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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 and certain  
12    residential child-caring agencies to limit the  
13    inspection of the domestic violence center or  
14    residential child-caring agency to the requirements  
15    set forth in the department's rules applicable to  
16    community-based residential facilities with five or  
17    fewer residents; requiring the Department of Health to  
18    include in its environmental health program the  
19    testing of the air in enclosed ice rinks; authorizing  
20    the department to adopt rules relating to air quality  
21    standards, monitoring, testing, record keeping, the  
22    maintenance and operation of equipment that affects  
23    air quality, and assessment of fees; authorizing the  
24    department to enter and inspect an enclosed ice  
25    skating rink at reasonable hours to determine  
26    compliance with applicable air quality statutes or  
27    rules; authorizing the department to assess a fee for  
28    a specified purpose; requiring the air quality  
29    standards be consistent with federal risk values or

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30 exposure guidelines; amending s. 381.0061, F.S.;

31 providing that the department may impose a fine, which

32 may not exceed a specified amount for a violation of

33 the ice rink air quality standards; amending s.

34 381.0072, F.S.; requiring the Department of Health,

35 when conducting a food service inspection of a

36 certified domestic violence center to limit the

37 inspection of the domestic violence center to the

38 requirements set forth in the department's rules

39 applicable to community-based residential facilities

40 with five or fewer residents; amending s. 381.0203,

41 F.S.; requiring certain state agencies to purchase

42 drugs through the statewide purchasing contract

43 administered by the Department of Health; providing an

44 exception; requiring the department to establish and

45 maintain certain pharmacy services program;

46 transferring, renumbering, and amending s. 381.84,

47 F.S., relating to the Comprehensive Statewide Tobacco

48 Education and Use Prevention Program; revising

49 definitions; revising program components; requiring

50 program components to include efforts to educate youth

51 and their parents about tobacco use; requiring a

52 youth-directed focus in each program component;

53 requiring the Tobacco Education and Use Prevention

54 Advisory Council to adhere to state ethics laws;

55 providing that meetings of the council are subject to

56 public-records and public-meetings requirements;

57 revising the duties of the council; deleting a

58 provision that prohibits a member of the council from

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59 participating in a discussion or decision with respect  
60 to a research proposal by a firm, entity, or agency  
61 with which the member is associated as a member of the  
62 governing body or as an employee or with which the  
63 member has entered into a contractual arrangement;  
64 revising the submission date of an annual report;  
65 deleting an expired provision relating to rulemaking  
66 authority of the department; transferring and  
67 renumbering s. 381.91, F.S., relating to the Jessie  
68 Trice Cancer Prevention Program; transferring,  
69 renumbering, and amending s. 381.911, F.S., relating  
70 to the Prostate Cancer Awareness Program; revising the  
71 criteria for members of the prostate cancer advisory  
72 committee; repealing s. 381.912, F.S., relating to the  
73 Cervical Cancer Elimination Task Force; transferring  
74 and renumbering s. 381.92, F.S., relating to the  
75 Florida Cancer Council; transferring and renumbering  
76 s. 381.921, F.S., relating to the mission and duties  
77 of the Florida Cancer Council; amending s. 381.922,  
78 F.S.; conforming cross-references; transferring and  
79 renumbering s. 381.93, F.S., relating to a breast and  
80 cervical cancer early detection program; transferring  
81 and renumbering s. 381.931, F.S., relating to an  
82 annual report on Medicaid expenditures; renaming ch.  
83 385, F.S., as the "Healthy and Fit Florida Act";  
84 amending s. 385.101, F.S.; renaming the "Chronic  
85 Diseases Act" as the "Healthy and Fit Florida Act";  
86 amending s. 385.102, F.S.; revising legislative  
87 intent; creating s. 385.1021, F.S.; providing

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88 definitions; creating s. 385.1022, F.S.; requiring the  
89 Department of Health to support public health programs  
90 to reduce the incidence of mortality and morbidity  
91 from chronic diseases; creating s. 385.1023, F.S.;  
92 requiring the department to create state-level  
93 programs that address the risk factors of certain  
94 chronic diseases; providing required activities of the  
95 state-level programs; amending s. 385.103, F.S.;  
96 providing for community-level programs for the  
97 prevention of chronic diseases; revising definitions;  
98 requiring the department to develop and implement a  
99 community-based chronic disease prevention and health  
100 promotion program; providing the purpose of the  
101 program; providing requirements for the program;  
102 creating s. 385.105, F.S.; requiring the department to  
103 develop programs to increase physical fitness, to work  
104 with school districts, to develop partnerships that  
105 allow the public to access recreational facilities and  
106 public land areas suitable for physical activity, to  
107 work with the Executive Office of the Governor and  
108 Volunteer Florida, Inc., to promote school  
109 initiatives, and to collaborate with the Department of  
110 Education in recognizing nationally accepted best  
111 practices for improving physical education in schools;  
112 requiring the Department of Health to promote healthy  
113 lifestyles to reduce obesity; requiring the department  
114 to promote optimal nutritional status in all stages of  
115 people's lives, personal responsibility to prevent  
116 chronic disease or slow its progression, and regular

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117 health visits during a person's life span; authorizing  
118 state agencies to conduct employee wellness programs;  
119 requiring the department to serve as a model to  
120 develop and implement employee wellness programs;  
121 requiring the department to assist state agencies to  
122 develop the employee wellness programs; providing  
123 equal access to the programs by agency employees;  
124 requiring the department to coordinate efforts with  
125 the Department of Management Services and other state  
126 agencies; authorizing each state agency to establish  
127 an employee wellness work group to design the wellness  
128 program; requiring the department to provide  
129 requirements for participation fees, collaborations  
130 with businesses, and procurement of equipment and  
131 incentives; amending s. 385.202, F.S.; requiring  
132 facilities, laboratories, and practitioners to report  
133 information; authorizing the department to adopt rules  
134 regarding reporting requirements for the cancer  
135 registry; providing immunity from liability for  
136 facilities and practitioners reporting certain  
137 information; requiring the department to adopt rules  
138 regarding the establishment and operation of a  
139 statewide cancer registry program; requiring the  
140 department or contractual designee operating the  
141 statewide cancer registry program to use or publish  
142 material only for the purpose of public health  
143 surveillance and advancing medical research or medical  
144 education in the interest of reducing morbidity or  
145 mortality; authorizing the department to exchange

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146 personal data with any agency or contractual designee  
147 for the purpose of public health surveillance and  
148 medical or scientific research under certain  
149 circumstances; clarifying that the department may  
150 adopt rules regarding the classifications of  
151 facilities related to reports made to the cancer  
152 registry; requiring each facility and practitioner  
153 that reports cancer cases to the department to make  
154 their records available for onsite review; amending s.  
155 385.203, F.S.; increasing the size of the Diabetes  
156 Advisory Council to include one representative of the  
157 Florida Academy of Family Physicians; amending s.  
158 385.206, F.S.; renaming the "hematology-oncology care  
159 center program" as the "Pediatric Hematology-Oncology  
160 Center Program"; revising definitions; authorizing the  
161 department to designate centers and provide funding to  
162 maintain programs for the care of patients with  
163 hematologic and oncologic disorders; clarifying  
164 provisions related to grant-funding agreements and  
165 grant disbursements; revising the department's  
166 requirement to evaluate services rendered by the  
167 centers; requiring data from the centers and other  
168 sources relating to pediatric cancer to be available  
169 to the department for program planning and quality  
170 assurance initiatives; amending s. 385.207, F.S.;  
171 clarifying provisions that require the department to  
172 collect information regarding the number of clients  
173 served, the outcomes reached, the expense incurred,  
174 and fees collected by providers of epilepsy services;

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175 deleting the provision that requires the department to  
176 limit administrative expenses from the Epilepsy  
177 Services Trust Fund to a certain percentage of annual  
178 receipts; amending s. 385.210, F.S.; revising  
179 legislative findings regarding the economic costs of  
180 treating arthritis and its complications; authorizing  
181 the State Surgeon General to seek any federal waivers  
182 that may be necessary to maximize funds from the  
183 Federal Government to implement the Arthritis  
184 Prevention and Education Program; creating s. 385.301,  
185 F.S.; authorizing the department to adopt rules to  
186 administer the act; amending s. 409.904, F.S.;  
187 conforming a cross-reference; creating the Pharmacy  
188 and Therapeutic Advisory Council within the Executive  
189 Office of the Governor; providing duties of the  
190 council; providing for the appointment and  
191 qualification of members; providing for the use of  
192 subject-matter experts when necessary; providing  
193 requirements for voting and a quorum; providing for  
194 quarterly meetings of the council; providing for  
195 staffing; providing for reimbursement of per diem and  
196 travel expenses for members of the council; amending  
197 s. 430.80, F.S.; redefining the term "teaching nursing  
198 home" as it relates to the implementation of a  
199 teaching nursing home pilot project; revising the  
200 requirements to be designated as a teaching nursing  
201 home; amending s. 499.003, F.S.; excluding from the  
202 definition of "wholesale distribution" certain  
203 activities of state agencies; providing an effective

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204 date.

205  
206 Be It Enacted by the Legislature of the State of Florida:

207  
208 Section 1. Paragraph (e) of subsection (2) of section  
209 154.503, Florida Statutes, is amended to read:

210 154.503 Primary Care for Children and Families Challenge  
211 Grant Program; creation; administration.—

212 (2) The department shall:

213 (e) Coordinate with the primary care program developed  
214 pursuant to s. 154.011, the Florida Healthy Kids Corporation  
215 program created in s. 624.91, the school health services program  
216 created in ss. 381.0056 and 381.0057, ~~the Healthy Communities,~~  
217 ~~Healthy People Program created in s. 381.734,~~ and the volunteer  
218 health care provider program developed pursuant to s. 766.1115.

219 Section 2. Sections 381.0053, 381.0054, 381.732, 381.733,  
220 and 381.734, Florida Statutes, are repealed.

221 Section 3. Subsection (16) of section 381.006, Florida  
222 Statutes, is amended, and subsection (18) is added to that  
223 section, to read:

224 381.006 Environmental health.—The department shall conduct  
225 an environmental health program as part of fulfilling the  
226 state's public health mission. The purpose of this program is to  
227 detect and prevent disease caused by natural and manmade factors  
228 in the environment. The environmental health program shall  
229 include, but not be limited to:

230 (16) A group-care-facilities function, where a group care  
231 facility means any public or private school, housing, building  
232 or buildings, section of a building, or distinct part of a



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233 building or other place, whether operated for profit or not,  
234 which undertakes, through its ownership or management, to  
235 provide one or more personal services, care, protection, and  
236 supervision to persons who require such services and who are not  
237 related to the owner or administrator. The department may adopt  
238 rules necessary to protect the health and safety of residents,  
239 staff, and patrons of group care facilities, such as child care  
240 facilities, family day care homes, assisted living facilities,  
241 adult day care centers, adult family care homes, hospices,  
242 residential treatment facilities, crisis stabilization units,  
243 pediatric extended care centers, intermediate care facilities  
244 for the developmentally disabled, group care homes, and, jointly  
245 with the Department of Education, private and public schools.  
246 These rules may include definitions of terms; provisions  
247 relating to operation and maintenance of facilities, buildings,  
248 grounds, equipment, furnishings, and occupant-space  
249 requirements; lighting; heating, cooling, and ventilation; food  
250 service; water supply and plumbing; sewage; sanitary facilities;  
251 insect and rodent control; garbage; safety; personnel health,  
252 hygiene, and work practices; and other matters the department  
253 finds are appropriate or necessary to protect the safety and  
254 health of the residents, staff, or patrons. The department may  
255 not adopt rules that conflict with rules adopted by the  
256 licensing or certifying agency. The department may enter and  
257 inspect at reasonable hours to determine compliance with  
258 applicable statutes or rules. An environmental health program  
259 inspection of a certified domestic violence center or  
260 residential child-caring agency licensed by the Department of  
261 Children and Family Services pursuant to chapter 409 shall be

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262 limited to the requirements set forth in the department's rules  
263 applicable to community-based residential facilities with five  
264 or fewer residents. In addition to any sanctions that the  
265 department may impose for violations of rules adopted under this  
266 section, the department shall also report such violations to any  
267 agency responsible for licensing or certifying the group care  
268 facility. The licensing or certifying agency may also impose any  
269 sanction based solely on the findings of the department.

270

271 The department may adopt rules to carry out the provisions of  
272 this section.

273 (18) A function related to air quality inside an enclosed  
274 ice rink to protect the health and safety of visitors and  
275 employees of an enclosed ice skating rink from dangers  
276 associated with oxides of nitrogen (NO<sub>x</sub>), hydrocarbons (C<sub>x</sub>H<sub>x</sub>),  
277 carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>) and other harmful  
278 gasses, vapors, or particles as identified by the department  
279 that change the air quality due to the operation of the ice  
280 rink. The department may adopt rules including definitions; air  
281 quality standards, monitoring, testing, and record keeping;  
282 maintenance and operation requirements for equipment that  
283 affects air quality; ventilation of the facility; operators'  
284 required response activities to the exceedance of an air quality  
285 standard; and assessment of fees. The department may enter and  
286 inspect an enclosed ice skating rink at reasonable hours to  
287 determine compliance with applicable statutes or rules. The  
288 department may assess a fee no greater than \$300 to cover the  
289 actual costs of the annual inspection and review of the air  
290 quality of enclosed ice skating rinks. The air quality standards

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291 adopted by the department must be consistent with risk values or  
292 exposure guidelines recommended by the United States  
293 Environmental Protection Agency or the United States Centers for  
294 Disease Control and Prevention.

295 Section 4. Subsection (1) of section 381.0061, Florida  
296 Statutes, is amended to read:

297 381.0061 Administrative fines.—

298 (1) In addition to any administrative action authorized by  
299 chapter 120 or by other law, the department may impose a fine,  
300 which shall not exceed \$500 for each violation, for a violation  
301 of s. 381.006(16), s. 381.006(18), s. 381.0065, s. 381.0066, s.  
302 381.0072, or part III of chapter 489, for a violation of any  
303 rule adopted under this chapter, or for a violation of any of  
304 the provisions of chapter 386. Notice of intent to impose such  
305 fine shall be given by the department to the alleged violator.  
306 Each day that a violation continues may constitute a separate  
307 violation.

308 Section 5. Paragraph (a) of subsection (2) of section  
309 381.0072, Florida Statutes, is amended to read:

310 381.0072 Food service protection.—It shall be the duty of  
311 the Department of Health to adopt and enforce sanitation rules  
312 consistent with law to ensure the protection of the public from  
313 food-borne illness. These rules shall provide the standards and  
314 requirements for the storage, preparation, serving, or display  
315 of food in food service establishments as defined in this  
316 section and which are not permitted or licensed under chapter  
317 500 or chapter 509.

318 (2) DUTIES.—

319 (a) The department shall adopt rules, including definitions

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320 of terms which are consistent with law prescribing minimum  
321 sanitation standards and manager certification requirements as  
322 prescribed in s. 509.039, and which shall be enforced in food  
323 service establishments as defined in this section. The  
324 sanitation standards must address the construction, operation,  
325 and maintenance of the establishment; lighting, ventilation,  
326 laundry rooms, lockers, use and storage of toxic materials and  
327 cleaning compounds, and first-aid supplies; plan review; design,  
328 construction, installation, location, maintenance, sanitation,  
329 and storage of food equipment and utensils; employee training,  
330 health, hygiene, and work practices; food supplies, preparation,  
331 storage, transportation, and service, including access to the  
332 areas where food is stored or prepared; and sanitary facilities  
333 and controls, including water supply and sewage disposal;  
334 plumbing and toilet facilities; garbage and refuse collection,  
335 storage, and disposal; and vermin control. Public and private  
336 schools, if the food service is operated by school employees;  
337 hospitals licensed under chapter 395; nursing homes licensed  
338 under part II of chapter 400; child care facilities as defined  
339 in s. 402.301; residential facilities colocated with a nursing  
340 home or hospital, if all food is prepared in a central kitchen  
341 that complies with nursing or hospital regulations; and bars and  
342 lounges, as defined by department rule, are exempt from the  
343 rules developed for manager certification. The department shall  
344 administer a comprehensive inspection, monitoring, and sampling  
345 program to ensure such standards are maintained. With respect to  
346 food service establishments permitted or licensed under chapter  
347 500 or chapter 509, the department shall assist the Division of  
348 Hotels and Restaurants of the Department of Business and

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349 Professional Regulation and the Department of Agriculture and  
350 Consumer Services with rulemaking by providing technical  
351 information. Food service inspections of a certified domestic  
352 violence center shall be limited to the requirements set forth  
353 in the department's rules applicable to community-based  
354 residential facilities with five or fewer residents.

355 Section 6. Subsection (1) and paragraph (a) of subsection  
356 (2) of section 381.0203, Florida Statutes, are amended to read:

357 381.0203 Pharmacy services.—

358 (1) The department must ~~may~~ contract on a statewide basis  
359 for the purchase of drugs, as defined in s. 499.003, to be used  
360 by state agencies and political subdivisions, and may adopt  
361 rules to administer this section. Effective January 1, 2010, all  
362 state agencies, except the Agency for Health Care  
363 Administration, the Department of Veterans' Affairs, and the  
364 Department of Management Services, must purchase drugs through  
365 the statewide contract unless:

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

368 (b) The drugs required are not available through the  
369 statewide purchasing contract.

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

373 (a) A central pharmacy to support pharmaceutical services  
374 provided by the county health departments, including  
375 pharmaceutical repackaging, dispensing, and the purchase and  
376 distribution of immunizations and other pharmaceuticals. Such  
377 services shall be provided to other state agencies and political

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378 subdivisions of the state upon written agreement. State agencies  
379 purchasing pharmaceutical services shall purchase pharmaceutical  
380 services, including pharmaceutical repackaging and dispensing  
381 services in the most cost-effective manner consistent with the  
382 delivery of quality medical care. Nothing in this subsection  
383 prohibits state agencies from contracting with vendors to  
384 provide these pharmaceutical services. Cost savings realized by  
385 the state through utilization of the central pharmacy may be  
386 used by the department to offset additional costs.

387 Section 7. Section 381.84, Florida Statutes, is  
388 transferred, renumbered as section 385.106, Florida Statutes,  
389 and amended to read:

390 385.106 ~~381.84~~ Comprehensive Statewide Tobacco Education  
391 and Use Prevention Program.—

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

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

397 (b) "Best practices" means the Best Practices for  
398 Comprehensive Tobacco Control Programs as established by the  
399 CDC, as amended.

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

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

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

405 ~~(e) "Tobacco" means, without limitation, tobacco itself and~~  
406 ~~tobacco products that include tobacco and are intended or~~

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407 ~~expected for human use or consumption, including, but not~~  
408 ~~limited to, cigarettes, cigars, pipe tobacco, and smokeless~~  
409 ~~tobacco.~~

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

411 (2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of  
412 this section to implement s. 27, Art. X of the State  
413 Constitution. The Legislature finds that s. 27, Art. X of the  
414 State Constitution requires the funding of a statewide tobacco  
415 education and use prevention program that focuses on tobacco use  
416 by youth. The Legislature further finds that the primary goals  
417 of the program are to reduce the prevalence of tobacco use among  
418 youth, adults, and pregnant women; reduce per capita tobacco  
419 consumption; and reduce exposure to environmental tobacco smoke.  
420 Further, it is the intent of the Legislature to base increases  
421 in funding for individual components of the program on the  
422 results of assessments and evaluations. Recognizing that some  
423 components will need to grow faster than inflation, it is the  
424 intent of the Legislature to fund portions of the program on a  
425 nonrecurring basis in the early years so that those components  
426 that are most effective can be supported as the program matures.

427 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department  
428 shall conduct a comprehensive, statewide tobacco education and  
429 use prevention program consistent with the recommendations for  
430 effective program components contained in the 1999 Best  
431 Practices for Comprehensive Tobacco Control Programs of the CDC,  
432 as amended by the CDC. The program shall include the following  
433 components, each of which shall focus on educating people,  
434 ~~particularly youth and their parents,~~ about the health hazards  
435 of tobacco and discouraging the use of tobacco. All program

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436 components shall include efforts to educate youth and their  
437 parents about tobacco use, and a youth-directed focus shall  
438 exist in all components outlined in this subsection.~~+~~

439 (a) State and community interventions.—These interventions  
440 shall include, but not be limited to, a statewide tobacco  
441 control program that combines and coordinates community-based  
442 interventions that focus on preventing initiation of tobacco use  
443 among youth and young adults; promoting quitting among adults,  
444 youth, and pregnant women; eliminating exposure to secondhand  
445 smoke; identifying and eliminating tobacco-related disparities  
446 among population groups; and promoting a range of collaborations  
447 to prevent and alleviate the effects of chronic diseases.

448 ~~Counter-marketing and advertising; cyberspace resource center.~~—  
449 ~~The counter-marketing and advertising campaign shall include, at~~  
450 ~~a minimum, Internet, print, radio, and television advertising~~  
451 ~~and shall be funded with a minimum of one-third of the total~~  
452 ~~annual appropriation required by s. 27, Art. X of the State~~  
453 ~~Constitution. A cyberspace resource center for copyrighted~~  
454 ~~materials and information concerning tobacco education and use~~  
455 ~~prevention, including cessation, shall be maintained by the~~  
456 ~~program. Such resource center must be accessible to the public,~~  
457 ~~including parents, teachers, and students, at each level of~~  
458 ~~public and private schools, universities, and colleges in the~~  
459 ~~state and shall provide links to other relevant resources. The~~  
460 ~~Internet address for the resource center must be incorporated in~~  
461 ~~all advertising. The information maintained in the resource~~  
462 ~~center shall be used by the other components of the program.~~

463 (b) Health communication interventions.—Effective media and  
464 health communication intervention efforts include, but are not



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465 limited to, audience research to define themes and execute  
466 messages for influential, high impact, and specifically targeted  
467 campaigns; market research to identify the target market and the  
468 behavioral theory motivating change; counter-marketing  
469 surveillance; community tie-ins to support and reinforce the  
470 statewide campaign; technologies such as viral marketing, social  
471 networks, personal web pages, and web logs; traditional media;  
472 process and outcome evaluation of the communication efforts; and  
473 promotion of available services, including the state telephone  
474 cessation quitline. ~~Cessation programs, counseling, and~~  
475 ~~treatment. This program component shall include two~~  
476 ~~subcomponents:~~

477 ~~1. A statewide toll-free cessation service, which may~~  
478 ~~include counseling, referrals to other local resources and~~  
479 ~~support services, and treatment to the extent funds are~~  
480 ~~available for treatment services; and~~

481 ~~2. A local community-based program to disseminate~~  
482 ~~information about smoking cessation, how smoking cessation~~  
483 ~~relates to prenatal care and obesity prevention, and other~~  
484 ~~chronic tobacco-related diseases.~~

485 (c) Cessation interventions.—Cessation interventions  
486 include, but are not limited to, sustaining, expanding, and  
487 promoting the service through population-based counseling and  
488 treatment programs; encouraging public and private insurance  
489 coverage for counseling and FDA-approved medication treatments  
490 for tobacco-use cessation; eliminating cost and other barriers  
491 to treatment for underserved populations; and making health care  
492 system changes. Youth interventions to prevent tobacco-use  
493 initiation and encourage cessation among young people are needed

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494 in order to reshape the environment so that it supports tobacco-  
495 free norms. Because most people who start smoking are younger  
496 than 18 years of age, intervening during adolescence is  
497 critical. Community programs and school-based policies and  
498 interventions should be a part of a comprehensive effort that is  
499 implemented in coordination with community and school  
500 environments and in conjunction with increasing the unit price  
501 of tobacco products, sustaining anti-tobacco media campaigns,  
502 making environments tobacco free, and engaging in other efforts  
503 to create tobacco-free social norms. ~~Surveillance and~~  
504 evaluation. ~~The program shall conduct ongoing epidemiological~~  
505 ~~surveillance and shall contract for annual independent~~  
506 ~~evaluations of the effectiveness of the various components of~~  
507 ~~the program in meeting the goals as set forth in subsection (2).~~

508 (d) Surveillance and evaluation.—The surveillance and  
509 evaluation of all program components shall monitor and document  
510 short-term, intermediate, and long-term intervention outcomes to  
511 inform program and policy direction and ensure accountability.  
512 The surveillance and evaluation must be conducted objectively  
513 through scientifically sound methodology. ~~Youth school~~  
514 ~~programs. School and after-school programs shall use current~~  
515 ~~evidence-based curricula and programs that involve youth to~~  
516 ~~educate youth about the health hazards of tobacco, help youth~~  
517 ~~develop skills to refuse tobacco, and demonstrate to youth how~~  
518 ~~to stop using tobacco.~~

519 (e) Administration and management.—Administration and  
520 management activities include, but are not limited to, strategic  
521 planning to guide program efforts and resources in order to  
522 accomplish goals; recruiting and developing qualified and

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523 diverse technical, program, and administrative staff; awarding  
524 and monitoring program contracts and grants to coordinate  
525 implementation across program areas; developing and maintaining  
526 a fiscal-management system to track allocations and the  
527 expenditure of funds; increasing capacity at the community level  
528 through ongoing training and technical assistance; creating  
529 effective communications internally among chronic disease  
530 prevention programs and local coalitions and partners; and  
531 educating the public and decisionmakers on the health effects of  
532 tobacco and evidence-based effective program and policy  
533 interventions. ~~Community programs and chronic disease~~  
534 ~~prevention. The department shall promote and support local~~  
535 ~~community-based partnerships that emphasize programs involving~~  
536 ~~youth, including programs for the prevention, detection, and~~  
537 ~~early intervention of smoking-related chronic diseases.~~

538 (f) *Training.*—The program shall include the training of  
539 health care practitioners, smoking-cessation counselors, and  
540 teachers by health professional students and other tobacco-use  
541 prevention specialists who are trained in preventing tobacco use  
542 and health education. Smoking-cessation counselors shall be  
543 trained by specialists who are certified in tobacco-use  
544 cessation.

545 (g) County health departments Administration, statewide  
546 programs, and county health departments.—Each county health  
547 department is eligible to receive a portion of the annual  
548 appropriation, on a per capita basis, for coordinating tobacco  
549 education and use prevention programs within that county.  
550 Appropriated funds may be used to improve the infrastructure of  
551 the county health department to implement the comprehensive,

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552 statewide tobacco education and use prevention program. Each  
553 county health department shall prominently display in all  
554 treatment rooms and waiting rooms, counter-marketing and  
555 advertisement materials in the form of wall posters, brochures,  
556 television advertising if televisions are used in the lobby or  
557 waiting room, and screensavers and Internet advertising if  
558 computer kiosks are available for use or viewing by people at  
559 the county health department.

560 (h) *Enforcement and awareness of related laws.*—In  
561 coordination with the Department of Business and Professional  
562 Regulation, the program shall monitor the enforcement of laws,  
563 rules, and policies prohibiting the sale or other provision of  
564 tobacco to minors, as well as the continued enforcement of the  
565 Clean Indoor Air Act prescribed in chapter 386. The  
566 advertisements produced in accordance with paragraph (b)  
567 ~~paragraph (a)~~ may also include information designed to make the  
568 public aware of these related laws and rules. The departments  
569 may enter into interagency agreements to carry out this program  
570 component.

571 (i) *AHEC smoking-cessation initiative.* ~~For the 2007-2008~~  
572 ~~and 2008-2009 fiscal years only,~~ The AHEC network shall expand  
573 the AHEC smoking-cessation initiative to each county within the  
574 state and perform other activities as determined by the  
575 department.

576 (4) *ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND MEETINGS.*—  
577 The Tobacco Education and Use Prevention Advisory Council is  
578 created within the department.

579 (a) The council shall consist of 23 members, including:  
580 1. The State Surgeon General, who shall serve as the

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581 chairperson.

582       2. One county health department director, appointed by the  
583 State Surgeon General.

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

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

588       5. The chief executive officer of the Greater Southeast  
589 Affiliate of the American Heart Association, or his or her  
590 designee.

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

593       7. The dean of the University of Miami School of Medicine,  
594 or his or her designee.

595       8. The dean of the University of Florida College of  
596 Medicine, or his or her designee.

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

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

601       11. The dean of Nova Southeastern College of Osteopathic  
602 Medicine, or his or her designee.

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

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

607       14. The chief executive officer of the Legacy Foundation,  
608 or his or her designee.

609       15. Four members appointed by the Governor, of whom two

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610 must have expertise in the field of tobacco-use prevention and  
611 education or smoking cessation and one individual who shall be  
612 between the ages of 16 and 21 at the time of his or her  
613 appointment.

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

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

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

624 (c) An appointed member may not serve more than two  
625 consecutive terms.

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

629 (e) Members of the council shall serve without  
630 compensation, but are entitled to reimbursement for per diem and  
631 travel expenses pursuant to s. 112.061. Members who are state  
632 officers or employees or who are appointed by state officers or  
633 employees shall be reimbursed for per diem and travel expenses  
634 pursuant to s. 112.061 from the state agency through which they  
635 serve.

636 (f) The council shall adhere to all state ethics laws.  
637 Meetings of the council and the review panels are subject to  
638 chapter 119, s. 286.011, and s. 24, Art. I of the State

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639 Constitution. ~~The department shall provide council members with~~  
640 ~~information and other assistance as is reasonably necessary to~~  
641 ~~assist the council in carrying out its responsibilities.~~

642 (5) COUNCIL DUTIES AND RESPONSIBILITIES.—The council shall  
643 advise the State Surgeon General as to the direction and scope  
644 of the Comprehensive Statewide Tobacco Education and Use  
645 Prevention Program. The responsibilities of the council may  
646 include, but are not limited to:

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

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

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

652 (d) Reviewing, as requested by the department, broadcast  
653 material prepared for the Internet, portable media players,  
654 radio, and television advertisement ~~as it relates to the~~  
655 ~~advertising component of the tobacco education and use~~  
656 ~~prevention program.~~

657 (e) Participating in periodic program evaluation, as  
658 requested by the department.

659 (f) Assisting the department in developing ~~the development~~  
660 ~~of~~ guidelines to ensure fairness, neutrality, and adherence to  
661 the principles of merit and quality in the conduct of the  
662 program.

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

667 (h) Assisting the department in developing panels to review

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668 and evaluate potential fund recipients ~~the development and~~  
669 ~~supervision of peer review panels.~~

670 (i) Assisting the department in reviewing reports of ~~peer~~  
671 review panels and making recommendations for funding allocations  
672 ~~contracts and grants.~~

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

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

680 (l) Recommending policies to encourage a coordinated  
681 response to tobacco use in this state, focusing specifically on  
682 creating partnerships within and between the public and private  
683 sectors.

684 (6) CONTRACT REQUIREMENTS.—Contracts or grants for the  
685 program components or subcomponents described in paragraphs  
686 (3) (a)-(f) shall be awarded by the State Surgeon General, after  
687 consultation with the council, on the basis of merit, as  
688 determined by an open, competitive, peer-reviewed process that  
689 ensures objectivity, consistency, and high quality. The  
690 department shall award such grants or contracts no later than  
691 October 1 for each fiscal year. A recipient of a contract or  
692 grant for the program component described in paragraph (3) (d)  
693 ~~(3) (e)~~ is not eligible for a contract or grant award for any  
694 other program component described in subsection (3) in the same  
695 state fiscal year. ~~A school or college of medicine that is~~  
696 ~~represented on the council is not eligible to receive a contract~~



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697 ~~or grant under this section. For the 2007-2008 and 2008-2009~~  
698 ~~fiscal years only,~~ The department shall award a contract or  
699 grant in the amount of \$11 ~~\$10~~ million to the AHEC network for  
700 the purpose of developing the components described in paragraph  
701 (3) (i). ~~The AHEC network may apply for a competitive contract or~~  
702 ~~grant after the 2008-2009 fiscal year.~~

703 (a) In order to ensure that all proposals for funding are  
704 appropriate and are evaluated fairly on the basis of merit, the  
705 State Surgeon General, in consultation with the council, shall  
706 appoint a ~~peer~~ review panel of independent, qualified experts in  
707 the field of tobacco control to review the content of each  
708 proposal and establish its priority score. The priority scores  
709 shall be forwarded to the council and must be considered in  
710 determining which proposals will be recommended for funding.

711 (b) The council and the ~~peer~~ review panel shall establish  
712 and follow rigorous guidelines for ethical conduct and adhere to  
713 a strict policy with regard to conflicts of interest. Council  
714 members are subject to the applicable provisions of chapter 112.  
715 ~~A member of the council or panel may not participate in any~~  
716 ~~discussion or decision with respect to a research proposal by~~  
717 ~~any firm, entity, or agency with which the member is associated~~  
718 ~~as a member of the governing body or as an employee or with~~  
719 ~~which the member has entered into a contractual arrangement.~~  
720 ~~Meetings of the council and the peer review panels are subject~~  
721 ~~to chapter 119, s. 286.011, and s. 24, Art. I of the State~~  
722 ~~Constitution.~~

723 (c) In each contract or grant agreement, the department  
724 shall limit the use of food and promotional items to no more  
725 than 2.5 percent of the total amount of the contract or grant

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726 and limit overhead or indirect costs to no more than 7.5 percent  
727 of the total amount of the contract or grant. The department, in  
728 consultation with the Department of Financial Services, shall  
729 publish guidelines for appropriate food and promotional items.

730 (d) In each advertising contract, the department shall  
731 limit the total of production fees, buyer commissions, and  
732 related costs to no more than 10 percent of the total contract  
733 amount.

734 (e) Notwithstanding the competitive process for contracts  
735 prescribed in this subsection, each county health department is  
736 eligible for core funding, on a per capita basis, to implement  
737 tobacco education and use prevention activities within that  
738 county.

739 (7) ANNUAL REPORT REQUIRED.—By February 28 ~~January 31~~ of  
740 each year, the department shall provide to the Governor, the  
741 President of the Senate, and the Speaker of the House of  
742 Representatives a report that evaluates the program's  
743 effectiveness in reducing and preventing tobacco use and that  
744 recommends improvements to enhance the program's effectiveness.  
745 The report must contain, at a minimum, an annual survey of youth  
746 attitudes and behavior toward tobacco, as well as a description  
747 of the progress in reducing the prevalence of tobacco use among  
748 youth, adults, and pregnant women; reducing per capita tobacco  
749 consumption; and reducing exposure to environmental tobacco  
750 smoke.

751 (8) LIMITATION ON ADMINISTRATIVE EXPENSES.—From the total  
752 funds appropriated for the Comprehensive Statewide Tobacco  
753 Education and Use Prevention Program in the General  
754 Appropriations Act, an amount of up to 5 percent may be used by

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755 the department for administrative expenses.

756 ~~(9) RULEMAKING AUTHORIZED. By January 1, 2008, the~~  
757 ~~department shall adopt rules pursuant to ss. 120.536(1) and~~  
758 ~~120.54 to administer this section.~~

759 Section 8. Section 381.91, Florida Statutes, is transferred  
760 and renumbered as section 385.2024, Florida Statutes, to read:

761 385.2024 ~~381.91~~ Jessie Trice Cancer Prevention Program.—

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

763 (a) Reduce the rates of illness and death from lung cancer  
764 and other cancers and improve the quality of life among low-  
765 income African-American and Hispanic populations through  
766 increased access to early, effective screening and diagnosis,  
767 education, and treatment programs.

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

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

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

779 (b) Funding may be provided to develop contracts with  
780 community health centers and local community faith-based  
781 education programs to provide cancer screening, diagnosis,  
782 education, and treatment services to low-income populations  
783 throughout the state.

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784 Section 9. Section 381.911, Florida Statutes, is  
785 transferred, renumbered as section 385.2023, Florida Statutes,  
786 and amended to read:

787 385.2023 ~~381.911~~ Prostate Cancer Awareness Program.—

788 (1) To the extent that funds are specifically made  
789 available for this purpose, the Prostate Cancer Awareness  
790 Program is established within the Department of Health. The  
791 purpose of this program is to implement the recommendations of  
792 January 2000 of the Florida Prostate Cancer Task Force to  
793 provide for statewide outreach and health education activities  
794 to ensure that men are aware of and appropriately seek medical  
795 counseling for prostate cancer as an early-detection health care  
796 measure.

797 (2) For purposes of implementing the program, the  
798 Department of Health and the Florida Public Health Foundation,  
799 Inc., may:

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

802 (b) Seek any available gifts, grants, or funds from the  
803 state, the Federal Government, philanthropic foundations, and  
804 industry or business groups.

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

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

810 1. Three persons from prostate cancer survivor groups or  
811 cancer-related advocacy groups.

812 2. Three persons who are scientists or clinicians from

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813 public or nonpublic universities or research organizations.

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

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

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

823 Section 10. Section 381.912, Florida Statutes, is repealed.

824 Section 11. Section 381.92, Florida Statutes, is  
825 transferred and renumbered as section 385.2025, Florida  
826 Statutes, to read:

827 385.2025 ~~381.92~~ Florida Cancer Council.—

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

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

834 (b) The Florida Cancer Council may create not-for-profit  
835 corporate subsidiaries to fulfill its mission. The council and  
836 its subsidiaries are authorized to receive, hold, invest, and  
837 administer property and any moneys acquired from private, local,  
838 state, and federal sources, as well as technical and  
839 professional income generated or derived from the mission-  
840 related activities of the council.

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

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- 842           1. The chair of the Florida Dialogue on Cancer, who shall  
843 serve as the chair of the council;
- 844           2. The State Surgeon General or his or her designee;
- 845           3. The chief executive officer of the H. Lee Moffitt Cancer  
846 Center or his or her designee;
- 847           4. The director of the University of Florida Shands Cancer  
848 Center or his or her designee;
- 849           5. The chief executive officer of the University of Miami  
850 Sylvester Comprehensive Cancer Center or his or her designee;
- 851           6. The chief executive officer of the Mayo Clinic,  
852 Jacksonville, or his or her designee;
- 853           7. The chief executive officer of the American Cancer  
854 Society, Florida Division, Inc., or his or her designee;
- 855           8. The president of the American Cancer Society, Florida  
856 Division, Inc., Board of Directors or his or her designee;
- 857           9. The president of the Florida Society of Clinical  
858 Oncology or his or her designee;
- 859           10. The president of the American College of Surgeons,  
860 Florida Chapter, or his or her designee;
- 861           11. The chief executive officer of Enterprise Florida,  
862 Inc., or his or her designee;
- 863           12. Five representatives from cancer programs approved by  
864 the American College of Surgeons. Three shall be appointed by  
865 the Governor, one shall be appointed by the Speaker of the House  
866 of Representatives, and one shall be appointed by the President  
867 of the Senate;
- 868           13. One member of the House of Representatives, to be  
869 appointed by the Speaker of the House of Representatives; and
- 870           14. One member of the Senate, to be appointed by the

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871 President of the Senate.

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

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

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

882 (3) The council shall issue an annual report to the Center  
883 for Universal Research to Eradicate Disease, the Governor, the  
884 Speaker of the House of Representatives, and the President of  
885 the Senate by December 15 of each year, with policy and funding  
886 recommendations regarding cancer research capacity in Florida  
887 and related issues.

888 Section 12. Section 381.921, Florida Statutes, is  
889 transferred and renumbered as section 385.20251, Florida  
890 Statutes, to read:

891 385.20251 ~~381.921~~ Florida Cancer Council mission and  
892 duties.—The council, which shall work in concert with the  
893 Florida Center for Universal Research to Eradicate Disease to  
894 ensure that the goals of the center are advanced, shall endeavor  
895 to dramatically improve cancer research and treatment in this  
896 state through:

897 (1) Efforts to significantly expand cancer research  
898 capacity in the state by:

899 (a) Identifying ways to attract new research talent and

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900 attendant national grant-producing researchers to cancer  
901 research facilities in this state;

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

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

908 (d) Encouraging the employment of bioinformatics in order  
909 to create a cancer informatics infrastructure that enhances  
910 information and resource exchange and integration through  
911 researchers working in diverse disciplines, to facilitate the  
912 full spectrum of cancer investigations;

913 (e) Facilitating the technical coordination, business  
914 development, and support of intellectual property as it relates  
915 to the advancement of cancer research; and

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

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

920 (a) Identifying ways to increase adult enrollment in cancer  
921 clinical trials;

922 (b) Supporting public and private professional education  
923 programs designed to increase the awareness and knowledge about  
924 cancer clinical trials;

925 (c) Providing tools to cancer patients and community-based  
926 oncologists to aid in the identification of cancer clinical  
927 trials available in the state; and

928 (d) Creating opportunities for the state's academic cancer



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929 centers to collaborate with community-based oncologists in  
930 cancer clinical trials networks.

931 (3) Efforts to reduce the impact of cancer on disparate  
932 groups by:

933 (a) Identifying those cancers that disproportionately  
934 impact certain demographic groups; and

935 (b) Building collaborations designed to reduce health  
936 disparities as they relate to cancer.

937 Section 13. Paragraph (a) of subsection (2) and subsection  
938 (5) of section 381.922, Florida Statutes, as amended by section  
939 2 of chapter 2009-5, Laws of Florida, is amended to read:

940 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
941 Cancer Research Program.—

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

944 (a) Emphasis shall be given to the goals enumerated in s.  
945 385.20251 ~~s. 381.921~~, as those goals support the advancement of  
946 such cures.

947 (5) For the 2008-2009 fiscal year and each fiscal year  
948 thereafter, the sum of \$6.75 million is appropriated annually  
949 from recurring funds in the General Revenue Fund to the  
950 Biomedical Research Trust Fund within the Department of Health  
951 for purposes of the William G. "Bill" Bankhead, Jr., and David  
952 Coley Cancer Research Program and shall be distributed pursuant  
953 to this section to provide grants to researchers seeking cures  
954 for cancer, with emphasis given to the goals enumerated in s.  
955 385.20251 ~~s. 381.921~~. From the total funds appropriated, an  
956 amount of up to 10 percent may be used for administrative  
957 expenses.

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958 Section 14. Section 381.93, Florida Statutes, is  
959 transferred and renumbered as section 385.2021, Florida  
960 Statutes, to read:

961 385.2021 ~~381.93~~ Breast and cervical cancer early detection  
962 program.—This section may be cited as the “Mary Brogan Breast  
963 and Cervical Cancer Early Detection Program Act.”

964 (1) It is the intent of the Legislature to reduce the rates  
965 of death due to breast and cervical cancer through early  
966 diagnosis and increased access to early screening, diagnosis,  
967 and treatment programs.

968 (2) The Department of Health, using available federal funds  
969 and state funds appropriated for that purpose, is authorized to  
970 establish the Mary Brogan Breast and Cervical Cancer Screening  
971 and Early Detection Program to provide screening, diagnosis,  
972 evaluation, treatment, case management, and followup and  
973 referral to the Agency for Health Care Administration for  
974 coverage of treatment services.

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

980 (4) The department shall limit enrollment in the program to  
981 persons with incomes up to and including 200 percent of the  
982 federal poverty level. The department shall establish an  
983 eligibility process that includes an income-verification process  
984 to ensure that persons served under the program meet income  
985 guidelines.

986 (5) The department may provide other breast and cervical

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987 cancer screening and diagnostic services; however, such services  
988 shall be funded separately through other sources than this act.

989 Section 15. Section 381.931, Florida Statutes, is  
990 transferred and renumbered as section 385.20211, Florida  
991 Statutes, to read:

992 385.20211 ~~381.931~~ Annual report on Medicaid expenditures.—  
993 The Department of Health and the Agency for Health Care  
994 Administration shall monitor the total Medicaid expenditures for  
995 services made under this act. If Medicaid expenditures are  
996 projected to exceed the amount appropriated by the Legislature,  
997 the Department of Health shall limit the number of screenings to  
998 ensure Medicaid expenditures do not exceed the amount  
999 appropriated. The Department of Health, in cooperation with the  
1000 Agency for Health Care Administration, shall prepare an annual  
1001 report that must include the number of women screened; the  
1002 percentage of positive and negative outcomes; the number of  
1003 referrals to Medicaid and other providers for treatment  
1004 services; the estimated number of women who are not screened or  
1005 not served by Medicaid due to funding limitations, if any; the  
1006 cost of Medicaid treatment services; and the estimated cost of  
1007 treatment services for women who were not screened or referred  
1008 for treatment due to funding limitations. The report shall be  
1009 submitted to the President of the Senate, the Speaker of the  
1010 House of Representatives, and the Executive Office of the  
1011 Governor by March 1 of each year.

1012 Section 16. Chapter 385, Florida Statutes, entitled  
1013 "Chronic Diseases," is renamed the "Healthy and Fit Florida  
1014 Act."

1015 Section 17. Section 385.101, Florida Statutes, is amended

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1016 to read:

1017 385.101 Short title.—This chapter Sections 385.101–385.103  
1018 may be cited as the "Healthy and Fit Florida Chronic Diseases  
1019 Act."

1020 Section 18. Section 385.102, Florida Statutes, is amended  
1021 to read:

1022 385.102 Legislative intent.—It is the finding of the  
1023 Legislature that:

1024 (1) Chronic diseases continue to be the leading cause of  
1025 death and disability in this state and the country exist in high  
1026 proportions among the people of this state. These Chronic  
1027 diseases include, but are not limited to, arthritis,  
1028 cardiovascular disease ~~heart disease,~~ hypertension, diabetes,  
1029 renal disease, cancer, and ~~chronic obstructive lung disease,~~  
1030 including chronic obstructive pulmonary disease. These diseases  
1031 ~~are often~~ have the same preventable risk factors interrelated,  
1032 ~~and they directly and indirectly~~ account for a high rate of  
1033 death, disability, and underlying costs to the state's health  
1034 care system ~~illness.~~

1035 (2) Chronic diseases have a significant impact on quality  
1036 of life, not only for the individuals who experience their  
1037 painful symptoms and resulting disabilities, but also for family  
1038 members and caregivers.

1039 (3) Racial and ethnic minorities and other underserved  
1040 populations are disproportionately affected by chronic diseases.

1041 (4) There are enormous medical costs and lost wages  
1042 associated with chronic diseases and their complications.

1043 (5) ~~(2)~~ Advances in medical knowledge and technology assist  
1044 have assisted in the prevention, detection, and management of

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1045 chronic diseases. Comprehensive approaches that stress the  
1046 ~~stressing~~ application of current medical treatment, continuing  
1047 research, professional training, ~~and~~ patient education, and  
1048 community-level policy and environmental changes should be  
1049 implemented ~~encouraged~~.

1050 ~~(6)(3) A comprehensive program dealing with the early~~  
1051 ~~detection and prevention of chronic diseases is required to make~~  
1052 ~~knowledge and therapy available to all people of this state. The~~  
1053 ~~mobilization of scientific, medical, and educational resources,~~  
1054 ~~along with the implementation of community-based policy under~~  
1055 ~~one comprehensive chronic disease law, act will facilitate the~~  
1056 ~~prevention, early intervention, and management treatment of~~  
1057 ~~chronic these~~ diseases and their symptoms. This integration of  
1058 resources and policy will ~~and~~ result in a decline in death and  
1059 disability ~~illness~~ among the people of this state.

1060 (7) Chronic diseases account for 70 percent of all deaths  
1061 in the United States. The following chronic diseases are the  
1062 leading causes of death and disability:

1063 (a) Heart disease and stroke, which have remained the first  
1064 and third leading causes of death for both men and women in the  
1065 United States for over seven decades and account for  
1066 approximately one-third of total deaths each year in this state.

1067 (b) Cancer, which is the second leading cause of death and  
1068 is responsible for one in four deaths in this state.

1069 (c) Lung disease, which is the third leading cause of death  
1070 and accounts for one in every six deaths in this state.

1071 (d) Diabetes, which is the sixth leading cause of death in  
1072 this state.

1073 (e) Arthritis, which is the leading cause of disability in

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1074 the United States, limiting daily activities for more than 19  
1075 million citizens. In this state, arthritis limits daily  
1076 activities for an estimated 1.3 million people.

1077 (8) The department shall establish, promote, and maintain  
1078 state-level and local-level programs for chronic disease  
1079 prevention and health promotion to the extent that funds are  
1080 specifically made available for this purpose.

1081 Section 19. Section 385.1021, Florida Statutes, is created  
1082 to read:

1083 385.1021 Definitions.—As used in this chapter, the term:

1084 (1) "CDC" means the United States Centers for Disease  
1085 Control and Prevention.

1086 (2) "Chronic disease" means an illness that is prolonged,  
1087 does not resolve spontaneously, and is rarely cured completely.

1088 (3) "Department" means the Department of Health.

1089 (4) "Environmental changes" means changes to the economic,  
1090 social, or physical natural or built environments which  
1091 encourage or enable behaviors.

1092 (5) "Policy change" means altering an informal or formal  
1093 agreement between public or private sectors which sets forth  
1094 values, behaviors, or resource allocation in order to improve  
1095 health.

1096 (6) "Primary prevention" means an intervention that is  
1097 directed toward healthy populations and focuses on avoiding  
1098 disease before it occurs.

1099 (7) "Risk factor" means a characteristic or condition  
1100 identified during the course of an epidemiological study of a  
1101 disease that appears to be statistically associated with a high  
1102 incidence of that disease.

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1103       (8) "Secondary prevention" means an intervention that is  
1104 designed to promote the early detection and management of  
1105 diseases and reduce the risks experienced by at-risk  
1106 populations.

1107       (9) "System changes" means altering standard activities,  
1108 protocols, policies, processes, and structures carried out in  
1109 population-based settings, such as schools, worksites, health  
1110 care facilities, faith-based organizations, and the overall  
1111 community, which promote and support new behaviors.

1112       (10) "Tertiary prevention" means an intervention that is  
1113 directed at rehabilitating and minimizing the effects of disease  
1114 in a chronically ill population.

1115       (11) "Tobacco" means, without limitation, tobacco itself  
1116 and tobacco products that include tobacco and are intended or  
1117 expected for human use or consumption, including, but not  
1118 limited to, cigarettes, cigars, pipe tobacco, and smokeless  
1119 tobacco.

1120       (12) "Wellness program" means a structured program that is  
1121 designed or approved by the department to offer intervention  
1122 activities on or off the worksite which help state employees  
1123 change certain behaviors or adopt healthy lifestyles.

1124       (13) "Youth" means children and young adults, up through 24  
1125 years of age, inclusive.

1126       Section 20. Section 385.1022, Florida Statutes, is created  
1127 to read:

1128       385.1022 Chronic disease prevention program.—The department  
1129 shall support public health programs to reduce the incidence of  
1130 mortality and morbidity from diseases for which risk factors can  
1131 be identified. Such risk factors include, but are not limited

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1132 to, being overweight or obese, physical inactivity, poor  
1133 nutrition and diet, tobacco use, sun exposure, and other  
1134 practices that are detrimental to health. The programs shall  
1135 educate and screen the general public as well as groups at  
1136 particularly high risk of chronic diseases.

1137 Section 21. Section 385.1023, Florida Statutes, is created  
1138 to read:

1139 385.1023 State-level prevention programs for chronic  
1140 disease.—

1141 (1) The department shall create state-level programs that  
1142 address the leading, preventable chronic disease risk factors of  
1143 poor nutrition and obesity, tobacco use, sun exposure, and  
1144 physical inactivity in order to decrease the incidence of  
1145 arthritis, cancer, diabetes, heart disease, lung disease,  
1146 stroke, and other chronic diseases.

1147 (2) State-level programs shall address, but need not be  
1148 limited to, the following activities:

1149 (a) Monitoring specific causal and behavioral risk factors  
1150 that affect the health of residents in the state.

1151 (b) Analyzing data regarding chronic disease mortality and  
1152 morbidity to track changes over time.

1153 (c) Promoting public awareness and increasing knowledge  
1154 concerning the causes of chronic diseases, the importance of  
1155 early detection, diagnosis, and appropriate evidence-based  
1156 prevention, management, and treatment strategies.

1157 (d) Disseminating educational materials and information  
1158 concerning evidence-based results, available services, and  
1159 pertinent new research findings and prevention strategies to  
1160 patients, health insurers, health professionals, and the public.



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1161 (e) Using education and training resources and services  
1162 developed by organizations having appropriate expertise and  
1163 knowledge of chronic diseases for technical assistance.

1164 (f) Evaluating the quality and accessibility of existing  
1165 community-based services for chronic disease.

1166 (g) Increasing awareness among state and local officials  
1167 involved in health and human services, health professionals and  
1168 providers, and policymakers about evidence-based chronic-disease  
1169 prevention, tobacco cessation, and treatment strategies and  
1170 their benefits for people who have chronic diseases.

1171 (h) Developing a partnership with state and local  
1172 governments, voluntary health organizations, hospitals, health  
1173 insurers, universities, medical centers, employer groups,  
1174 private companies, and health care providers to address the  
1175 burden of chronic disease in this state.

1176 (i) Implementing and coordinating state-level policies in  
1177 order to reduce the burden of chronic disease.

1178 (j) Providing lasting improvements in the delivery of  
1179 health care for individuals who have chronic disease and their  
1180 families, thus improving their quality of life while also  
1181 containing health care costs.

1182 Section 22. Section 385.103, Florida Statutes, is amended  
1183 to read:

1184 385.103 Community-level ~~Community intervention~~ programs for  
1185 chronic disease prevention and health promotion.—

1186 (1) DEFINITIONS.—As used in this section, the term:

1187 (a) “Chronic disease prevention and health promotion  
1188 ~~control~~ program” means a program that may include, but is not  
1189 limited to, including a combination of the following elements:

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1190       1. Staff who are sufficiently trained and skilled in public  
1191 health, community health, or school health education to  
1192 facilitate the operation of the program ~~Health screening;~~

1193       2. Community input into the planning, implementation, and  
1194 evaluation processes ~~Risk factor detection;~~

1195       3. Use of public health data to make decisions and to  
1196 develop and prioritize community-based interventions focusing on  
1197 chronic diseases and their risk factors; ~~Appropriate~~  
1198 ~~intervention to enable and encourage changes in behaviors that~~  
1199 ~~create health risks; and~~

1200       4. Adherence to a population-based approach by using a  
1201 socioecological model that addresses the influence on individual  
1202 behavior, interpersonal behavior, organizational behavior, the  
1203 community, and public policy; ~~Counseling in nutrition, physical~~  
1204 ~~activity, the effects of tobacco use, hypertension, blood~~  
1205 ~~pressure control, and diabetes control and the provision of~~  
1206 ~~other clinical prevention services.~~

1207       5. Focus on at least the common preventable risk factors  
1208 for chronic disease, such as physical inactivity, obesity, poor  
1209 nutrition, and tobacco use;

1210       6. Focus on developing and implementing interventions and  
1211 activities through communities, schools, worksites, faith-based  
1212 organizations, and health-care settings;

1213       7. Use of evidence-based interventions as well as best and  
1214 promising practices to guide specific activities and effect  
1215 change, which may include guidelines developed by organizations,  
1216 volunteer scientists, and health care professionals who write  
1217 published medical, scientific statements on various chronic  
1218 disease topics. The statements shall be supported by scientific

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1219 studies published in recognized journals that have a rigorous  
1220 review and approval process. Scientific statements generally  
1221 include a review of data available on a specific subject and an  
1222 evaluation of its relationship to overall chronic disease  
1223 science;

1224 8. Use of policy, system, and environmental changes that  
1225 support healthy behaviors so as to affect large segments of the  
1226 population and encourage healthy choices;

1227 9. Development of extensive and comprehensive evaluation  
1228 that is linked to program planning at the state level and the  
1229 community level in order to determine the program's  
1230 effectiveness or necessary program modifications; and

1231 10. Reduction of duplication of efforts through  
1232 coordination among appropriate entities for the efficient use of  
1233 resources.

1234 (b) "~~Community~~ Health education program" means a program  
1235 that follows involving the planned and coordinated use of ~~the~~  
1236 educational standards and teaching methods ~~resources available~~  
1237 ~~in a community~~ in an effort to provide:

1238 1. Appropriate medical, research-based interventions to  
1239 enable and encourage changes in behaviors which reduce or  
1240 eliminate health risks;

1241 2. Counseling in nutrition, weight management, physical  
1242 inactivity, and tobacco-use prevention and cessation strategies;  
1243 hypertension, blood pressure, high cholesterol, and diabetes  
1244 control; and other clinical prevention services;

1245 3.1- Motivation and assistance to individuals or groups in  
1246 adopting and maintaining ~~Motivate and assist citizens to adopt~~  
1247 ~~and maintain~~ healthful practices and lifestyles; and

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1248 ~~4.2.~~ Make available Learning opportunities that ~~which~~ will  
 1249 increase the ability of people to make informed decisions  
 1250 affecting their personal, family, and community well-being and  
 1251 that ~~which~~ are designed to facilitate ~~voluntary~~ adoption of  
 1252 behavior that ~~which~~ will improve or maintain health.~~.~~

1253 ~~3. Reduce, through coordination among appropriate agencies,~~  
 1254 ~~duplication of health education efforts; and~~

1255 ~~4. Facilitate collaboration among appropriate agencies for~~  
 1256 ~~efficient use of scarce resources.~~

1257 (c) "Community intervention program" means a program  
 1258 combining the required elements of a chronic disease prevention  
 1259 and health promotion ~~control~~ program and the principles of a  
 1260 ~~community~~ health education program that addresses system,  
 1261 policy, and environmental changes that ensure that communities  
 1262 provide support for healthy lifestyles ~~into a unified program~~  
 1263 ~~over which a single administrative entity has authority and~~  
 1264 ~~responsibility.~~

1265 (d) "Department" means the Department of Health.

1266 (e) "Risk factor" means a factor identified during the  
 1267 course of an epidemiological study of a disease, which factor  
 1268 appears to be statistically associated with a high incidence of  
 1269 that disease.

1270 (2) OPERATION OF COMMUNITY-LEVEL ~~COMMUNITY INTERVENTION~~  
 1271 ~~PROGRAMS~~ FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.-

1272 (a) The department shall develop and implement a  
 1273 comprehensive, community-based program for chronic disease  
 1274 prevention and health promotion. The program shall be designed  
 1275 to reduce major behavioral risk factors that are associated with  
 1276 chronic diseases by enhancing the knowledge, skills, motivation,

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1277 and opportunities for individuals, organizations, health care  
1278 providers, small businesses, health insurers, and communities to  
1279 develop and maintain healthy lifestyles. ~~The department shall~~  
1280 ~~assist the county health departments in developing and operating~~  
1281 ~~community intervention programs throughout the state. At a~~  
1282 ~~minimum, the community intervention programs shall address one~~  
1283 ~~to three of the following chronic diseases: cancer, diabetes,~~  
1284 ~~heart disease, stroke, hypertension, renal disease, and chronic~~  
1285 ~~obstructive lung disease.~~

1286 (b) The program shall include:

- 1287 1. Countywide assessments of specific, causal, and  
1288 behavioral risk factors that affect the health of residents;  
1289 2. The development of community-based programs for chronic  
1290 disease prevention and health promotion which incorporate health  
1291 promotion and preventive care practices that are supported in  
1292 scientific and medical literature;  
1293 3. The development and implementation of statewide age-  
1294 specific, disease-specific, and community-specific health  
1295 promotion and preventive care strategies using primary,  
1296 secondary, and tertiary prevention interventions;  
1297 4. The promotion of community, research-based health-  
1298 promotion model programs that meet specific criteria, address  
1299 major risk factors, and motivate individuals to permanently  
1300 adopt healthy behaviors and increase social and personal  
1301 responsibilities;  
1302 5. The development of policies that encourage the use of  
1303 alternative community delivery sites for health promotion,  
1304 disease prevention, and preventive care programs and promote the  
1305 use of neighborhood delivery sites that are close to work, home,

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1306 and school; and

1307 6. An emphasis on the importance of healthy and physically  
1308 active lifestyles to build self-esteem and reduce morbidity and  
1309 mortality associated with chronic disease and being overweight  
1310 or obese. Existing community resources, when available, shall be  
1311 used to support the programs. The department shall seek funding  
1312 for the programs from federal and state financial assistance  
1313 programs which presently exist or which may be hereafter  
1314 created. Additional services, as appropriate, may be  
1315 incorporated into a program to the extent that resources are  
1316 available. The department may accept gifts and grants in order  
1317 to carry out a program.

1318 ~~(c) Volunteers shall be used to the maximum extent possible~~  
1319 ~~in carrying out the programs. The department shall contract for~~  
1320 ~~the necessary insurance coverage to protect volunteers from~~  
1321 ~~personal liability while acting within the scope of their~~  
1322 ~~volunteer assignments under a program.~~

1323 ~~(d) The department may contract for the provision of all or~~  
1324 ~~any portion of the services required by a program, and shall so~~  
1325 ~~contract whenever the services so provided are more cost-~~  
1326 ~~efficient than those provided by the department.~~

1327 ~~(e) If the department determines that it is necessary for~~  
1328 ~~clients to help pay for services provided by a program, the~~  
1329 ~~department may require clients to make contribution therefor in~~  
1330 ~~either money or personal services. The amount of money or value~~  
1331 ~~of the personal services shall be fixed according to a fee~~  
1332 ~~schedule established by the department or by the entity~~  
1333 ~~developing the program. In establishing the fee schedule, the~~  
1334 ~~department or the entity developing the program shall take into~~

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1335 ~~account the expenses and resources of a client and his or her~~  
1336 ~~overall ability to pay for the services.~~

1337 Section 23. Section 385.105, Florida Statutes, is created  
1338 to read:

1339 385.105 Physical activity, obesity prevention, nutrition,  
1340 other health-promotion services, and wellness programs.—

1341 (1) PHYSICAL ACTIVITY—.

1342 (a) The department shall develop programs for people at  
1343 every stage of their lives to increase physical fitness and  
1344 promote behavior changes.

1345 (b) The department shall work with school health advisory  
1346 or wellness committees in each school district as established in  
1347 s. 381.0056.

1348 (c) The department shall develop public and private  
1349 partnerships that allow the public to easily access recreational  
1350 facilities and public land areas that are suitable for physical  
1351 activity.

1352 (d) The department shall work in collaboration with the  
1353 Executive Office of the Governor and Volunteer Florida, Inc., to  
1354 promote school initiatives, such as the Governor's Fitness  
1355 Challenge.

1356 (e) The department shall collaborate with the Department of  
1357 Education in recognizing nationally accepted best practices for  
1358 improving physical education in schools.

1359 (2) OBESITY PREVENTION.—The department shall promote  
1360 healthy lifestyles to reduce the prevalence of excess weight  
1361 gain and being overweight or obese through programs that are  
1362 directed towards all residents of this state by:

1363 (a) Using all appropriate media to promote maximum public

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1364 awareness of the latest research on healthy lifestyles and  
1365 chronic diseases and disseminating relevant information through  
1366 a statewide clearinghouse relating to wellness, physical  
1367 activity, and nutrition and the effect of these factors on  
1368 chronic diseases and disabling conditions.

1369 (b) Providing technical assistance, training, and resources  
1370 on healthy lifestyles and chronic diseases to the public, health  
1371 care providers, school districts, and other persons or entities,  
1372 including faith-based organizations that request such assistance  
1373 to promote physical activity, nutrition, and healthy lifestyle  
1374 programs.

1375 (c) Developing, implementing, and using all available  
1376 research methods to collect data, including, but not limited to,  
1377 population-specific data, and tracking the incidence and effects  
1378 of weight gain, obesity, and related chronic diseases. The  
1379 department shall include an evaluation and data-collection  
1380 component in all programs as appropriate. All research conducted  
1381 under this paragraph is subject to review and approval as  
1382 required by the department's institutional review board under s.  
1383 381.86.

1384 (d) Entering into partnerships with the Department of  
1385 Education, local communities, school districts, and other  
1386 entities to encourage schools in this state to promote  
1387 activities during and after school to help students meet a  
1388 minimum goal of 30 minutes of physical activity or physical  
1389 fitness per day.

1390 (e) Entering into partnerships with the Department of  
1391 Education, school districts, and the Florida Sports Foundation  
1392 to develop a programs recognizing the schools at which students



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1393 demonstrate excellent physical fitness or fitness improvement.

1394 (f) Collaborating with other state agencies to develop  
1395 policies and strategies for preventing and treating obesity,  
1396 which shall be incorporated into programs administered by each  
1397 agency and shall include promoting healthy lifestyles of  
1398 employees of each agency.

1399 (g) Advising, in accordance with s. 456.081, health care  
1400 practitioners about the morbidity, mortality, and costs  
1401 associated with being overweight or obese, informing such  
1402 practitioners of promising clinical practices for preventing and  
1403 treating obesity, and encouraging practitioners to counsel their  
1404 patients regarding the adoption of healthy lifestyles.

1405 (h) Maximizing all local, state, and federal funding  
1406 sources, including grants, public-private partnerships, and  
1407 other mechanisms to strengthen the department's programs  
1408 promoting physical activity and nutrition.

1409 (3) NUTRITION.—The department shall promote optimal  
1410 nutritional status in all stages of people's lives by developing  
1411 strategies to:

1412 (a) Promote and maintain optimal nutritional status in the  
1413 population through activities, including, but not limited to:

1414 1. Nutrition screening and assessment and nutrition  
1415 counseling, including nutrition therapy, followup, case  
1416 management, and referrals for persons who have medical  
1417 conditions or nutrition-risk factors and who are provided health  
1418 services through public health programs or through referrals  
1419 from private health care providers or facilities;

1420 2. Nutrition education to assist residents of the state in  
1421 achieving optimal health and preventing chronic disease; and

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1422 3. Consultative nutrition services to group facilities  
1423 which promote the provision of safe and nutritionally adequate  
1424 diets.

1425 (b) Monitor and conduct surveillance of the nutritional  
1426 status of this state's population.

1427 (c) Conduct or support research or evaluations related to  
1428 public health nutrition. All research conducted under this  
1429 paragraph is subject to review and approval as required by the  
1430 department's institutional review board under s. 381.86.

1431 (d) Establish policies and standards for public health  
1432 nutrition practices.

1433 (e) Promote interagency cooperation, professional  
1434 education, and consultation.

1435 (f) Provide technical assistance and advise state agencies,  
1436 private institutions, and local organizations regarding public  
1437 health nutrition standards.

1438 (g) Work with the Department of Agriculture and Consumer  
1439 Services, the Department of Education, and the Department of  
1440 Management Services to further the use of fresh produce from  
1441 this state in schools and encourage the development of community  
1442 gardens. Nutritional services shall be available to eligible  
1443 persons in accordance with eligibility criteria adopted by the  
1444 department. The department shall provide by rule requirements  
1445 for the service fees, when applicable, which may not exceed the  
1446 department's actual costs.

1447  
1448 The department may adopt rules to administer this subsection.

1449 (4) OTHER HEALTH-PROMOTION SERVICES.—

1450 (a) The department shall promote personal responsibility by

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1451 encouraging residents of this state to be informed, follow  
1452 health recommendations, seek medical consultations and health  
1453 assessments, take healthy precautions, and comply with medical  
1454 guidelines, including those that lead to earlier detection of  
1455 chronic diseases in order to prevent chronic diseases or slow  
1456 the progression of established chronic diseases.

1457 (b) The department shall promote regular health visits  
1458 during a person's lifetime, including annual physical  
1459 examinations that include measuring body mass index and vital  
1460 signs, blood work, immunizations, screenings, and dental  
1461 examinations in order to reduce the financial, social, and  
1462 personal burden of chronic disease.

1463 (5) WELLNESS PROGRAMS.—

1464 (a) Each state agency may conduct employee wellness  
1465 programs in buildings and lands owned or leased by the state.  
1466 The department shall serve as a model to develop and implement  
1467 employee wellness programs that may include physical fitness,  
1468 healthy nutrition, self-management of disease, education, and  
1469 behavioral change. The department shall assist other state  
1470 agencies to develop and implement employee wellness programs.  
1471 These programs shall use existing resources, facilities, and  
1472 programs or resources procured through grant funding and  
1473 donations that are obtained in accordance with state ethics and  
1474 procurement policies, and shall provide equal access to any such  
1475 programs, resources, and facilities to all state employees.

1476 (b) The department shall coordinate its efforts with the  
1477 Department of Management Services and other state agencies.

1478 (c) Each agency may establish an employee wellness work  
1479 group to design the program. The department shall be available

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1480 to provide policy guidance and assist in identifying effective  
1481 wellness program strategies.

1482 (d) The department shall provide by rule requirements for  
1483 nominal participation fees, when applicable, which may not  
1484 exceed the department's actual costs; collaborations with  
1485 businesses; and the procurement of equipment and incentives.

1486 Section 24. Section 385.202, Florida Statutes, is amended  
1487 to read:

1488 385.202 Statewide cancer registry.—

1489 (1) Each facility, laboratory, or practitioner licensed  
1490 under chapter 395, chapter 458, chapter 459, chapter 464,  
1491 chapter 483, and each freestanding radiation therapy center as  
1492 defined in s. 408.07, shall report to the department of Health  
1493 ~~such~~ information, specified by the department, by rule. The  
1494 department may adopt rules regarding reporting requirements for  
1495 the cancer registry, which shall include the data required, the  
1496 timeframe for reporting, and those professionals who are  
1497 responsible for ensuring compliance with reporting requirements,  
1498 ~~which indicates diagnosis, stage of disease, medical history,~~  
1499 ~~laboratory data, tissue diagnosis, and radiation, surgical, or~~  
1500 ~~other methods of diagnosis or treatment for each cancer~~  
1501 ~~diagnosed or treated by the facility or center. Failure to~~  
1502 ~~comply with this requirement may be cause for registration or~~  
1503 ~~licensure suspension or revocation.~~

1504 (2) The department shall establish, or cause to have  
1505 established, by contract with a recognized medical organization  
1506 in this state and its affiliated institutions, a statewide  
1507 cancer registry program to ensure that cancer reports required  
1508 under this section shall be maintained and available for use in

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1509 the course of public health surveillance and any study for the  
1510 purpose of reducing morbidity or mortality; and no liability of  
1511 any kind or character for damages or other relief shall arise or  
1512 be enforced against any facility or practitioner ~~hospital~~ by  
1513 reason of having provided such information or material to the  
1514 department.

1515 (3) The department may adopt rules regarding the  
1516 establishment and operation of a statewide cancer registry  
1517 program.

1518 (4)~~(3)~~ The department or a contractual designee operating  
1519 the statewide cancer registry program required by this section  
1520 shall use or publish said material only for the purpose of  
1521 public health surveillance and advancing medical research or  
1522 medical education in the interest of reducing morbidity or  
1523 mortality, except that a summary of such studies may be released  
1524 for general publication. Information which discloses or could  
1525 lead to the disclosure of the identity of any person whose  
1526 condition or treatment has been reported and studied shall be  
1527 confidential and exempt from the provisions of s. 119.07(1),  
1528 except that:

1529 (a) Release may be made with the written consent of all  
1530 persons to whom the information applies;

1531 (b) The department or a contractual designee may contact  
1532 individuals for the purpose of epidemiologic investigation and  
1533 monitoring, provided information that is confidential under this  
1534 section is not further disclosed; or

1535 (c) The department may exchange personal data with any  
1536 other governmental agency or a contractual designee for the  
1537 purpose of public health surveillance and medical or scientific

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1538 research, ~~if provided~~ such governmental agency or contractual  
1539 designee does ~~shall~~ not further disclose information that is  
1540 confidential under this section.

1541 (5)-(4) Funds appropriated for this section shall be used  
1542 for establishing, administering, compiling, processing, and  
1543 providing biometric and statistical analyses to the reporting  
1544 facilities and practitioners. Funds may also be used to ensure  
1545 the quality and accuracy of the information reported and to  
1546 provide management information to the reporting facilities and  
1547 practitioners.

1548 (6)-(5) The department may adopt rules regarding the  
1549 classifications of, by rule, classify facilities that are  
1550 responsible for making reports to the cancer registry, the  
1551 content and frequency of the reports, and the penalty for  
1552 failure to comply with these requirements for purposes of  
1553 ~~reports made to the cancer registry and specify the content and~~  
1554 ~~frequency of the reports. In classifying facilities, the~~  
1555 ~~department shall exempt certain facilities from reporting cancer~~  
1556 ~~information that was previously reported to the department or~~  
1557 ~~retrieved from existing state reports made to the department or~~  
1558 ~~the Agency for Health Care Administration. The provisions of~~  
1559 This section ~~does~~ shall not apply to any facility whose primary  
1560 function is to provide psychiatric care to its patients.

1561 (7) Notwithstanding subsection (1), each facility and  
1562 practitioner that reports cancer cases to the department shall  
1563 make their records available for onsite review by the department  
1564 or its authorized representative.

1565 Section 25. Subsection (3) of section 385.203, Florida  
1566 Statutes, is amended to read:

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1567 385.203 Diabetes Advisory Council; creation; function;  
1568 membership.—

1569 (3) The council shall be composed of 26 ~~25~~ citizens of the  
1570 state who have knowledge of, or work in, the area of diabetes  
1571 mellitus as follows:

1572 (a) Five interested citizens, three of whom are affected by  
1573 diabetes.

1574 (b) Twenty-one ~~Twenty~~ members, who must include one  
1575 representative from each of the following areas: nursing with  
1576 diabetes-educator certification; dietary with diabetes educator  
1577 certification; podiatry; ophthalmology or optometry; psychology;  
1578 pharmacy; adult endocrinology; pediatric endocrinology; the  
1579 American Diabetes Association (ADA); the Juvenile Diabetes  
1580 Foundation (JDF); the Florida Academy of Family Physicians; a  
1581 community health center; a county health department; an American  
1582 Diabetes Association recognized community education program;  
1583 each medical school in the state; an osteopathic medical school;  
1584 the insurance industry; a Children's Medical Services diabetes  
1585 regional program; and an employer.

1586 (c) One or more representatives from the Department of  
1587 Health, who shall serve on the council as ex officio members.

1588 Section 26. Section 385.206, Florida Statutes, is amended  
1589 to read:

1590 385.206 Pediatric Hematology-Oncology ~~care~~ Center Program.—

1591 (1) DEFINITIONS.—As used in this section, the term:

1592 (a) "Department" means the Department of Health.

1593 (b) "Hematology" means the study, diagnosis, and treatment  
1594 of blood and blood-forming tissues.

1595 (c) "Oncology" means the study, diagnosis, and treatment of

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1596 malignant neoplasms or cancer.

1597 (d) "Hemophilia" or "other hemostatic disorder" means a  
1598 bleeding disorder resulting from a genetic abnormality of  
1599 mechanisms related to the control of bleeding.

1600 (e) "Sickle-cell anemia or other hemoglobinopathy" means an  
1601 hereditary, chronic disease caused by an abnormal type of  
1602 hemoglobin.

1603 (f) "Patient" means a person under the age of 21 who is in  
1604 need of hematologic-oncologic services and who is enrolled in  
1605 the Children's Medical Services Network ~~declared medically and~~  
1606 ~~financially eligible by the department; or a person who received~~  
1607 ~~such services prior to age 21 and who requires long-term~~  
1608 ~~monitoring and evaluation to ascertain the sequelae and the~~  
1609 ~~effectiveness of treatment.~~

1610 (g) "Center" means a facility designated by the department  
1611 as having a program specifically designed to provide a full  
1612 range of medical and specialty services to patients with  
1613 hematologic and oncologic disorders.

1614 (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM;  
1615 AUTHORITY.—The department may designate ~~is authorized to make~~  
1616 ~~grants and reimbursements to designated centers and provide~~  
1617 funding to establish and maintain programs for the care of  
1618 patients with hematologic and oncologic disorders. Program  
1619 administration costs shall be paid by the department from funds  
1620 appropriated for this purpose.

1621 (3) GRANT FUNDING CONTRACTS ~~GRANT AGREEMENTS; CONDITIONS.~~—

1622 (a) Funding provided ~~A grant made~~ under this section shall  
1623 be pursuant to a contract ~~contractual agreement~~ made between a  
1624 center and the department. Each contract ~~agreement~~ shall provide



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1625 that patients will receive services ~~specified types of treatment~~  
1626 ~~and care~~ from the center without additional charge to the  
1627 patients or their parents or guardians. ~~Grants shall be~~  
1628 ~~disbursed in accordance with conditions set forth in the~~  
1629 ~~disbursement guidelines.~~

1630 ~~(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL~~  
1631 ~~PROGRAMS.—~~

1632 (b)(a) Funding may be provided ~~Grant disbursements may be~~  
1633 ~~made~~ to centers that ~~which~~ meet the following criteria:

1634 1. The personnel shall include at least one board-certified  
1635 pediatric hematologist-oncologist, at least one board-certified  
1636 pediatric surgeon, at least one board-certified radiotherapist,  
1637 and at least one board-certified pathologist.

1638 2. ~~As approved by the department,~~ The center shall actively  
1639 participate in a national children's cancer study group,  
1640 maintain a pediatric tumor registry, have a multidisciplinary  
1641 pediatric tumor board, and meet other guidelines for  
1642 development, including, but not limited to, guidelines from such  
1643 organizations as the American Academy of Pediatrics and the  
1644 American Pediatric Surgical Association.

1645 ~~(b) Programs shall also be established to provide care to~~  
1646 ~~hematology-oncology patients within each district of the~~  
1647 ~~department. The guidelines for local programs shall be~~  
1648 ~~formulated by the department. Special disbursements may be made~~  
1649 ~~by the program office to centers for educational programs~~  
1650 ~~designed for the districts of the department. These programs may~~  
1651 ~~include teaching total supportive care of the dying patient and~~  
1652 ~~his or her family, home therapy to hemophiliacs and patients~~  
1653 ~~with other hemostatic disorders, and screening and counseling~~

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1654 ~~for patients with sickle cell anemia or other~~  
1655 ~~hemoglobinopathies.~~

1656 (4)~~(5)~~ PROGRAM AND PEER REVIEW.—The department shall  
1657 evaluate ~~at least annually during the grant period~~ the services  
1658 rendered by the centers ~~and the districts of the department.~~  
1659 Data from the centers and other sources relating to pediatric  
1660 cancer shall be reviewed annually by the Florida Association of  
1661 Pediatric Tumor Programs, Inc.; and a written report with  
1662 recommendations shall be made to the department. This database  
1663 will be available to the department for program planning and  
1664 quality assurance initiatives ~~formulation of its annual program~~  
1665 ~~and financial evaluation report.~~ A portion of the funds  
1666 appropriated for this section may be used to provide statewide  
1667 consultation, supervision, and evaluation of the programs of the  
1668 centers, as well as central program office support personnel.

1669 Section 27. Paragraph (g) of subsection (2) and subsection  
1670 (7) of section 385.207, Florida Statutes, are amended to read:

1671 385.207 Care and assistance of persons with epilepsy;  
1672 establishment of programs in epilepsy control.—

1673 (2) The Department of Health shall:

1674 (g) Continue current programs and develop cooperative  
1675 programs and services designed to enhance the vocational  
1676 rehabilitation of epilepsy clients, including the current jobs  
1677 programs. The department shall, as part of its contract with a  
1678 provider of epilepsy services, collect information regarding the  
1679 number of clients served, the outcomes reached, the expenses  
1680 incurred, and the fees collected by such providers for the  
1681 provision of services ~~keep~~ and make this information available  
1682 to the Governor and the Legislature upon request ~~information~~

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1683 ~~regarding the number of clients served, the outcome reached, and~~  
1684 ~~the expense incurred by such programs and services.~~

1685 ~~(7) The department shall limit total administrative~~  
1686 ~~expenditures from the Epilepsy Services Trust Fund to 5 percent~~  
1687 ~~of annual receipts.~~

1688 Section 28. Paragraphs (b), (d), and (g) of subsection (2)  
1689 and paragraph (b) of subsection (5) of section 385.210, Florida  
1690 Statutes, are amended to read:

1691 385.210 Arthritis prevention and education.—

1692 (2) LEGISLATIVE FINDINGS.—The Legislature finds the  
1693 following:

1694 (b) Arthritis is the leading cause of disability in the  
1695 United States, limiting daily activities for more than 19 7  
1696 million citizens.

1697 (d) There are enormous economic and social costs associated  
1698 with treating arthritis and its complications; the economic  
1699 costs are estimated at over \$128 billion (2003) ~~\$116 billion~~  
1700 ~~(1997)~~ annually in the United States.

1701 (g) The National Arthritis Foundation, the CDC ~~Centers for~~  
1702 ~~Disease Control and Prevention~~, and the Association of State and  
1703 Territorial Health Officials have led the development of a  
1704 public health strategy, the National Arthritis Action Plan, to  
1705 respond to this challenge.

1706 (5) FUNDING.—

1707 (b) The State Surgeon General may ~~shall~~ seek any federal  
1708 waiver or waivers that may be necessary to maximize funds from  
1709 the Federal Government to implement this program.

1710 Section 29. Section 385.301, Florida Statutes, is created  
1711 to read:

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1712 385.301 Rulemaking authority.—The department may adopt  
1713 rules pursuant to chapter 120 to administer this chapter.

1714 Section 30. Subsection (9) of section 409.904, Florida  
1715 Statutes, is amended to read:

1716 409.904 Optional payments for eligible persons.—The agency  
1717 may make payments for medical assistance and related services on  
1718 behalf of the following persons who are determined to be  
1719 eligible subject to the income, assets, and categorical  
1720 eligibility tests set forth in federal and state law. Payment on  
1721 behalf of these Medicaid eligible persons is subject to the  
1722 availability of moneys and any limitations established by the  
1723 General Appropriations Act or chapter 216.

1724 (9) Eligible women with incomes at or below 200 percent of  
1725 the federal poverty level and under age 65, for cancer treatment  
1726 pursuant to the federal Breast and Cervical Cancer Prevention  
1727 and Treatment Act of 2000, screened through the Mary Brogan  
1728 Breast and Cervical Cancer Early Detection Program established  
1729 under s. 385.2021 ~~s. 381.93~~.

1730 Section 31. The Pharmacy and Therapeutic Advisory Council.—

1731 (1) The Pharmacy and Therapeutic Advisory Council is  
1732 created within the Executive Office of the Governor to serve in  
1733 an advisory capacity to the Department of Health and other  
1734 governmental agencies. The council may not interfere with  
1735 existing mandated Medicaid services and may not develop or  
1736 implement new ones. Specifically, the council may not interfere  
1737 with the work of the Agency for Health Care Administration as it  
1738 complies with federal and state statutory obligations to develop  
1739 a preferred drug list, to negotiate rebate agreements for  
1740 medications included in the preferred drug list, and to protect

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1741 the confidentiality of rebate agreements. The council may not  
1742 interfere with the Medicaid Pharmacy and Therapeutics Committee  
1743 or the Drug Utilization Review Board, which oversee clinical  
1744 activities within the Bureau of Pharmacy Services if such  
1745 interference would violate any federal or state statutory  
1746 obligations.

1747 (2) The Pharmacy and Therapeutic Advisory Council shall use  
1748 Medicaid processes within the existing Medicaid structure of the  
1749 Agency for Health Care Administration as a guide for assisting  
1750 state agencies in:

1751 (a) Developing an unbiased clinical perspective on drug  
1752 evaluations and utilization protocols that are relevant to  
1753 patient care provided through programs administered by state  
1754 agencies.

1755 (b) Developing drug-utilization-review processes that are  
1756 relevant to the agencies and those receiving care through  
1757 programs administered by the agencies.

1758 (c) Building a formulary structure that enforces formulary  
1759 compliance or adherence within each agency.

1760 (d) Performing pharmacoeconomic analyses on formulary  
1761 management so that the state maximizes the cost-effectiveness of  
1762 its pharmaceutical purchasing.

1763 (e) Reviewing new and existing therapies using criteria  
1764 established for efficacy, safety, and quality in order to  
1765 maximize cost-effective purchasing.

1766 (f) Reviewing state agency proposals to maximize the cost-  
1767 effectiveness of pharmaceutical purchasing in compliance with s.  
1768 381.0203.

1769 (3) The council shall verify the cost-effectiveness and

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1770 clinical efficacy of any state contracts under s. 381.0203(1),  
1771 Florida Statutes, no less than once every 2 years.

1772 (4) The members of the council and the chair shall be  
1773 appointed by the Governor to 4-year staggered terms or until  
1774 their successors are appointed. Members may be appointed to more  
1775 than one term. The Governor shall fill any vacancies for the  
1776 remainder of the unexpired term in the same manner as the  
1777 original appointment.

1778 (5) The council shall include voting and nonvoting members,  
1779 and the chair, who is a voting member, must be a pharmacist  
1780 employed by a state agency.

1781 (a) The voting members shall represent:

1782 1. The Agency for Health Care Administration.

1783 2. The Agency for Persons with Disabilities.

1784 3. The Department of Children and Family Services.

1785 4. The Department of Corrections.

1786 5. The Department of Elderly Affairs.

1787 6. The Department of Health.

1788 7. The Department of Juvenile Justice.

1789 8. The Bureau of Pharmacy Services within the Agency for  
1790 Health Care Administration, which shall be represented by the  
1791 bureau chief.

1792 9. The Bureau of Statewide Pharmaceutical Services within  
1793 the Department of Health, which shall be represented by the  
1794 bureau chief.

1795 (b) The nonvoting members shall be:

1796 1. A representative from the Agency for Health Care  
1797 Administration's drug contracting program.

1798 2. The contracting officer for the Department of Health's

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1799 drug procurement program.

1800 3. A clinical pharmacy program manager from the Agency for  
1801 Health Care Administration.

1802 4. The chair of the Department of Health's Pharmacy and  
1803 Therapeutics Committee.

1804 5. The general counsel for the Agency for Health Care  
1805 Administration or his or her designee.

1806 6. The general counsel for a state agency in the executive  
1807 branch of state government, or his or her designee.

1808 7. A representative from the Executive Office of the  
1809 Governor.

1810 8. The statewide pharmacy director of the Department of  
1811 Corrections' Office of Health Services.

1812 (6) Members of the council shall consist of at least one  
1813 physician licensed under chapter 458 or chapter 459, Florida  
1814 Statutes, at least one pharmacist licensed under chapter 465,  
1815 Florida Statutes, and at least one registered nurse licensed  
1816 under chapter 464, Florida Statutes. Each member designated in  
1817 this subsection must have an active license in his or her  
1818 profession and may not have been the subject of any agency  
1819 disciplinary action.

1820 (7) Members, who must be residents of this state, shall be  
1821 selected on the basis of specialty, board certification, prior  
1822 pharmacy and therapeutic experience, experience treating medical  
1823 assistance recipients, ability to represent a broad base of  
1824 constituents, and number of years of practice. Members must not  
1825 have any conflicts of interest due to their service on the  
1826 council.

1827 (8) The council may request the participation of additional

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1828 subject-matter experts to address specific drug, therapeutic, or  
1829 drug-procurement issues under review by the council.

1830 (9) A majority of the members of the council constitutes a  
1831 quorum, and an affirmative vote of a majority of the voting  
1832 members is necessary to take action.

1833 (10) The council shall meet quarterly or at the call of the  
1834 chair.

1835 (11) The council shall be staffed by the chair's department  
1836 or agency.

1837 (12) The council members shall serve without compensation,  
1838 but are entitled to reimbursement for travel and per diem  
1839 expenses incurred in the performance of their duties in  
1840 accordance with s. 112.061, Florida Statutes.

1841 Section 32. Subsections (1) and (3) of section 430.80,  
1842 Florida Statutes, are amended to read:

1843 430.80 Implementation of a teaching nursing home pilot  
1844 project.-

1845 (1) As used in this section, the term "teaching nursing  
1846 home" means a nursing home facility licensed under chapter 400  
1847 which contains a minimum of 275 ~~400~~ licensed nursing home beds;  
1848 has access to a resident senior population of sufficient size to  
1849 support education, training, and research relating to geriatric  
1850 care; and has a contractual relationship with a federally funded  
1851 accredited geriatric research center in this state or operates  
1852 in its own right a geriatric research center.

1853 (3) To be designated as a teaching nursing home, a nursing  
1854 home licensee must, at a minimum:

1855 (a) Provide a comprehensive program of integrated senior  
1856 services that include institutional services and community-based



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1857 services;

1858 (b) Participate in a nationally recognized accreditation  
1859 program and hold a valid accreditation, such as the  
1860 accreditation awarded by the Joint Commission on Accreditation  
1861 of Healthcare Organizations, or possess a Gold Seal Award as  
1862 conferred by the Agency for Health Care Administration on its  
1863 licensed nursing home;

1864 (c) Have been in business in this state for a minimum of 10  
1865 consecutive years;

1866 (d) Demonstrate an active program in multidisciplinary  
1867 education and research that relates to gerontology;

1868 (e) Have a formalized contractual relationship with at  
1869 least one accredited health profession education program located  
1870 in this state;

1871 ~~(f) Have a formalized contractual relationship with an~~  
1872 ~~accredited hospital that is designated by law as a teaching~~  
1873 ~~hospital; and~~

1874 (f)(g) Have senior staff members who hold formal faculty  
1875 appointments at universities, which must include at least one  
1876 accredited health profession education program; and-

1877 (g)(h) Maintain insurance coverage pursuant to s.  
1878 400.141(20) or proof of financial responsibility in a minimum  
1879 amount of \$750,000. Such proof of financial responsibility may  
1880 include:

1881 1. Maintaining an escrow account consisting of cash or  
1882 assets eligible for deposit in accordance with s. 625.52; or

1883 2. Obtaining and maintaining pursuant to chapter 675 an  
1884 unexpired, irrevocable, nontransferable and nonassignable letter  
1885 of credit issued by any bank or savings association organized

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1886 and existing under the laws of this state or any bank or savings  
1887 association organized under the laws of the United States that  
1888 has its principal place of business in this state or has a  
1889 branch office which is authorized to receive deposits in this  
1890 state. The letter of credit shall be used to satisfy the  
1891 obligation of the facility to the claimant upon presentment of a  
1892 final judgment indicating liability and awarding damages to be  
1893 paid by the facility or upon presentment of a settlement  
1894 agreement signed by all parties to the agreement when such final  
1895 judgment or settlement is a result of a liability claim against  
1896 the facility.

1897 Section 33. Paragraph (g) is added to subsection (53) of  
1898 section 499.003, Florida Statutes, to read:

1899 499.003 Definitions of terms used in this part.—As used in  
1900 this part, the term:

1901 (53) "Wholesale distribution" means distribution of  
1902 prescription drugs to persons other than a consumer or patient,  
1903 but does not include:

1904 (g) The sale, purchase, trade, or transfer of a  
1905 prescription drug among agencies and health care entities of the  
1906 state to complete the dispensing of the prescription drug to a  
1907 patient under the care of a state agency or health care entity,  
1908 or to a patient for whom the state is responsible for providing  
1909 or arranging health care services. The agency or health care  
1910 entity that received the prescription drug on behalf of the  
1911 patient is deemed the patient's agent under s. 465.003(6).

1912 Section 34. This act shall take effect July 1, 2009.