaluation  
1173 that is linked to program planning at the state level and the  
1174 community level in order to determine the program's  
1175 effectiveness or necessary program modifications; and

1176 10. Reduction of duplication of efforts through  
1177 coordination among appropriate entities for the efficient use of  
1178 resources.

1179 (b) "~~Community~~ Health education program" means a program  
1180 that follows involving the planned and coordinated use of ~~the~~  
1181 educational standards and teaching methods ~~resources available~~  
1182 ~~in a community~~ in an effort to provide:

1183 1. Appropriate medical, research-based interventions to  
1184 enable and encourage changes in behaviors which reduce or  
1185 eliminate health risks;

1186 2. Counseling in nutrition, weight management, physical  
1187 inactivity, and tobacco-use prevention and cessation strategies;  
1188 hypertension, blood pressure, high cholesterol, and diabetes  
1189 control; and other clinical prevention services;

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1190 3.1. Motivation and assistance to individuals or groups in  
 1191 adopting and maintaining ~~Motivate and assist citizens to adopt~~  
 1192 ~~and maintain~~ healthful practices and lifestyles; and

1193 ~~4.2. Make available~~ Learning opportunities that ~~which~~ will  
 1194 increase the ability of people to make informed decisions  
 1195 affecting their personal, family, and community well-being and  
 1196 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of  
 1197 behavior that ~~which~~ will improve or maintain health.†

1198 ~~3. Reduce, through coordination among appropriate agencies,~~  
 1199 ~~duplication of health education efforts; and~~

1200 ~~4. Facilitate collaboration among appropriate agencies for~~  
 1201 ~~efficient use of scarce resources.~~

1202 (c) "Community intervention program" means a program  
 1203 combining the required elements of a chronic disease prevention  
 1204 and health promotion ~~control~~ program and the principles of a  
 1205 ~~community~~ health education program that addresses system,  
 1206 policy, and environmental changes that ensure that communities  
 1207 provide support for healthy lifestyles ~~into a unified program~~  
 1208 ~~over which a single administrative entity has authority and~~  
 1209 ~~responsibility.~~

1210 ~~(d) "Department" means the Department of Health.~~

1211 ~~(e) "Risk factor" means a factor identified during the~~  
 1212 ~~course of an epidemiological study of a disease, which factor~~  
 1213 ~~appears to be statistically associated with a high incidence of~~  
 1214 ~~that disease.~~

1215 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~  
 1216 ~~PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.~~-

1217 (a) The department shall develop and implement a  
 1218 comprehensive, community-based program for chronic disease

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1219 prevention and health promotion. The program shall be designed  
1220 to reduce major behavioral risk factors that are associated with  
1221 chronic diseases by enhancing the knowledge, skills, motivation,  
1222 and opportunities for individuals, organizations, health care  
1223 providers, small businesses, health insurers, and communities to  
1224 develop and maintain healthy lifestyles. ~~The department shall~~  
1225 ~~assist the county health departments in developing and operating~~  
1226 ~~community intervention programs throughout the state. At a~~  
1227 ~~minimum, the community intervention programs shall address one~~  
1228 ~~to three of the following chronic diseases: cancer, diabetes,~~  
1229 ~~heart disease, stroke, hypertension, renal disease, and chronic~~  
1230 ~~obstructive lung disease.~~

1231 (b) The program shall include:

- 1232 1. Countywide assessments of specific, causal, and  
1233 behavioral risk factors that affect the health of residents;  
1234 2. The development of community-based programs for chronic  
1235 disease prevention and health promotion which incorporate health  
1236 promotion and preventive care practices that are supported in  
1237 scientific and medical literature;  
1238 3. The development and implementation of statewide age-  
1239 specific, disease-specific, and community-specific health  
1240 promotion and preventive care strategies using primary,  
1241 secondary, and tertiary prevention interventions;  
1242 4. The promotion of community, research-based health-  
1243 promotion model programs that meet specific criteria, address  
1244 major risk factors, and motivate individuals to permanently  
1245 adopt healthy behaviors and increase social and personal  
1246 responsibilities;  
1247 5. The development of policies that encourage the use of

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1248 alternative community delivery sites for health promotion,  
1249 disease prevention, and preventive care programs and promote the  
1250 use of neighborhood delivery sites that are close to work, home,  
1251 and school; and

1252 6. An emphasis on the importance of healthy and physically  
1253 active lifestyles to build self-esteem and reduce morbidity and  
1254 mortality associated with chronic disease and being overweight  
1255 or obese. Existing community resources, when available, shall be  
1256 used to support the programs. The department shall seek funding  
1257 for the programs from federal and state financial assistance  
1258 programs which presently exist or which may be hereafter  
1259 created. Additional services, as appropriate, may be  
1260 incorporated into a program to the extent that resources are  
1261 available. The department may accept gifts and grants in order  
1262 to carry out a program.

1263 ~~(c) Volunteers shall be used to the maximum extent possible~~  
1264 ~~in carrying out the programs. The department shall contract for~~  
1265 ~~the necessary insurance coverage to protect volunteers from~~  
1266 ~~personal liability while acting within the scope of their~~  
1267 ~~volunteer assignments under a program.~~

1268 ~~(d) The department may contract for the provision of all or~~  
1269 ~~any portion of the services required by a program, and shall so~~  
1270 ~~contract whenever the services so provided are more cost-~~  
1271 ~~efficient than those provided by the department.~~

1272 ~~(e) If the department determines that it is necessary for~~  
1273 ~~clients to help pay for services provided by a program, the~~  
1274 ~~department may require clients to make contribution therefor in~~  
1275 ~~either money or personal services. The amount of money or value~~  
1276 ~~of the personal services shall be fixed according to a fee~~

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1277 ~~schedule established by the department or by the entity~~  
1278 ~~developing the program. In establishing the fee schedule, the~~  
1279 ~~department or the entity developing the program shall take into~~  
1280 ~~account the expenses and resources of a client and his or her~~  
1281 ~~overall ability to pay for the services.~~

1282 Section 22. Section 385.105, Florida Statutes, is created  
1283 to read:

1284 385.105 Physical activity, obesity prevention, nutrition,  
1285 other health-promotion services, and wellness programs.—

1286 (1) PHYSICAL ACTIVITY—.

1287 (a) The department shall develop programs for people at  
1288 every stage of their lives to increase physical fitness and  
1289 promote behavior changes.

1290 (b) The department shall work with school health advisory  
1291 or wellness committees in each school district as established in  
1292 s. 381.0056.

1293 (c) The department shall develop public and private  
1294 partnerships that allow the public to easily access recreational  
1295 facilities and public land areas that are suitable for physical  
1296 activity.

1297 (d) The department shall work in collaboration with the  
1298 Executive Office of the Governor and Volunteer Florida, Inc., to  
1299 promote school initiatives, such as the Governor's Fitness  
1300 Challenge.

1301 (e) The department shall collaborate with the Department of  
1302 Education in recognizing nationally accepted best practices for  
1303 improving physical education in schools.

1304 (2) OBESITY PREVENTION.—The department shall promote  
1305 healthy lifestyles to reduce the prevalence of excess weight

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1306 gain and being overweight or obese through programs that are  
1307 directed towards all residents of this state by:

1308 (a) Using all appropriate media to promote maximum public  
1309 awareness of the latest research on healthy lifestyles and  
1310 chronic diseases and disseminating relevant information through  
1311 a statewide clearinghouse relating to wellness, physical  
1312 activity, and nutrition and the effect of these factors on  
1313 chronic diseases and disabling conditions.

1314 (b) Providing technical assistance, training, and resources  
1315 on healthy lifestyles and chronic diseases to the public, health  
1316 care providers, school districts, and other persons or entities,  
1317 including faith-based organizations that request such assistance  
1318 to promote physical activity, nutrition, and healthy lifestyle  
1319 programs.

1320 (c) Developing, implementing, and using all available  
1321 research methods to collect data, including, but not limited to,  
1322 population-specific data, and tracking the incidence and effects  
1323 of weight gain, obesity, and related chronic diseases. The  
1324 department shall include an evaluation and data-collection  
1325 component in all programs as appropriate. All research conducted  
1326 under this paragraph is subject to review and approval as  
1327 required by the department's institutional review board under s.  
1328 381.86.

1329 (d) Entering into partnerships with the Department of  
1330 Education, local communities, school districts, and other  
1331 entities to encourage schools in this state to promote  
1332 activities during and after school to help students meet a  
1333 minimum goal of 30 minutes of physical activity or physical  
1334 fitness per day.

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1335 (e) Entering into partnerships with the Department of  
1336 Education, school districts, and the Florida Sports Foundation  
1337 to develop a programs recognizing the schools at which students  
1338 demonstrate excellent physical fitness or fitness improvement.

1339 (f) Collaborating with other state agencies to develop  
1340 policies and strategies for preventing and treating obesity,  
1341 which shall be incorporated into programs administered by each  
1342 agency and shall include promoting healthy lifestyles of  
1343 employees of each agency.

1344 (g) Advising, in accordance with s. 456.081, health care  
1345 practitioners about the morbidity, mortality, and costs  
1346 associated with being overweight or obese, informing such  
1347 practitioners of promising clinical practices for preventing and  
1348 treating obesity, and encouraging practitioners to counsel their  
1349 patients regarding the adoption of healthy lifestyles.

1350 (h) Maximizing all local, state, and federal funding  
1351 sources, including grants, public-private partnerships, and  
1352 other mechanisms to strengthen the department's programs  
1353 promoting physical activity and nutrition.

1354 (3) NUTRITION.—The department shall promote optimal  
1355 nutritional status in all stages of people's lives by developing  
1356 strategies to:

1357 (a) Promote and maintain optimal nutritional status in the  
1358 population through activities, including, but not limited to:

1359 1. Nutrition screening and assessment and nutrition  
1360 counseling, including nutrition therapy, followup, case  
1361 management, and referrals for persons who have medical  
1362 conditions or nutrition-risk factors and who are provided health  
1363 services through public health programs or through referrals

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1364 from private health care providers or facilities;

1365 2. Nutrition education to assist residents of the state in  
1366 achieving optimal health and preventing chronic disease; and

1367 3. Consultative nutrition services to group facilities  
1368 which promote the provision of safe and nutritionally adequate  
1369 diets.

1370 (b) Monitor and conduct surveillance of the nutritional  
1371 status of this state's population.

1372 (c) Conduct or support research or evaluations related to  
1373 public health nutrition. All research conducted under this  
1374 paragraph is subject to review and approval as required by the  
1375 department's institutional review board under s. 381.86.

1376 (d) Establish policies and standards for public health  
1377 nutrition practices.

1378 (e) Promote interagency cooperation, professional  
1379 education, and consultation.

1380 (f) Provide technical assistance and advise state agencies,  
1381 private institutions, and local organizations regarding public  
1382 health nutrition standards.

1383 (g) Work with the Department of Agriculture and Consumer  
1384 Services, the Department of Education, and the Department of  
1385 Management Services to further the use of fresh produce from  
1386 this state in schools and encourage the development of community  
1387 gardens. Nutritional services shall be available to eligible  
1388 persons in accordance with eligibility criteria adopted by the  
1389 department. The department shall provide by rule requirements  
1390 for the service fees, when applicable, which may not exceed the  
1391 department's actual costs.

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1393 The department may adopt rules to administer this subsection.

1394 (4) OTHER HEALTH-PROMOTION SERVICES.—

1395 (a) The department shall promote personal responsibility by  
1396 encouraging residents of this state to be informed, follow  
1397 health recommendations, seek medical consultations and health  
1398 assessments, take healthy precautions, and comply with medical  
1399 guidelines, including those that lead to earlier detection of  
1400 chronic diseases in order to prevent chronic diseases or slow  
1401 the progression of established chronic diseases.

1402 (b) The department shall promote regular health visits  
1403 during a person's lifetime, including annual physical  
1404 examinations that include measuring body mass index and vital  
1405 signs, blood work, immunizations, screenings, and dental  
1406 examinations in order to reduce the financial, social, and  
1407 personal burden of chronic disease.

1408 (5) WELLNESS PROGRAMS.—

1409 (a) Each state agency may conduct employee wellness  
1410 programs in buildings and lands owned or leased by the state.  
1411 The department shall serve as a model to develop and implement  
1412 employee wellness programs that may include physical fitness,  
1413 healthy nutrition, self-management of disease, education, and  
1414 behavioral change. The department shall assist other state  
1415 agencies to develop and implement employee wellness programs.  
1416 These programs shall use existing resources, facilities, and  
1417 programs or resources procured through grant funding and  
1418 donations that are obtained in accordance with state ethics and  
1419 procurement policies, and shall provide equal access to any such  
1420 programs, resources, and facilities to all state employees.

1421 (b) The department shall coordinate its efforts with the

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1422 Department of Management Services and other state agencies.

1423 (c) Each agency may establish an employee wellness work  
1424 group to design the program. The department shall be available  
1425 to provide policy guidance and assist in identifying effective  
1426 wellness program strategies.

1427 (d) The department shall provide by rule requirements for  
1428 nominal participation fees, when applicable, which may not  
1429 exceed the department's actual costs; collaborations with  
1430 businesses; and the procurement of equipment and incentives.

1431 Section 23. Section 385.202, Florida Statutes, is amended  
1432 to read:

1433 385.202 Statewide cancer registry.—

1434 (1) Each facility, laboratory, or practitioner licensed  
1435 under chapter 395, chapter 458, chapter 459, chapter 464,  
1436 chapter 483, and each freestanding radiation therapy center as  
1437 defined in s. 408.07, shall report to the department ~~of Health~~  
1438 ~~such~~ information, specified by the department, by rule. The  
1439 department may adopt rules regarding reporting requirements for  
1440 the cancer registry, which shall include the data required, the  
1441 timeframe for reporting, and those professionals who are  
1442 responsible for ensuring compliance with reporting requirements,  
1443 ~~which indicates diagnosis, stage of disease, medical history,~~  
1444 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~  
1445 ~~other methods of diagnosis or treatment for each cancer~~  
1446 ~~diagnosed or treated by the facility or center. Failure to~~  
1447 ~~comply with this requirement may be cause for registration or~~  
1448 ~~licensure suspension or revocation.~~

1449 (2) The department shall establish, or cause to have  
1450 established, by contract with a recognized medical organization

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1451 in this state and its affiliated institutions, a statewide  
1452 cancer registry program to ensure that cancer reports required  
1453 under this section shall be maintained and available for use in  
1454 the course of public health surveillance and any study for the  
1455 purpose of reducing morbidity or mortality; and no liability of  
1456 any kind or character for damages or other relief shall arise or  
1457 be enforced against any facility or practitioner ~~hospital~~ by  
1458 reason of having provided such information or material to the  
1459 department.

1460 (3) The department may adopt rules regarding the  
1461 establishment and operation of a statewide cancer registry  
1462 program.

1463 (4)~~(3)~~ The department or a contractual designee operating  
1464 the statewide cancer registry program required by this section  
1465 shall use or publish said material only for the purpose of  
1466 public health surveillance and advancing medical research or  
1467 medical education in the interest of reducing morbidity or  
1468 mortality, except that a summary of such studies may be released  
1469 for general publication. Information which discloses or could  
1470 lead to the disclosure of the identity of any person whose  
1471 condition or treatment has been reported and studied shall be  
1472 confidential and exempt from the provisions of s. 119.07(1),  
1473 except that:

1474 (a) Release may be made with the written consent of all  
1475 persons to whom the information applies;

1476 (b) The department or a contractual designee may contact  
1477 individuals for the purpose of epidemiologic investigation and  
1478 monitoring, provided information that is confidential under this  
1479 section is not further disclosed; or

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1480 (c) The department may exchange personal data with any  
1481 other governmental agency or a contractual designee for the  
1482 purpose of public health surveillance and medical or scientific  
1483 research, if provided such governmental agency or contractual  
1484 designee does shall not further disclose information that is  
1485 confidential under this section.

1486 (5)(4) Funds appropriated for this section shall be used  
1487 for establishing, administering, compiling, processing, and  
1488 providing biometric and statistical analyses to the reporting  
1489 facilities and practitioners. Funds may also be used to ensure  
1490 the quality and accuracy of the information reported and to  
1491 provide management information to the reporting facilities and  
1492 practitioners.

1493 (6)(5) The department may adopt rules regarding the  
1494 classifications of, by rule, classify facilities that are  
1495 responsible for making reports to the cancer registry, the  
1496 content and frequency of the reports, and the penalty for  
1497 failure to comply with these requirements for purposes of  
1498 reports made to the cancer registry and specify the content and  
1499 frequency of the reports. In classifying facilities, the  
1500 department shall exempt certain facilities from reporting cancer  
1501 information that was previously reported to the department or  
1502 retrieved from existing state reports made to the department or  
1503 the Agency for Health Care Administration. The provisions of  
1504 This section does shall not apply to any facility whose primary  
1505 function is to provide psychiatric care to its patients.

1506 (7) Notwithstanding subsection (1), each facility and  
1507 practitioner that reports cancer cases to the department shall  
1508 make their records available for onsite review by the department

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1509 or its authorized representative.

1510 Section 24. Subsection (3) of section 385.203, Florida  
1511 Statutes, is amended to read:

1512 385.203 Diabetes Advisory Council; creation; function;  
1513 membership.—

1514 (3) The council shall be composed of 26 ~~25~~ citizens of the  
1515 state who have knowledge of, or work in, the area of diabetes  
1516 mellitus as follows:

1517 (a) Five interested citizens, three of whom are affected by  
1518 diabetes.

1519 (b) Twenty-one ~~Twenty~~ members, who must include one  
1520 representative from each of the following areas: nursing with  
1521 diabetes-educator certification; dietary with diabetes educator  
1522 certification; podiatry; ophthalmology or optometry; psychology;  
1523 pharmacy; adult endocrinology; pediatric endocrinology; the  
1524 American Diabetes Association (ADA); the Juvenile Diabetes  
1525 Foundation (JDF); the Florida Academy of Family Physicians; a  
1526 community health center; a county health department; an American  
1527 Diabetes Association recognized community education program;  
1528 each medical school in the state; an osteopathic medical school;  
1529 the insurance industry; a Children's Medical Services diabetes  
1530 regional program; and an employer.

1531 (c) One or more representatives from the Department of  
1532 Health, who shall serve on the council as ex officio members.

1533 Section 25. Section 385.206, Florida Statutes, is amended  
1534 to read:

1535 385.206 Pediatric Hematology-Oncology ~~care~~ Center Program.—

1536 (1) DEFINITIONS.—As used in this section, the term:

1537 (a) "Department" means the Department of Health.

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1538 (b) "Hematology" means the study, diagnosis, and treatment  
1539 of blood and blood-forming tissues.

1540 (c) "Oncology" means the study, diagnosis, and treatment of  
1541 malignant neoplasms or cancer.

1542 (d) "Hemophilia" or "other hemostatic disorder" means a  
1543 bleeding disorder resulting from a genetic abnormality of  
1544 mechanisms related to the control of bleeding.

1545 (e) "Sickle-cell anemia or other hemoglobinopathy" means an  
1546 hereditary, chronic disease caused by an abnormal type of  
1547 hemoglobin.

1548 (f) "Patient" means a person under the age of 21 who is in  
1549 need of hematologic-oncologic services and who is enrolled in  
1550 the Children's Medical Services Network ~~declared medically and~~  
1551 ~~financially eligible by the department; or a person who received~~  
1552 ~~such services prior to age 21 and who requires long-term~~  
1553 ~~monitoring and evaluation to ascertain the sequelae and the~~  
1554 ~~effectiveness of treatment.~~

1555 (g) "Center" means a facility designated by the department  
1556 as having a program specifically designed to provide a full  
1557 range of medical and specialty services to patients with  
1558 hematologic and oncologic disorders.

1559 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;  
1560 AUTHORITY.—The department may designate ~~is authorized to make~~  
1561 ~~grants and reimbursements to designated centers and provide~~  
1562 funding ~~to establish and~~ maintain programs for the care of  
1563 patients with hematologic and oncologic disorders. Program  
1564 administration costs shall be paid by the department from funds  
1565 appropriated for this purpose.

1566 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.~~—

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1567        (a) Funding provided ~~A grant made~~ under this section shall  
1568 be pursuant to a contract ~~contractual agreement~~ made between a  
1569 center and the department. Each contract ~~agreement~~ shall provide  
1570 that patients will receive services ~~specified types of treatment~~  
1571 ~~and care~~ from the center without additional charge to the  
1572 patients or their parents or guardians. ~~Grants shall be~~  
1573 ~~disbursed in accordance with conditions set forth in the~~  
1574 ~~disbursement guidelines.~~

1575        ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~  
1576 ~~PROGRAMS.—~~

1577        (b)(a) Funding may be provided ~~Grant disbursements may be~~  
1578 ~~made~~ to centers that ~~which~~ meet the following criteria:

1579            1. The personnel shall include at least one board-certified  
1580 pediatric hematologist-oncologist, at least one board-certified  
1581 pediatric surgeon, at least one board-certified radiotherapist,  
1582 and at least one board-certified pathologist.

1583            2. ~~As approved by the department,~~ The center shall actively  
1584 participate in a national children's cancer study group,  
1585 maintain a pediatric tumor registry, have a multidisciplinary  
1586 pediatric tumor board, and meet other guidelines for  
1587 development, including, but not limited to, guidelines from such  
1588 organizations as the American Academy of Pediatrics and the  
1589 American Pediatric Surgical Association.

1590        ~~(b) Programs shall also be established to provide care to~~  
1591 ~~hematology-oncology patients within each district of the~~  
1592 ~~department. The guidelines for local programs shall be~~  
1593 ~~formulated by the department. Special disbursements may be made~~  
1594 ~~by the program office to centers for educational programs~~  
1595 ~~designed for the districts of the department. These programs may~~

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1596 ~~include teaching total supportive care of the dying patient and~~  
1597 ~~his or her family, home therapy to hemophiliacs and patients~~  
1598 ~~with other hemostatic disorders, and screening and counseling~~  
1599 ~~for patients with sickle cell anemia or other~~  
1600 ~~hemoglobinopathies.~~

1601 (4) ~~(5)~~ PROGRAM AND PEER REVIEW.—The department shall  
1602 evaluate ~~at least annually during the grant period~~ the services  
1603 rendered by the centers ~~and the districts of the department.~~  
1604 Data from the centers and other sources relating to pediatric  
1605 cancer shall be reviewed annually by the Florida Association of  
1606 Pediatric Tumor Programs, Inc.; and a written report with  
1607 recommendations shall be made to the department. This database  
1608 will be available to the department for program planning and  
1609 quality assurance initiatives ~~formulation of its annual program~~  
1610 ~~and financial evaluation report.~~ A portion of the funds  
1611 appropriated for this section may be used to provide statewide  
1612 consultation, supervision, and evaluation of the programs of the  
1613 centers, as well as central program office support personnel.

1614 Section 26. Paragraph (g) of subsection (2) and subsection  
1615 (7) of section 385.207, Florida Statutes, are amended to read:

1616 385.207 Care and assistance of persons with epilepsy;  
1617 establishment of programs in epilepsy control.—

1618 (2) The Department of Health shall:

1619 (g) Continue current programs and develop cooperative  
1620 programs and services designed to enhance the vocational  
1621 rehabilitation of epilepsy clients, including the current jobs  
1622 programs. The department shall, as part of its contract with a  
1623 provider of epilepsy services, collect information regarding the  
1624 number of clients served, the outcomes reached, the expenses



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1625 incurred, and the fees collected by such providers for the  
1626 provision of services ~~keep~~ and make this information available  
1627 to the Governor and the Legislature upon request ~~information~~  
1628 ~~regarding the number of clients served, the outcome reached, and~~  
1629 ~~the expense incurred by such programs and services.~~

1630 ~~(7) The department shall limit total administrative~~  
1631 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~  
1632 ~~of annual receipts.~~

1633 Section 27. Paragraphs (b), (d), and (g) of subsection (2)  
1634 and paragraph (b) of subsection (5) of section 385.210, Florida  
1635 Statutes, are amended to read:

1636 385.210 Arthritis prevention and education.—

1637 (2) LEGISLATIVE FINDINGS.—The Legislature finds the  
1638 following:

1639 (b) Arthritis is the leading cause of disability in the  
1640 United States, limiting daily activities for more than 19 ~~7~~  
1641 million citizens.

1642 (d) There are enormous economic and social costs associated  
1643 with treating arthritis and its complications; the economic  
1644 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~  
1645 ~~(1997)~~ annually in the United States.

1646 (g) The National Arthritis Foundation, the CDC ~~Centers for~~  
1647 ~~Disease Control and Prevention~~, and the Association of State and  
1648 Territorial Health Officials have led the development of a  
1649 public health strategy, the National Arthritis Action Plan, to  
1650 respond to this challenge.

1651 (5) FUNDING.—

1652 (b) The State Surgeon General may ~~shall~~ seek any federal  
1653 waiver or waivers that may be necessary to maximize funds from

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1654 the Federal Government to implement this program.

1655 Section 28. Section 385.301, Florida Statutes, is created  
1656 to read:

1657 385.301 Rulemaking authority.—The department may adopt  
1658 rules pursuant to chapter 120 to administer this chapter.

1659 Section 29. Section 385.401, Florida Statutes, is created  
1660 to read:

1661 385.401 Direct-support organization.—

1662 (1) DIRECT-SUPPORT ORGANIZATION ESTABLISHED.—The Department  
1663 of Health may establish a direct-support organization to provide  
1664 assistance, funding, and support for the department in carrying  
1665 out its mission upon written approval by the State Surgeon  
1666 General. This section governs the creation, use, powers, and  
1667 duties of the direct-support organization.

1668 (2) DEFINITIONS.—As used in this section, the term:

1669 (a) "Department" means the Department of Health.

1670 (b) "Direct-support organization" means an organization  
1671 that is:

1672 1. A Florida corporation, not for profit, incorporated  
1673 under chapter 617, exempted from filing fees, and approved by  
1674 the Department of State;

1675 2. Organized and operated to conduct programs and  
1676 activities; to initiate developmental projects; to raise funds;  
1677 to request and receive grants, gifts, and bequests of moneys; to  
1678 acquire, receive, hold, invest, and administer in its own name  
1679 securities, funds, or property; and to make expenditures to or  
1680 for the direct or indirect benefit of the state public health  
1681 system through the department or its individual county health  
1682 departments;

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1683 3. Determined by the department to be operating in a manner  
1684 consistent with the priority issues and objectives of the  
1685 department and in the best interest of the state; and

1686 4. Approved in writing by the State Surgeon General to  
1687 operate for the direct or indirect benefit of the department or  
1688 its individual county health departments. This approval shall be  
1689 in a form determined by the department.

1690 (3) BOARD OF DIRECTORS.—The direct-support organization  
1691 shall be governed by a board of directors.

1692 (a) The board of directors shall consist of no fewer than  
1693 seven members appointed by the State Surgeon General. Networks  
1694 and partnerships in this state which are involved in issues  
1695 related to public health may recommend nominees to the State  
1696 Surgeon General.

1697 (b) The term of office of the board members shall be 3  
1698 years, except that the terms of the initial appointees shall be  
1699 for 1 year, 2 years, or 3 years in order to achieve staggered  
1700 terms. A member may be reappointed when his or her term expires.  
1701 The State Surgeon General or his or her designee shall serve as  
1702 an ex officio member of the board of directors.

1703 (c) Members must be current residents of this state. A  
1704 majority of the members must be highly knowledgeable about the  
1705 department, its service personnel, and its missions. The board  
1706 must include members from county government, the health care  
1707 industry, the medical community, and other components of the  
1708 public health system. The State Surgeon General may remove any  
1709 member of the board for cause and with the approval of a  
1710 majority of the members of the board of directors. The State  
1711 Surgeon General shall appoint a replacement for any vacancy that

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1712 occurs.

1713 (4) USE OF PROPERTY.—

1714 (a) The department and each county health department in the  
1715 state may allow, without charge, the use of the department's  
1716 fixed property and facilities within the state public health  
1717 system by the direct-support organization, subject to this  
1718 section. Use of the fixed property and facilities by the direct  
1719 support organization may not interfere with use of the fixed  
1720 property and facilities by the department's clients or staff.

1721 (b) The department may not allow the use of its fixed  
1722 property and facilities by any direct-support organization that  
1723 is organized under this section and does not provide equal  
1724 employment opportunities to all persons regardless of race,  
1725 color, national origin, gender, age, or religion.

1726 (5) DIRECTIVES.—The direct-support organization that is  
1727 organized under this section shall comply with directives and  
1728 requirements established by the sources of its funding.

1729 (6) ANNUAL BUDGETS AND REPORTS.—

1730 (a) The fiscal year of the direct-support organization  
1731 shall begin on July 1 of each year and end on June 30 of the  
1732 following year.

1733 (b) The direct-support organization shall submit to the  
1734 department its federal Internal Revenue Service Application for  
1735 Recognition of Exemption form and its federal Internal Revenue  
1736 Service Return of Organization Exempt from Income Tax form.

1737 (7) ANNUAL AUDIT.—The direct-support organization shall  
1738 provide for an annual financial audit in accordance with s.  
1739 215.981.

1740 Section 30. Subsection (9) of section 409.904, Florida

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1741 Statutes, is amended to read:

1742       409.904 Optional payments for eligible persons.—The agency  
1743 may make payments for medical assistance and related services on  
1744 behalf of the following persons who are determined to be  
1745 eligible subject to the income, assets, and categorical  
1746 eligibility tests set forth in federal and state law. Payment on  
1747 behalf of these Medicaid eligible persons is subject to the  
1748 availability of moneys and any limitations established by the  
1749 General Appropriations Act or chapter 216.

1750       (9) Eligible women with incomes at or below 200 percent of  
1751 the federal poverty level and under age 65, for cancer treatment  
1752 pursuant to the federal Breast and Cervical Cancer Prevention  
1753 and Treatment Act of 2000, screened through the Mary Brogan  
1754 Breast and Cervical Cancer Early Detection Program established  
1755 under s. 385.2021 ~~s. 381.93~~.

1756       Section 31. The Pharmacy and Therapeutic Advisory Council.—

1757       (1) The Pharmacy and Therapeutic Advisory Council is  
1758 created within the Executive Office of the Governor to serve in  
1759 an advisory capacity to the Department of Health and other  
1760 governmental agencies. The council may not interfere with  
1761 existing mandated Medicaid services and may not develop or  
1762 implement new ones. Specifically, the council may not interfere  
1763 with the work of the Agency for Health Care Administration as it  
1764 complies with federal and state statutory obligations to develop  
1765 a preferred drug list, to negotiate rebate agreements for  
1766 medications included in the preferred drug list, and to protect  
1767 the confidentiality of rebate agreements. The council may not  
1768 interfere with the Medicaid Pharmacy and Therapeutics Committee  
1769 or the Drug Utilization Review Board, which oversee clinical

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1770 activities within the Bureau of Pharmacy Services if such  
1771 interference would violate any federal or state statutory  
1772 obligations.

1773 (2) The Pharmacy and Therapeutic Advisory Council shall use  
1774 Medicaid processes within the existing Medicaid structure of the  
1775 Agency for Health Care Administration as a guide for assisting  
1776 state agencies in:

1777 (a) Developing an unbiased clinical perspective on drug  
1778 evaluations and utilization protocols that are relevant to  
1779 patient care provided through programs administered by state  
1780 agencies.

1781 (b) Developing drug-utilization-review processes that are  
1782 relevant to the agencies and those receiving care through  
1783 programs administered by the agencies.

1784 (c) Building a formulary structure that enforces formulary  
1785 compliance or adherence within each agency.

1786 (d) Performing pharmacoeconomic analyses on formulary  
1787 management so that the state maximizes the cost-effectiveness of  
1788 its pharmaceutical purchasing.

1789 (e) Reviewing new and existing therapies using criteria  
1790 established for efficacy, safety, and quality in order to  
1791 maximize cost-effective purchasing.

1792 (f) Reviewing state agency proposals to maximize the cost-  
1793 effectiveness of pharmaceutical purchasing in compliance with s.  
1794 381.0203.

1795 (3) The council shall verify the cost-effectiveness and  
1796 clinical efficacy of any state contracts under s. 381.0203(1),  
1797 Florida Statutes, no less than once every 2 years.

1798 (4) The members of the council and the chair shall be

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1799 appointed by the Governor to 4-year staggered terms or until  
1800 their successors are appointed. Members may be appointed to more  
1801 than one term. The Governor shall fill any vacancies for the  
1802 remainder of the unexpired term in the same manner as the  
1803 original appointment.

1804 (5) The council shall include voting and nonvoting members,  
1805 and the chair, who is a voting member, must be a pharmacist  
1806 employed by a state agency.

1807 (a) The voting members shall represent:

1808 1. The Agency for Health Care Administration.

1809 2. The Agency for Persons with Disabilities.

1810 3. The Department of Children and Family Services.

1811 4. The Department of Corrections.

1812 5. The Department of Elderly Affairs.

1813 6. The Department of Health.

1814 7. The Department of Juvenile Justice.

1815 8. The Bureau of Pharmacy Services within the Agency for  
1816 Health Care Administration, which shall be represented by the  
1817 bureau chief.

1818 9. The Bureau of Statewide Pharmaceutical Services within  
1819 the Department of Health, which shall be represented by the  
1820 bureau chief.

1821 (b) The nonvoting members shall be:

1822 1. A representative from the Agency for Health Care  
1823 Administration's drug contracting program.

1824 2. The contracting officer for the Department of Health's  
1825 drug procurement program.

1826 3. A clinical pharmacy program manager from the Agency for  
1827 Health Care Administration.

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1828       4. The chair of the Department of Health's Pharmacy and  
1829 Therapeutics Committee.

1830       5. The general counsel for the Agency for Health Care  
1831 Administration or his or her designee.

1832       6. The general counsel for a state agency in the executive  
1833 branch of state government, or his or her designee.

1834       7. A representative from the Executive Office of the  
1835 Governor.

1836       8. The statewide pharmacy director of the Department of  
1837 Corrections' Office of Health Services.

1838       (6) Members of the council shall consist of at least one  
1839 physician licensed under chapter 458 or chapter 459, Florida  
1840 Statutes, at least one pharmacist licensed under chapter 465,  
1841 Florida Statutes, and at least one registered nurse licensed  
1842 under chapter 464, Florida Statutes. Each member designated in  
1843 this subsection must have an active license in his or her  
1844 profession and may not have been the subject of any agency  
1845 disciplinary action.

1846       (7) Members, who must be residents of this state, shall be  
1847 selected on the basis of specialty, board certification, prior  
1848 pharmacy and therapeutic experience, experience treating medical  
1849 assistance recipients, ability to represent a broad base of  
1850 constituents, and number of years of practice. Members must not  
1851 have any conflicts of interest due to their service on the  
1852 council.

1853       (8) The council may request the participation of additional  
1854 subject-matter experts to address specific drug, therapeutic, or  
1855 drug-procurement issues under review by the council.

1856       (9) A majority of the members of the council constitutes a



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1857 quorum, and an affirmative vote of a majority of the voting  
1858 members is necessary to take action.

1859 (10) The council shall meet quarterly or at the call of the  
1860 chair.

1861 (11) The council shall be staffed by the chair's department  
1862 or agency.

1863 (12) The council members shall serve without compensation,  
1864 but are entitled to reimbursement for travel and per diem  
1865 expenses incurred in the performance of their duties in  
1866 accordance with s. 112.061, Florida Statutes.

1867 Section 32. Paragraph (g) is added to subsection (53) of  
1868 section 499.003, Florida Statutes, to read:

1869 499.003 Definitions of terms used in this part.—As used in  
1870 this part, the term:

1871 (53) "Wholesale distribution" means distribution of  
1872 prescription drugs to persons other than a consumer or patient,  
1873 but does not include:

1874 (g) The sale, purchase, trade, or transfer of a  
1875 prescription drug among agencies and health care entities of the  
1876 state to complete the dispensing of the prescription drug to a  
1877 patient under the care of a state agency or health care entity,  
1878 or to a patient for whom the state is responsible for providing  
1879 or arranging health care services. The agency or health care  
1880 entity that received the prescription drug on behalf of the  
1881 patient is deemed the patient's agent under s. 465.003(6).

1882 Section 33. This act shall take effect July 1, 2009.  
1883