

1

2

3

4

5

6

8

9

10

11

12

1.3

14

15

16

1718

19

20

21

2.2

23

24

25

26

27

Proposed Committee Substitute by the Committee on Health Regulation

A bill to be entitled

An act relating to the Department of Health; amending s. 20.43, F.S.; revising the purpose of the department; revising duties of the State Surgeon General; eliminating the Officer of Women's Health Strategy; revising divisions within the department; amending s. 20.435, F.S.; eliminating the Florida Drug, Device, and Cosmetic Trust Fund and the Nursing Student Loan Forgiveness Trust Fund as trust funds under the department; amending s. 215.5602, F.S.; conforming references; repealing s. 381.0013, F.S., relating to the department's authority to exercise the power of eminent domain; repealing s. 381.0015, F.S., relating to judicial presumptions regarding the department's authority to enforce public health rules; amending s. 381.0016, F.S.; allowing a county to enact health regulations and ordinances consistent with state law; repealing s. 381.0017, F.S., relating to the purchase, lease, and sale of real property by the department; repealing s. 381.00325, F.S., relating to the Hepatitis A awareness program; amending s. 381.0034, F.S.; deleting an obsolete qualifying date reference; repealing s. 381.0037, F.S., relating to legislative findings and intent with respect to AIDS; amending s. 381.004, F.S.; deleting legislative intent; conforming cross-references; amending 381.0046, F.S.; requiring the department to establish



28

29

30

31 32

33 34

35

36

37

38

39

40

41

42

43 44

45

46 47

48

49

50 51

52

53

54

55

56

dedicated HIV and AIDS regional and statewide minority coordinators; deleting the requirement that the statewide director report to the chief of the Bureau of HIV and AIDS within the department; amending s. 381.005, F.S.; deleting the requirement that hospitals implement a plan to offer immunizations for pneumococcal bacteria and influenza virus to all patients 65 years of age or older; amending s. 381.0051, F.S.; deleting legislative intent for the Comprehensive Family Planning Act; amending s. 381.0052, F.S., relating to the "Public Health Dental Program Act"; repealing unused department rulemaking authority; amending s. 381.0053, F.S., relating to the comprehensive nutrition program; repealing unused department rulemaking authority; amending s. 381.0056, F.S., relating to the "School Health Services Act"; deleting legislative findings; deleting the requirement that school health programs funded by health care districts or entities be supplementary to and consistent with the act and other applicable statutes; amending s. 381.0057, F.S., relating to funding for school health services; deleting legislative intent; amending s. 381.00591, F.S.; permitting the department to apply for and become a National Environmental Laboratory Accreditation Program accreditation body; eliminating rulemaking authority of the department to implement standards of the National Environmental Laboratory Accreditation Program; amending s. 381.00593, F.S.; repealing unused



57

58

59

60 61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82 83

84

85

rulemaking authority relating to the public school volunteer health care practitioner program; amending s. 381.0062, F.S., relating to the "Comprehensive Family Planning Act"; deleting legislative intent; amending s. 381.0065, F.S.; deleting legislative intent; defining the term "bedroom"; conforming crossreferences; providing for any permit issued and approved by the Department of Health for the installation, modification, or repair of an onsite sewage treatment and disposal system to transfer with the title of the property; providing circumstances in which an onsite sewage treatment and disposal system is not considered abandoned; providing for the validity of an onsite sewage treatment and disposal system permit if rules change before final approval of the constructed system, under certain conditions; providing that a system modification, replacement, or upgrade is not required unless a bedroom is added to a single-family home; deleting provisions requiring the department to administer an evaluation and assessment program of onsite sewage treatment and disposal systems and requiring property owners to have such systems evaluated at least once every 5 years; deleting obsolete provisions; creating s. 381.00651, F.S.; requiring a county or municipality containing a first magnitude spring to adopt by ordinance, under certain circumstances, the program for the periodic evaluation and assessment of onsite sewage treatment and disposal systems; requiring the county or



86

87

88

89

90

91

92

93 94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

municipality to notify the Secretary of State of the ordinance; authorizing a county or municipality, in specified circumstances, to opt out by a majority plus one vote of certain requirements by a specified date; authorizing a county or municipality to adopt or repeal, after a specified date, an ordinance creating an evaluation and assessment program, subject to notification of the Secretary of State; providing criteria for evaluations, qualified contractors, and repair of systems; providing for certain procedures and exemptions in special circumstances; defining the term "system failure"; requiring that certain procedures be used for conducting tank and drainfield evaluations; providing for certain procedures in special circumstances; providing for contractor immunity from liability under certain conditions; providing for assessment procedures; providing requirements for county health departments; requiring the Department of Health to allow county health departments and qualified contractors to access the state database to track data and evaluation reports; requiring counties and municipalities to notify the Secretary of Environmental Protection and the Department of Health when an evaluation program ordinance is adopted; requiring the Department of Environmental Protection to notify those counties or municipalities of the use of, and access to, certain state and federal program funds and to provide certain guidance and technical assistance upon request;



115

116117

118119

120

121

122

123

124

125

126

127

128

129130

131

132

133

134

135

136

137

138

139

140

141

142143

prohibiting the adoption of certain rules by the Department of Health; providing for applicability; repealing s. 381.00656, F.S., relating to a grant program for the repair of onsite sewage treatment and disposal systems; amending s. 381.0066, F.S.; lowering the fees imposed by the department for certain permits; conforming cross-references; amending s. 381.0068, F.S.; deleting a date by which a technical review and advisory panel must be established within the department for assistance with rule adoption; deleting the authority of the chair of the panel to advise affected persons or the Legislature of the panel's position on legislation, proposed state policy, or other issue; amending s. 381.00781, F.S.; eliminating authority of the department to annually adjust maximum fees according to the Consumer Price Index; amending s. 381.0098, F.S.; deleting legislative intent with respect to standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste; amending s. 381.0101, F.S.; deleting legislative intent regarding certification of environmental health professionals; conforming a cross-reference; amending s. 381.0203, F.S.; eliminating the regulation of drugs, cosmetics, and household products under ch. 499, F.S., from the pharmacy services program; eliminating the contraception distribution program at county health departments; amending s. 381.0261, F.S.; requiring the department, rather than the Agency for Health Care



144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161 162

163

164

165

166 167

168

169

170

171

172

Administration, to publish a summary of the Florida Patient's Bill of Rights and Responsibilities on its Internet website; deleting the requirement to print and distribute the summary; repealing s. 381.0301, F.S. relating to the Centers for Disease Control and Prevention, the State University System, Florida medical schools, and the College of Public Health of the University of South Florida; deleting the requirement that the College of Public Health be consulted by state officials in the management of public health; repealing s. 381.0302, F.S.; eliminating the Florida Health Services Corps; amending s. 381.0303, F.S.; eliminating the requirement that the Special Needs Shelter Interagency Committee submit recommendations to the Legislature; repealing s. 381.04015, F.S.; eliminating the Women's Health Strategy Office and Officer of Women's Health Strategy; amending s. 381.0403, F.S., relating to the "Community Hospital Education Act"; deleting legislative findings and intent; revising the mission of the program; requiring minimum funding for graduate education in family practice; deleting reference to an intent to establish a statewide graduate medical education program; amending s. 381.0405, F.S.; deleting an appropriation to the Office of Rural Health; amending s. 381.0406, F.S.; deleting unnecessary introductory language in provisions relating to rural health networks; repealing s. 381.045, F.S.; eliminating department authority to



173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

provide services to certain health care providers infected with Hepatitis B or HIV; amending s. 381.06015, F.S.; deleting obsolete provision that requires the department, the Agency for Health Care Administration, and private consortium members seeking private or federal funds to initiate certain program actions relating to the Public Cord Blood Tissue Bank; repealing s. 381.0605, F.S., relating to designating the Agency for Health Care Administration as the state agency to administer the Federal Hospital and Medical Facilities Amendments of 1964; eliminating authority of the Governor to provide for administration of the amendments; repealing s. 381.102, F.S., to eliminate the community health pilot projects; repealing s. 381.103, F.S., to eliminate the duties of the department to assist the community health pilot projects; amending s. 381.4018, F.S.; deleting legislative findings and intent with respect to physician workforce assessment and development; conforming a cross-reference: repealing s. 381.60225, F.S., to eliminate background screening requirements for health care professionals and owners, operators, and employees of certain health care providers, services, and programs; amending s. 381.7352, F.S.; deleting legislative findings relating to the "Reducing Racial and Ethnic Health Disparities: Closing the Gap Act"; amending s. 381.7353, F.S.; removing the authority of the State Surgeon General to appoint an ad hoc committee to study certain aspects



202

203

204

205

206

207

208

209

210

211

212

213

214

215

216 217

218 219

220

221

222

223

224

225

226

227

228

229

230

of racial and ethnic health outcome disparities and make recommendations; amending s. 381.7356, F.S.; deleting a provision requiring dissemination of Closing the Gap grant awards to begin on a date certain; amending s. 381.765, F.S.; repealing unused rulemaking authority relating to records and recordkeeping for department-owned property; repealing s. 381.77, F.S., to eliminate the annual survey of nursing home residents age 55 and under; repealing s. 381.795, F.S., to eliminate the requirement that the department establish a program of long-term communitybased supports and services for individuals with traumatic brain or spinal cord injuries; amending s. 381.853, F.S.; repealing s. 381.855, F.S., which established the Florida Center for Universal Research to Eradicate Disease; deleting legislative findings relating to brain tumor research; repealing s. 381.87, F.S., to eliminate the osteoporosis prevention and education program; repealing s. 381.90, F.S., to eliminate the Health Information Systems Council; amending s. 381.91, F.S., relating to the Jesse Trice Cancer Program; revising legislative intent; amending s. 392.51, F.S., relating to tuberculosis control; removing legislative findings and intent; amending s. 392.61, F.S.; eliminating the requirement that the department develop a methodology for distributing funds appropriated for community tuberculosis control programs; amending s. 392.62, F.S.; requiring a contractor to use licensed community hospitals and



231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

other facilities for the care and treatment of persons who have active tuberculosis or a history of noncompliance with prescribed drug regimens and require inpatient or other residential services; removing authority of the department to operate a licensed hospital to treat tuberculosis patients; requiring the tuberculosis control program to fund participating facilities; requiring facilities to meet specific conditions; requiring the department to develop a transition plan for the closure of A.G. Holley State Hospital; specifying content of transition plan; requiring submission of the plan to the Governor and Legislature; requiring full implementation of the transition plan by a certain date; amending s. 395.1027, F.S.; making conforming changes; amending s. 401.243, F.S.; repealing unused rulemaking authority governing the implementation of injury-prevention grant programs; amending s. 401.245, F.S.; repealing unused rulemaking authority relating to operating procedures for the Emergency Medical Services Advisory Council; amending s. 401.271, F.S.; repealing unused rulemaking authority relating to an exemption for the spouse of a member of the Armed Forces of the United States on active duty from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces; repealing s. 402.45, F.S.; relating to the community resource mother or father program; amending ss. 400.914 and 409.256, F.S.;



260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

conforming references; repealing s. 458.346, F.S., which created the Public Sector Physician Advisory Committee and established its responsibilities; amending s. 462.19, F.S., relating to the renewal of licenses for practitioners of naturopathy; repealing unused rulemaking authority; repealing s. 464.0197, F.S., relating to state budget support for the Florida Center for Nursing; amending s. 464.208, F.S.; repealing unused rulemaking authority relating to background screening information of certified nursing assistants; amending s. 633.115, F.S.; making conforming changes; amending s. 768.28, F.S.; making conforming changes; amending s. 1009.66, F.S.; reassigning responsibility for the Nursing Student Loan Forgiveness Program from the Department of Health to the Department of Education; amending s. 1009.67, F.S.; reassigning responsibility for the nursing scholarship program from the Department of Health to the Department of Education; providing type two transfers of the programs; providing for transfer of a trust fund; providing applicability to contracts; authorizing transfer of funds and positions between departments; requiring the Division of Medical Quality and Assurance to create a plan to improve efficiency of the function of the division; directing the division to take certain actions in creating the plan; directing the division to address particular topics in the plan; requiring all executive branch agencies to assist the department in creating the plan; requesting



all other state agencies to assist the department in creating the plan; amending ss. 381.0041, 384.25, 392.56, 456.032, and 775.0877, F.S.; conforming crossreferences; providing effective dates.

292 293 294

289

290

291

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

295 296

297

298

299 300

301 302

303

304

305

306

307

308

309 310

311

312 313

314

315

- Section 1. Subsections (1), (2), and (3) of section 20.43, Florida Statutes, are amended to read:
- 20.43 Department of Health.—There is created a Department of Health.
- (1) The purpose of the Department of Health is to protect and promote and protect the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. The department shall:
- (a) Identify, diagnose, and conduct surveillance of diseases and health conditions in the state and accumulate the health statistics necessary to establish trends Prevent to the fullest extent possible, the occurrence and progression of communicable and noncommunicable diseases and disabilities.
- (b) Implement interventions that prevent or limit the impact or spread of diseases and health conditions Maintain a constant surveillance of disease occurrence and accumulate health statistics necessary to establish disease trends and to design health programs.
- (c) Collect, manage, and analyze vital statistics and other health data to inform the public and formulate public health policy and planning Conduct special studies of the causes of



318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335 336

337

338

339

340

341 342

343

344

345

346

diseases and formulate preventive strategies.

- (d) Maintain and coordinate preparedness for and responses to public health emergencies in the state Promote the maintenance and improvement of the environment as it affects public health.
- (e) Provide or ensure the provision of quality health care and related services to identified populations in the state Promote the maintenance and improvement of health in the residents of the state.
- (f) Regulate environmental activities that have a direct impact on public health in the state Provide leadership, in cooperation with the public and private sectors, in establishing statewide and community public health delivery systems.
- (g) Regulate health practitioners for the preservation of the health, safety, and welfare of the public Provide health care and early intervention services to infants, toddlers, children, adolescents, and high-risk perinatal patients who are at risk for disabling conditions or have chronic illnesses.
- (h) Provide services to abused and neglected children through child protection teams and sexual abuse treatment programs.
- (i) Develop working associations with all agencies and organizations involved and interested in health and health care delivery.
- (j) Analyze trends in the evolution of health systems, and identify and promote the use of innovative, cost-effective health delivery systems.
- (k) Serve as the statewide repository of all aggregate data accumulated by state agencies related to health care; analyze



347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

that data and issue periodic reports and policy statements, as appropriate; require that all aggregated data be kept in a manner that promotes easy utilization by the public, state agencies, and all other interested parties; provide technical assistance as required; and work cooperatively with the state's higher education programs to promote further study and analysis of health care systems and health care outcomes.

(1) Include in the department's strategic plan developed under s. 186.021 an assessment of current health programs, systems, and costs; projections of future problems and opportunities; and recommended changes that are needed in the health care system to improve the public health.

(m) Regulate health practitioners, to the extent authorized by the Legislature, as necessary for the preservation of the health, safety, and welfare of the public.

(2) (a) The head of the Department of Health is the State Surgeon General and State Health Officer. The State Surgeon General must be a physician licensed under chapter 458 or chapter 459 who has advanced training or extensive experience in public health administration. The State Surgeon General is appointed by the Governor subject to confirmation by the Senate. The State Surgeon General serves at the pleasure of the Governor. The State Surgeon General shall serve as the leading voice on wellness and disease prevention efforts, including the promotion of healthful lifestyles, immunization practices, health literacy, and the assessment and promotion of the physician and health care workforce in order to meet the health care needs of the state. The State Surgeon General shall focus on advocating healthy lifestyles, developing public health



376

377

378 379

380 381

382

383

384

385

386

387

388

389

390

391

392 393

394

395 396

397

398

399 400

401 402

403

404

policy, and building collaborative partnerships with schools, businesses, health care practitioners, community-based organizations, and public and private institutions in order to promote health literacy and optimum quality of life for all Floridians.

- (b) The Officer of Women's Health Strategy is established within the Department of Health and shall report directly to the State Surgeon General.
- (3) The following divisions of the Department of Health are established:
 - (a) Division of Administration.
- (b) Division of Emergency Preparedness and Community Support Environmental Health.
 - (c) Division of Disease Control and Health Protection.
- (d) Division of Community Health Promotion Family Health Services.
 - (e) Division of Children's Medical Services Network.
- (f) Division of Public Health Statistics and Performance Management Emergency Medical Operations.
- (q) Division of Medical Quality Assurance, which is responsible for the following boards and professions established within the division:
 - 1. The Board of Acupuncture, created under chapter 457.
 - 2. The Board of Medicine, created under chapter 458.
- 3. The Board of Osteopathic Medicine, created under chapter 459.
- 4. The Board of Chiropractic Medicine, created under chapter 460.
 - 5. The Board of Podiatric Medicine, created under chapter



405 461.

406

412

413

427

428

- 6. Naturopathy, as provided under chapter 462.
- 7. The Board of Optometry, created under chapter 463. 407
- 408 8. The Board of Nursing, created under part I of chapter 409 464.
- 410 9. Nursing assistants, as provided under part II of chapter 411 464.
 - 10. The Board of Pharmacy, created under chapter 465.
 - 11. The Board of Dentistry, created under chapter 466.
- 414 12. Midwifery, as provided under chapter 467.
- 415 13. The Board of Speech-Language Pathology and Audiology, 416 created under part I of chapter 468.
- 417 14. The Board of Nursing Home Administrators, created under 418 part II of chapter 468.
- 15. The Board of Occupational Therapy, created under part 419 III of chapter 468. 420
- 421 16. Respiratory therapy, as provided under part V of 422 chapter 468.
- 423 17. Dietetics and nutrition practice, as provided under 424 part X of chapter 468.
- 425 18. The Board of Athletic Training, created under part XIII 426 of chapter 468.
 - 19. The Board of Orthotists and Prosthetists, created under part XIV of chapter 468.
 - 20. Electrolysis, as provided under chapter 478.
- 430 21. The Board of Massage Therapy, created under chapter 431 480.
- 432 22. The Board of Clinical Laboratory Personnel, created 433 under part III of chapter 483.



438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456 457

458

- 434 23. Medical physicists, as provided under part IV of chapter 483. 435
- 436 24. The Board of Opticianry, created under part I of 437 chapter 484.
 - 25. The Board of Hearing Aid Specialists, created under part II of chapter 484.
 - 26. The Board of Physical Therapy Practice, created under chapter 486.
 - 27. The Board of Psychology, created under chapter 490.
 - 28. School psychologists, as provided under chapter 490.
 - 29. The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under chapter 491.
 - 30. Emergency medical technicians and paramedics, as provided under part III of chapter 401.
 - (h) Division of Children's Medical Services Prevention Intervention.
 - (i) Division of Information Technology.
 - (i) Division of Health Access and Tobacco.
 - (h) (k) Division of Disability Determinations.
 - Section 2. Subsections (14) through (22) of section 20.435, Florida Statutes, are renumbered as subsection (13) through (20), respectively, and present subsections (13) and (17) of that section are amended to read:
 - 20.435 Department of Health; trust funds.—The following trust funds shall be administered by the Department of Health:
 - (13) Florida Drug, Device, and Cosmetic Trust Fund.
- 461 (a) Funds to be credited to and uses of the trust fund 462 shall be administered in accordance with the provisions of



chapter 499.

463

464

465

466

467

468

469

470 471

472 473

474

475

476

477

478

479

480 481

482

483

484 485

486

487

488

489

490

- (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund.
 - (17) Nursing Student Loan Forgiveness Trust Fund.
- (a) Funds to be credited to and uses of the trust fund shall be administered in accordance with the provisions of s. 1009.66.
- (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund.
- Section 3. Subsections (10) and (12) of section 215.5602, Florida Statutes, are amended to read:
- 215.5602 James and Esther King Biomedical Research Program.-
- (10) The council shall submit an annual progress report on the state of biomedical research in this state to the Florida Center for Universal Research to Eradicate Disease and to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives by February 1. The report must include:
- (a) A list of research projects supported by grants or fellowships awarded under the program.
 - (b) A list of recipients of program grants or fellowships.
 - (c) A list of publications in peer reviewed journals



492

493

494

495

496

497

498

499

500

501

502

503

504 505

506

507

508

509 510

511 512

513 514

515

516

517

518

519 520

involving research supported by grants or fellowships awarded under the program.

- (d) The total amount of biomedical research funding currently flowing into the state.
- (e) New grants for biomedical research which were funded based on research supported by grants or fellowships awarded under the program.
- (f) Progress in the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.
- (12) From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease. Beginning in the 2011-2012 fiscal year and thereafter, \$25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7) shall be reserved for research of tobacco-related or cancerrelated illnesses. Of the revenue deposited in the Health Care Trust Fund pursuant to this section, \$25 million shall be transferred to the Biomedical Research Trust Fund within the Department of Health. Subject to annual appropriations in the General Appropriations Act, \$5 million shall be appropriated to the James and Esther King Biomedical Research Program, \$5 million shall be appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created under s. 381.922, \$5 million shall be appropriated to the H. Lee Moffitt Cancer Center and Research Institute established under s. 1004.43, \$5 million shall be appropriated to the Sylvester Comprehensive Cancer Center of the University of Miami, and \$5



521

522

523 524

525

526

527 528

529

530 531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

million shall be appropriated to the University of Florida Shands Cancer Hospital Center.

Section 4. Section 381.001, Florida Statutes, is amended to read:

381.001 Legislative intent; Public health system.-

(1) It is the intent of the Legislature that The Department of Health is be responsible for the state's public health system which shall be designed to promote, protect, and improve the health of all people in the state. The mission of the state's public health system is to foster the conditions in which people can be healthy, by assessing state and community health needs and priorities through data collection, epidemiologic studies, and community participation; by developing comprehensive public health policies and objectives aimed at improving the health status of people in the state; and by ensuring essential health care and an environment which enhances the health of the individual and the community. The department shall provide leadership for Legislature recognizes that the state's public health system must be founded on an active partnership working toward shared public health goals and involving between federal, state, and local governments and the private sector government and between the public and private sectors, and, therefore, assessment, policy development, and service provision must be shared by all of these entities to achieve its mission.

(2) It is the intent of the Legislature that the department, in carrying out the mission of public health, focus attention on identifying, assessing, and controlling the presence and spread of communicable diseases; on monitoring and regulating factors in the environment which may impair the



550

551

552

553

554

555 556

557

558 559

560

561

562

563

564

565

566

567 568

569

570

571

572

573

574

575

576

577

578

public's health, with particular attention to preventing contamination of drinking water, the air people breathe, and the food people consume; and ensuring availability of and access to preventive and primary health care, including, but not limited to, acute and episodic care, prenatal and postpartum care, child health, family planning, school health, chronic disease prevention, child and adult immunization, dental health, nutrition, and health education and promotion services.

- (3) It is, furthermore, the intent of the Legislature that the public health system include comprehensive planning, data collection, technical support, and health resource development functions. These functions include, but are not limited to, state laboratory and pharmacy services, the state vital statistics system, the Florida Center for Health Information and Policy Analysis, emergency medical services coordination and support, and recruitment, retention, and development of preventive and primary health care professionals and managers.
- (4) It is, furthermore, the intent of the Legislature that the department The department shall provide public health services through the 67 county health departments in partnership with county governments, as specified in part I of chapter 154, and in so doing make every attempt possible to solicit the support and involvement of private and not-for-profit health care agencies in fulfilling the public health mission.

Section 5. Section 381.0011, Florida Statutes, is amended to read:

- 381.0011 Duties and powers of the Department of Health.-It is the duty of the Department of Health to:
 - (1) Assess the public health status and needs of the state



579

580

581

582

583

584 585

586

587

588

589

590

591 592

593

594

595 596

597

598

599

600

601

602

603

604

605

606 607

through statewide data collection and other appropriate means, with special attention to future needs that may result from population growth, technological advancements, new societal priorities, or other changes.

- (2) Formulate general policies affecting the public health of the state.
- (3) Administer and enforce laws and rules relating to sanitation, control of communicable diseases, illnesses and hazards to health among humans and from animals to humans, and the general health of the people of the state.
- (4) Coordinate with Cooperate with and accept assistance from federal, state, and local officials for the prevention and suppression of communicable and other diseases, illnesses, injuries, and hazards to human health.
- (5) Declare, enforce, modify, and abolish quarantine of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health, except as provided in ss. 384.28 and 392.545-392.60.
- (a) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a quarantine. The rules must include provisions related to:
 - 1. The closure of premises.
- 2. The movement of persons or animals exposed to or infected with a communicable disease.
- 3. The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.
 - 4. Testing or destruction of animals with or suspected of



608

609

610 611

612 613

614

615

616

617

618 619

620

621

622

623

624

625

626

627 628

629

630

631

632

633

634

635

636

having a disease transmissible to humans.

- 5. Access by the department to quarantined premises.
- 6. The disinfection of quarantined animals, persons, or premises.
 - 7. Methods of quarantine.
- (b) Any health regulation that restricts travel or trade within the state may not be adopted or enforced in this state except by authority of the department.
- (6) Provide for a thorough investigation and study of the incidence, causes, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.
- (7) Provide for the dissemination of information to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health. The department shall conduct a workshop before issuing any health alert or advisory relating to food-borne illness or communicable disease in public lodging or food service establishments in order to inform persons, trade associations, and businesses of the risk to public health and to seek the input of affected persons, trade associations, and businesses on the best methods of informing and protecting the public, except in an emergency, in which case the workshop must be held within 14 days after the issuance of the emergency alert or advisory.
 - (8) Act as registrar of vital statistics.
- (9) Cooperate with and assist federal health officials in enforcing public health laws and regulations.
- (10) Cooperate with other departments, local officials, and private boards and organizations for the improvement and



637

638 639

640

641

642

643

644

645

646

647

648

649 650

651

652

653

654 655

656

657

658

659

660

661

662

664 665

preservation of the public health.

(9) (11) Maintain a statewide injury-prevention program.

 $(10) \frac{(12)}{(12)}$ Adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of law conferring duties upon it. This subsection does not authorize the department to require a permit or license unless such requirement is specifically provided by law.

(11) (13) Manage and coordinate emergency preparedness and disaster response functions to: investigate and control the spread of disease; coordinate the availability and staffing of special needs shelters; support patient evacuation; ensure the safety of food and drugs; provide critical incident stress debriefing; and provide surveillance and control of radiological, chemical, biological, and other environmental hazards.

(14) Perform any other duties prescribed by law.

Section 6. Section 381.0013, Florida Statutes, is repealed.

Section 7. <u>Section 381</u>.0015, Florida Statutes, is repealed.

Section 8. Section 381.0016, Florida Statutes, is amended to read:

381.0016 County and municipal regulations and ordinances.-Any county or municipality may enact, in a manner prescribed by law, health regulations and ordinances not inconsistent with state public health laws and rules adopted by the department.

Section 9. Section 381.0017, Florida Statutes, is repealed. Section 10. Section 381.00325, Florida Statutes, is

663 repealed.

Section 11. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:



666

667

668

669

670

671

672 673

674

675

676

677

678

679

680

681

682

683

684

685

686 687

688

689

690

691

692

693

694

381.0034 Requirement for instruction on HIV and AIDS.-(1) As of July 1, 1991, The Department of Health shall require each person licensed or certified under chapter 401, chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed said course, on a

Section 12. Section 381.0037, Florida Statutes, is repealed.

form provided by the department, when submitting fees or

Section 13. Subsection (1), paragraph (a) of subsection (2), paragraph (a) of subsection (3), paragraph (a) of subsection (4), paragraph (d) of subsection (5), paragraph (a) of subsection (6), subsections (7) and (8), paragraph (a) of subsection (9), subsection (10), and paragraph (c) of subsection (11) of section 381.004, Florida Statutes, are amended to read:

381.004 HIV testing.-

application for each biennial renewal.

(1) LEGISLATIVE INTENT.—The Legislature finds that the use of tests designed to reveal a condition indicative of human immunodeficiency virus infection can be a valuable tool in protecting the public health. The Legislature finds that despite existing laws, regulations, and professional standards which



require or promote the informed, voluntary, and confidential use of tests designed to reveal human immunodeficiency virus infection, many members of the public are deterred from seeking such testing because they misunderstand the nature of the test or fear that test results will be disclosed without their consent. The Legislature finds that the public health will be served by facilitating informed, voluntary, and confidential use of tests designed to detect human immunodeficiency virus infection.

- $\frac{(2)}{(1)}$ DEFINITIONS.—As used in this section:
- (a) "HIV test" means a test ordered after July 6, 1988, to determine the presence of the antibody or antigen to human immunodeficiency virus or the presence of human immunodeficiency virus infection.
- (3)(2) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.—
- (a) No person in this state shall order a test designed to identify the human immunodeficiency virus, or its antigen or antibody, without first obtaining the informed consent of the person upon whom the test is being performed, except as specified in paragraph (h). Informed consent shall be preceded by an explanation of the right to confidential treatment of information identifying the subject of the test and the results of the test to the extent provided by law. Information shall also be provided on the fact that a positive HIV test result will be reported to the county health department with sufficient information to identify the test subject and on the availability and location of sites at which anonymous testing is performed. As required in paragraph (3) (c) (4) (e), each county health



724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

department shall maintain a list of sites at which anonymous testing is performed, including the locations, phone numbers, and hours of operation of the sites. Consent need not be in writing provided there is documentation in the medical record that the test has been explained and the consent has been obtained.

- (4)(3) COUNTY HEALTH DEPARTMENT NETWORK OF VOLUNTARY HUMAN IMMUNODEFICIENCY VIRUS TESTING PROGRAMS.-
- (a) The Department of Health shall establish a network of voluntary human immunodeficiency virus testing programs in every county in the state. These programs shall be conducted in each health department established under the provisions of part I of chapter 154. Additional programs may be contracted to other private providers to the extent that finances permit and local circumstances dictate.
- (4) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS; REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM REGISTRATION.-No county health department and no other person in this state shall conduct or hold themselves out to the public as conducting a testing program for acquired immune deficiency syndrome or human immunodeficiency virus status without first registering with the Department of Health, reregistering each year, complying with all other applicable provisions of state law, and meeting the following requirements:
- (d) The program must meet all the informed consent criteria contained in subsection $(2) \frac{(3)}{(3)}$.
 - +(6) (5) PENALTIES.-
- (a) Any violation of this section by a facility or licensed health care provider shall be a ground for disciplinary action



753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780 781

contained in the facility's or professional's respective licensing chapter.

- $\frac{(7)}{(6)}$ EXEMPTIONS.—Except as provided in paragraph (3) (d) (4) (d) and ss. 627.429 and 641.3007, insurers and others participating in activities related to the insurance application and underwriting process shall be exempt from this section.
- (8)(7) MODEL PROTOCOL FOR COUNSELING AND TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS.—The Department of Health shall develop, by rule, a model protocol consistent with the provisions of this section for counseling and testing persons for the human immunodeficiency virus. The protocol shall include criteria for evaluating a patient's risk for human immunodeficiency virus infection and for offering human immunodeficiency virus testing, on a voluntary basis, as a routine part of primary health care or admission to a health care facility. The Department of Health shall ensure that the protocols developed under this section are made available to health care providers.

$\frac{(9)}{(8)}$ FEES.—

- (a) Each person or private organization registered as an AIDS or HIV testing site shall pay the department a fee which shall be set by rule of the department.
- (10)(9) RULES.—The Department of Health may adopt rules to implement this section, including definitions of terms, procedures for accessing confidential information, requirements for testing, and requirements for registered testing sites.
 - (11) (10) TESTING AS A CONDITION OF TREATMENT OR ADMISSION.
- (c) Any violation of this subsection or the rules implementing it shall be punishable as provided in subsection $(5)\frac{(6)}{(6)}$.



782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

Section 14. Subsection (2) of section 381.0046, Florida Statutes, is amended to read:

381.0046 Statewide HIV and AIDS prevention campaign.-

(2) The Department of Health shall establish dedicated four positions within the department for HIV and AIDS regional minority coordinators and one position for a statewide HIV and AIDS minority coordinator. The coordinators shall facilitate statewide efforts to implement and coordinate HIV and AIDS prevention and treatment programs. The statewide coordinator shall report directly to the chief of the Bureau of HIV and AIDS within the Department of Health.

Section 15. Subsection (3) of section 381.005, Florida Statutes, is renumbered as subsection (2), and present subsection (2) of that section is amended to read:

381.005 Primary and preventive health services.-

(2) Between October 1, or earlier if the vaccination is available, and February 1 of each year, subject to the availability of an adequate supply of the necessary vaccine, each hospital licensed pursuant to chapter 395 shall implement a program to offer immunizations against the influenza virus and pneumococcal bacteria to all patients age 65 or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention and subject to the clinical judgment of the responsible practitioner.

Section 16. Subsections (3) through (7) of section 381.0051, Florida Statutes, are renumbered as subsections (2) through (6), respectively, and present subsection (2) of that section is amended to read:



811

812

813 814

815

816

817

818 819

820

821

822

823

824

825

826

827

828

829 830

831

832 833

834

835

836

837 838

839

381.0051 Family planning.-

(2) LEGISLATIVE INTENT.-It is the intent of the Legislature to make available to citizens of the state of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families and maternal health care.

Section 17. Subsection (5) of section 381.0052, Florida Statutes, is amended to read:

381.0052 Dental health.-

(5) The department may adopt rules to implement this section.

Section 18. Subsection (4) of section 381.0053, Florida Statutes, is amended to read:

381.0053 Comprehensive nutrition program. -

(4) The department may promulgate rules to implement the provisions of this section.

Section 19. Subsections (3) through (11) of section 381.0056, Florida Statutes are renumbered as subsections (2) through (9), respectively, and present subsections (2), (3), and (11) of that section are amended to read:

381.0056 School health services program.-

(2) The Legislature finds that health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of students. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health, to discover health problems, and to encourage use of the services of their physicians, dentists, and community health agencies.

(2) (3) As When used in or for purposes of this section:



840

841 842

843

844 845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

- (a) "Emergency health needs" means onsite management and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, or designated health care provider.
- (b) "Entity" or "health care entity" means a unit of local government or a political subdivision of the state; a hospital licensed under chapter 395; a health maintenance organization certified under chapter 641; a health insurer authorized under the Florida Insurance Code; a community health center; a migrant health center; a federally qualified health center; an organization that meets the requirements for nonprofit status under s. 501(c)(3) of the Internal Revenue Code; a private industry or business; or a philanthropic foundation that agrees to participate in a public-private partnership with a county health department, local school district, or school in the delivery of school health services, and agrees to the terms and conditions for the delivery of such services as required by this section and as documented in the local school health services plan.
- (c) "Invasive screening" means any screening procedure in which the skin or any body orifice is penetrated.
- (d) "Physical examination" means a thorough evaluation of the health status of an individual.
- (e) "School health services plan" means the document that describes the services to be provided, the responsibility for provision of the services, the anticipated expenditures to provide the services, and evidence of cooperative planning by local school districts and county health departments.
 - (f) "Screening" means presumptive identification of unknown



or unrecognized diseases or defects by the application of tests that can be given with ease and rapidity to apparently healthy persons.

(11) School health programs funded by health care districts or entities defined in subsection (3) must be supplementary to and consistent with the requirements of this section and ss. 381.0057 and 381.0059.

Section 20. Subsections (2) through (7) of section 381.0057, Florida Statutes, are renumbered as subsections (1) through (6), respectively, and present subsections (1), (4), and (6) of that section are amended to read:

381.0057 Funding for school health services.-

(1) It is the intent of the Legislature that funds in addition to those provided under the School Health Services Act be provided to those school districts and schools where there is a high incidence of medically underserved high-risk children, low birthweight babies, infant mortality, or teenage pregnancy. The purpose of this funding is to phase in those programs which offer the greatest potential for promoting the health of students and reducing teenage pregnancy.

(3)(4) Any school district, school, or laboratory school which desires to receive state funding under the provisions of this section shall submit a proposal to the joint committee established in subsection (2)(3). The proposal shall state the goals of the program, provide specific plans for reducing teenage pregnancy, and describe all of the health services to be available to students with funds provided pursuant to this section, including a combination of initiatives such as health education, counseling, extracurricular, and self-esteem



components. School health services shall not promote elective termination of pregnancy as a part of counseling services. Only those program proposals which have been developed jointly by county health departments and local school districts or schools, and which have community and parental support, shall be eligible for funding. Funding shall be available specifically for implementation of one of the following programs:

- (a) School health improvement pilot project.—The program shall include basic health care to an elementary school, middle school, and high school feeder system. Program services shall include, but not be limited to:
- 1. Planning, implementing, and evaluating school health services. Staffing shall include a full-time, trained school health aide in each elementary, middle, and high school; one full-time nurse to supervise the aides in the elementary and middle schools; and one full-time nurse in each high school.
- 2. Providing student health appraisals and identification of actual or potential health problems by screenings, nursing assessments, and record reviews.
 - 3. Expanding screening activities.
- 4. Improving the student utilization of school health services.
- 5. Coordinating health services for students with parents or guardians and other agencies in the community.
- (b) Student support services team program.—The program shall include a multidisciplinary team composed of a psychologist, social worker, and nurse whose responsibilities are to provide basic support services and to assist, in the school setting, children who exhibit mild to severely complex



927

928

929 930

931

932

933

934

935

936

937 938

939

940

941 942

943

944

945

946

947

948

949

950

951

952

953

954

955

health, behavioral, or learning problems affecting their school performance. Support services shall include, but not be limited to: evaluation and treatment for minor illnesses and injuries, referral and followup for serious illnesses and emergencies, onsite care and consultation, referral to a physician, and followup care for pregnancy or chronic diseases and disorders as well as emotional or mental problems. Services also shall include referral care for drug and alcohol abuse and sexually transmitted diseases, sports and employment physicals, immunizations, and in addition, effective preventive services aimed at delaying early sexual involvement and aimed at pregnancy, acquired immune deficiency syndrome, sexually transmitted diseases, and destructive lifestyle conditions, such as alcohol and drug abuse. Moneys for this program shall be used to fund three teams, each consisting of one half-time psychologist, one full-time nurse, and one full-time social worker. Each team shall provide student support services to an elementary school, middle school, and high school that are a part of one feeder school system and shall coordinate all activities with the school administrator and guidance counselor at each school. A program which places all three teams in middle schools or high schools may also be proposed.

(c) Full service schools.—The full-service schools shall integrate the services of the Department of Health that are critical to the continuity-of-care process. The department shall provide services to students on the school grounds. Department personnel shall provide their specialized services as an extension of the educational environment. Such services may include nutritional services, medical services, aid to dependent



children, parenting skills, counseling for abused children, and education for the students' parents or guardians.

957958

959

960

961

967

968

969

970

971972

973

974975

976

977

978

979

980

981

982

983

984

956

Funding may also be available for any other program that is comparable to a program described in this subsection but is designed to meet the particular needs of the community.

962 (5)(6) Each school district or school program that is 963 funded through the provisions of this section shall provide a 964 mechanism through which a parent may, by written request, exempt 965 a child from all or certain services provided by a school health 966 services program described in subsection (3) (4).

Section 21. Section 381.00591, Florida Statutes, is amended to read:

As1.00591 Department of Health; National Environmental Laboratory accreditation; application; rules.—The Department of Health may apply for and become a National Environmental Laboratory Accreditation Program accreditation body accrediting authority. The department, as an accrediting entity, may adopt rules pursuant to ss. 120.536(1) and 120.54, to implement standards of the National Environmental Laboratory Accreditation Program, including requirements for proficiency testing providers and other rules that are not inconsistent with this section, including rules pertaining to fees, application procedures, standards applicable to environmental or public water supply laboratories, and compliance.

Section 22. Subsection (9) of section 381.00593, Florida Statutes, is renumbered as subsection (8), and present subsection (8) of that section is amended to read:

381.00593 Public school volunteer health care practitioner



program.-

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

1001

1002

1003

1004

1005

1006 1007

1008

1009

1010

1011

1012 1013

(8) The Department of Health, in cooperation with the Department of Education, may adopt rules necessary to implement this section. The rules shall include the forms to be completed and procedures to be followed by applicants and school personnel under the program.

Section 23. Subsections (2) through (6) of section 381.0062, Florida Statutes, are renumbered as subsections (1) through (6), respectively, and present subsection (1) of that section is amended to read:

381.0062 Supervision; private and certain public water systems.-

(1) LEGISLATIVE INTENT. It is the intent of the Legislature to protect the public's health by establishing standards for the construction, modification, and operation of public and private water systems to assure consumers that the water provided by those systems is potable.

Section 24. Subsections (1), (5), (6), and (7) of section 381.0065, Florida Statues, are amended, paragraphs (b) through (p) of subsection (2) of that section are redesignated as paragraphs (c) through (q), respectively, a new paragraph (b) is added to that subsection, paragraph (j) of subsection (3) and paragraph (n) of subsection (4) of that section are amended, and paragraphs (w) through (z) are added to subsection (4) of that section, to read:

381.0065 Onsite sewage treatment and disposal systems; regulation.-

- (1) LEGISLATIVE INTENT.-
- (a) It is the intent of the Legislature that proper



1014

1015 1016

1017

1018

1019

1020

1021

1022

1023

1024

1025

1026

1027

1028

1029

1030

1031

1032

1033

1034

1035

1036

1037

1038

1039

1040

1041

1042

management of onsite sewage treatment and disposal systems is paramount to the health, safety, and welfare of the public. It is further the intent of the Legislature that the department shall administer an evaluation program to ensure the operational condition of the system and identify any failure with the system.

(b) It is the intent of the Legislature that where a publicly owned or investor-owned sewerage system is not available, the department shall issue permits for the construction, installation, modification, abandonment, or repair of onsite sewage treatment and disposal systems under conditions as described in this section and rules adopted under this section. It is further the intent of the Legislature that the installation and use of onsite sewage treatment and disposal systems not adversely affect the public health or significantly degrade the groundwater or surface water.

- (2) DEFINITIONS.—As used in ss. 381.0065-381.0067, the term:
- (b) 1. "Bedroom" means a room that can be used for sleeping and that:
- a. For site-built dwellings, has a minimum of 70 square feet of conditioned space;
- b. For manufactured homes, is constructed according to standards of the United States Department of Housing and Urban Development and has a minimum of 50 square feet of floor area;
 - c. Is located along an exterior wall;
- d. Has a closet and a door or an entrance where a door could be reasonably installed; and
 - e. Has an emergency means of escape and rescue opening to



1043

1044

1045

1046

1047

1048

1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

1065

1066

1067

1068

1069

1070

1071

the outside.

- 2. A room may not be considered a bedroom if it is used to access another room except a bathroom or closet.
- 3. "Bedroom" does not include a hallway, bathroom, kitchen, living room, family room, dining room, den, breakfast nook, pantry, laundry room, sunroom, recreation room, media/video room, or exercise room.
- (3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH.-The department shall:
- (j) Supervise research on, demonstration of, and training on the performance, environmental impact, and public health impact of onsite sewage treatment and disposal systems within this state. Research fees collected under s. 381.0066(2)(k) 381.0066(2)(1) must be used to develop and fund hands-on training centers designed to provide practical information about onsite sewage treatment and disposal systems to septic tank contractors, master septic tank contractors, contractors, inspectors, engineers, and the public and must also be used to fund research projects which focus on improvements of onsite sewage treatment and disposal systems, including use of performance-based standards and reduction of environmental impact. Research projects shall be initially approved by the technical review and advisory panel and shall be applicable to and reflect the soil conditions specific to Florida. Such projects shall be awarded through competitive negotiation, using the procedures provided in s. 287.055, to public or private entities that have experience in onsite sewage treatment and disposal systems in Florida and that are principally located in Florida. Research projects shall not be awarded to firms or



1072

1073

1074

1075

1076

1077

1078

1079

1080

1081

1082

1083

1084

1085

1086

1087

1088 1089

1090

1091

1092

1093

1094

1095

1096

1097

1098

1099

1100

entities that employ or are associated with persons who serve on either the technical review and advisory panel or the research review and advisory committee.

(4) PERMITS; INSTALLATION; AND CONDITIONS.—A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the department. The department may issue permits to carry out this section, but shall not make the issuance of such permits contingent upon prior approval by the Department of Environmental Protection, except that the issuance of a permit for work seaward of the coastal construction control line established under s. 161.053 shall be contingent upon receipt of any required coastal construction control line permit from the Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected by the department at least annually to assure compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year from the date of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the date of issuance and must be renewed every 2 years. If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage



1101

1102

1103

1104 1105

1106

1107

1108 1109

1110

1111

1112

1113

1114

1115

1116

1117

1118 1119

1120

1121

1122

1123

1124

1125

1126

1127

1128

1129

treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. A person may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an onsite sewage treatment and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all permitting requirements. A municipality or political subdivision of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and disposal system unless the owner or builder has received a construction permit for such system from the department. A building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.



- (n) Evaluations for determining the seasonal high-water table elevations or the suitability of soils for the use of a new onsite sewage treatment and disposal system shall be performed by department personnel, professional engineers registered in the state, or such other persons with expertise, as defined by rule, in making such evaluations. Evaluations for determining mean annual flood lines shall be performed by those persons identified in paragraph (2)(j) (2)(i). The department shall accept evaluations submitted by professional engineers and such other persons as meet the expertise established by this section or by rule unless the department has a reasonable scientific basis for questioning the accuracy or completeness of the evaluation.
- (w) Any permit issued and approved by the department for the installation, modification, or repair of an onsite sewage treatment and disposal system shall transfer with the title to the property in a real estate transaction. A title may not be encumbered at the time of transfer by new permit requirements by a governmental entity for an onsite sewage treatment and disposal system which differ from the permitting requirements in effect at the time the system was permitted, modified, or repaired. No inspection of a system shall be mandated by any governmental entity at the point of sale in a real estate transaction.
- (x)1. An onsite sewage treatment and disposal system is not considered abandoned if the system is disconnected from a structure that was made unusable or destroyed following a disaster and was properly functioning at the time of disconnection and not adversely affected by the disaster. The



1159

1160

1161

1162

1163

1164

1165

1166

1167

1168

1169

1170 1171

1172

1173

1174

1175

1176

1177

1178 1179

1180

1181

1182 1183

1184

1185

1186 1187

onsite sewage treatment and disposal system may be reconnected to a rebuilt structure if:

- a. The reconnection of the system is to the same type of structure which contains the same number of bedrooms or less, provided the square footage of the structure is less than or equal to 110 percent of the original square footage of the structure that existed prior to the disaster;
 - b. The system is not a sanitary nuisance; and
- c. The system has not been altered without prior authorization.
- 2. An onsite sewage treatment and disposal system that serves a property that is foreclosed upon is not considered abandoned.
- (y) If an onsite sewage treatment and disposal system permittee receives, relies upon, and undertakes construction of a system based upon a validly issued construction permit under rules applicable at the time of construction but a change to a rule occurs within 5 years after the approval of the system for construction but before the final approval of the system, the rules applicable and in effect at the time of construction approval apply at the time of final approval if fundamental site conditions have not changed between the time of construction approval and final approval.
- (z) A modification, replacement, or upgrade of an onsite sewage treatment and disposal system is not required for a remodeling addition to a single-family home if a bedroom is not added.
 - (5) EVALUATION AND ASSESSMENT.-
 - (a) Beginning July 1, 2011, the department shall administer



1188

1189

1190

1191

1192

1193 1194

1195 1196

1197

1198

1199

1200 1201

1202

1203

1204

1205

1206

1207

1208

1209

1210

1211

1212

1213

1214

1215

1216

an onsite sewage treatment and disposal system evaluation program for the purpose of assessing the fundamental operational condition of systems and identifying any failures within the systems. The department shall adopt rules implementing the program standards, procedures, and requirements, including, but not limited to, a schedule for a 5-year evaluation cycle, requirements for the pump-out of a system or repair of a failing system, enforcement procedures for failure of a system owner to obtain an evaluation of the system, and failure of a contractor to timely submit evaluation results to the department and the system owner. The department shall ensure statewide implementation of the evaluation and assessment program by January 1, 2016.

(b) Owners of an onsite sewage treatment and disposal system, excluding a system that is required to obtain an operating permit, shall have the system evaluated at least once every 5 years to assess the fundamental operational condition of the system, and identify any failure within the system.

(c) All evaluation procedures must be documented and nothing in this subsection limits the amount of detail an evaluator may provide at his or her professional discretion. The evaluation must include a tank and drainfield evaluation, a written assessment of the condition of the system, and, if necessary, a disclosure statement pursuant to the department's procedure.

(d) 1. Systems being evaluated that were installed prior to January 1, 1983, shall meet a minimum 6-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule. All drainfield repairs,



1217

1218

1219

1220

1221

1222

1223 1224

1225

1226

1227 1228

1229

1230

1231

1232 1233

1234

1235

1236

1237

1238

1239

1240

1241

1242

1243

1244

1245

replacements or modifications to systems installed prior to January 1, 1983, shall meet a minimum 12-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule.

2. Systems being evaluated that were installed on or after January 1, 1983, shall meet a minimum 12-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule. All drainfield repairs, replacements or modification to systems developed on or after January 1, 1983, shall meet a minimum 24-inch separation from the bottom of the drainfield to the wettest season water table elevation.

- (e) If documentation of a tank pump-out or a permitted new installation, repair, or modification of the system within the previous 5 years is provided, and states the capacity of the tank and indicates that the condition of the tank is not a sanitary or public health nuisance pursuant to department rule, a pump-out of the system is not required.
- (f) Owners are responsible for paying the cost of any required pump-out, repair, or replacement pursuant to department rule, and may not request partial evaluation or the omission of portions of the evaluation.
- (g) Each evaluation or pump-out required under this subsection must be performed by a septic tank contractor or master septic tank contractor registered under part III of chapter 489, a professional engineer with wastewater treatment system experience licensed pursuant to chapter 471, or an environmental health professional certified under chapter 381 in the area of onsite sewage treatment and disposal system



evaluation.

1246

1247

1248

1249

1250

1251

1252

1253

1254

1255

1256

1257

1258

1259

1260

1261

1262

1263

1264

1265

1266

1267

1268

1269 1270

1271

1272

1273

1274

- (h) The evaluation report fee collected pursuant to s. 381.0066(2)(b) shall be remitted to the department by the evaluator at the time the report is submitted.
- (i) Prior to any evaluation deadline, the department must provide a minimum of 60 days' notice to owners that their systems must be evaluated by that deadline. The department may include a copy of any homeowner educational materials developed pursuant to this section which provides information on the proper maintenance of onsite sewage treatment and disposal systems.
 - (5) (6) ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.-
- (a) Department personnel who have reason to believe noncompliance exists, may at any reasonable time, enter the premises permitted under ss. 381.0065-381.0066, or the business premises of any septic tank contractor or master septic tank contractor registered under part III of chapter 489, or any premises that the department has reason to believe is being operated or maintained not in compliance, to determine compliance with the provisions of this section, part I of chapter 386, or part III of chapter 489 or rules or standards adopted under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489. As used in this paragraph, the term "premises" does not include a residence or private building. To gain entry to a residence or private building, the department must obtain permission from the owner or occupant or secure an inspection warrant from a court of competent jurisdiction.
- (b) 1. The department may issue citations that may contain an order of correction or an order to pay a fine, or both, for



violations of ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 or the rules adopted by the department, when a violation of these sections or rules is enforceable by an administrative or civil remedy, or when a violation of these sections or rules is a misdemeanor of the second degree. A citation issued under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 constitutes a notice of proposed agency action.

- 2. A citation must be in writing and must describe the particular nature of the violation, including specific reference to the provisions of law or rule allegedly violated.
- 3. The fines imposed by a citation issued by the department may not exceed \$500 for each violation. Each day the violation exists constitutes a separate violation for which a citation may be issued.
- 4. The department shall inform the recipient, by written notice pursuant to ss. 120.569 and 120.57, of the right to an administrative hearing to contest the citation within 21 days after the date the citation is received. The citation must contain a conspicuous statement that if the recipient fails to pay the fine within the time allowed, or fails to appear to contest the citation after having requested a hearing, the recipient has waived the recipient's right to contest the citation and must pay an amount up to the maximum fine.
- 5. The department may reduce or waive the fine imposed by the citation. In determining whether to reduce or waive the fine, the department must consider the gravity of the violation, the person's attempts at correcting the violation, and the person's history of previous violations including violations for



1304

1305 1306

1307

1308

1309

1310

1311 1312

1313

1314

1315

1316

1317

1318 1319

1320

1321 1322

1323

1324

1325

1326 1327

1328

1329

1330

1331 1332

which enforcement actions were taken under ss. 381.0065-381.0067, part I of chapter 386, part III of chapter 489, or other provisions of law or rule.

- 6. Any person who willfully refuses to sign and accept a citation issued by the department commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- 7. The department, pursuant to ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, shall deposit any fines it collects in the county health department trust fund for use in providing services specified in those sections.
- 8. This section provides an alternative means of enforcing ss. 381.0065-381.0067, part I of chapter 386, and part III of chapter 489. This section does not prohibit the department from enforcing ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, or its rules, by any other means. However, the department must elect to use only a single method of enforcement for each violation.
- (6) (7) LAND APPLICATION OF SEPTAGE PROHIBITED. Effective January 1, 2016, the land application of septage from onsite sewage treatment and disposal systems is prohibited. By February 1, 2011, the department, in consultation with the Department of Environmental Protection, shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives, recommending alternative methods to establish enhanced treatment levels for the land application of septage from onsite sewage and disposal systems. The report shall include, but is not limited to, a schedule for the reduction in land application, appropriate treatment levels,



application site permitting requirements including any requirements for nutrient management plans, and the range of costs to local governments, affected businesses, and individuals for alternative treatment and disposal methods. The report shall also include any recommendations for legislation or rule authority needed to reduce land application of septage.

Section 25. Section 381.00651, Florida Statutes, is created to read:

381.00651 Periodic evaluation and assessment of onsite sewage treatment and disposal systems.—

- (1) For the purposes of this section, the term "first magnitude spring" means a spring that has a median water discharge of greater than or equal to 100 cubic feet per second for the period of record, as determined by the Department of Environmental Protection.
- (2) A county or municipality that contains a first magnitude spring shall, by no later than January 1, 2013, develop and adopt by local ordinance an onsite sewage treatment and disposal system evaluation and assessment program that meets the requirements of this section. The ordinance may apply within all or part of its geographic area. Those counties or municipalities containing a first magnitude spring which have already adopted an onsite sewage treatment and disposal system evaluation and assessment program and which meet the grandfathering requirements contained in this section, or have chosen to opt out of this section in the manner provided herein, are exempt from the requirement to adopt an ordinance implementing an evaluation and assessment program. The governing



1362

1363

1364

1365

1366

1367

1368

1369

1370

1371

1372

1373

1374

1375

1376

1377

1378

1379

1380

1381

1382

1383 1384

1385

1386

1387

1388

1389 1390

body of a local government that chooses to opt out of this section, by a majority plus one vote of the members of the governing board, shall do so by adopting a resolution that indicates an intent on the part of such local government not to adopt an onsite sewage treatment and disposal system evaluation and assessment program. Such resolution shall be addressed and transmitted to the Secretary of State. Absent an interlocal agreement or county charter provision to the contrary, a municipality may elect to opt out of the requirements of this section, by a majority plus one vote of the members of the governing board, notwithstanding a contrary decision of the governing body of a county. Any local government that has properly opted out of this section but subsequently chooses to adopt an evaluation and assessment program may do so only pursuant to the requirements of this section and may not deviate from such requirements.

- (3) Any county or municipality that does not contain a first magnitude spring may at any time develop and adopt by local ordinance an onsite sewage treatment and disposal system evaluation and assessment program, provided such program meets and does not deviate from the requirements of this section.
- (4) Notwithstanding any other provision in this section, a county or municipality that has adopted a program before July 1, 2011, may continue to enforce its current program without having to meet the requirements of this section, provided such program does not require an evaluation at the point of sale in a real estate transaction.
- (5) Any county or municipality may repeal an ordinance adopted pursuant to this section only if the county or



municipality notifies the Secretary of State by letter of the repeal. No county or municipality may adopt an onsite sewage treatment and disposal system evaluation and assessment program except pursuant to this section.

- (6) The requirements for an onsite sewage treatment and disposal system evaluation and assessment program are as follows:
- (a) Evaluations.—An evaluation of each onsite sewage treatment and disposal system within all or part of the county's or municipality's jurisdiction must take place once every 5 years to assess the fundamental operational condition of the system and to identify system failures. The ordinance may not mandate an evaluation at the point of sale in a real estate transaction and may not require a soil examination. The location of the system shall be identified. A tank and drainfield evaluation and a written assessment of the overall condition of the system pursuant to the assessment procedure prescribed in subsection (7) are required.
- (b) Qualified contractors.—Each evaluation required under this subsection must be performed by a qualified contractor, who may be a septic tank contractor or master septic tank contractor registered under part III of chapter 489, a professional engineer having wastewater treatment system experience and licensed under chapter 471, or an environmental health professional certified under this chapter in the area of onsite sewage treatment and disposal system evaluation. Evaluations and pump-outs may also be performed by an authorized employee working under the supervision of an individual listed in this paragraph; however, all evaluation forms must be signed by a



1420

1421

1422

1423

1424

1425

1426 1427

1428

1429

1430

1431

1432

1433

1434

1435

1436

1437

1438

1439

1440

1441 1442

1443 1444

1445 1446

1447

1448

qualified contractor in writing or by electronic signature. (c) Repair of systems.—The local ordinance may not require a repair, modification, or replacement of a system as a result of an evaluation unless the evaluation identifies a system failure. For purposes of this subsection, the term "system failure" means a condition existing within an onsite sewage treatment and disposal system which results in the discharge of untreated or partially treated wastewater onto the ground surface or into surface water or that results in the failure of building plumbing to discharge properly and presents a sanitary nuisance. A system is not in failure if the system does not have a minimum separation distance between the drainfield and the wettest season water table or if an obstruction in a sanitary line or an effluent screen or filter prevents effluent from flowing into a drainfield. If a system failure is identified and several allowable remedial measures are available to resolve the failure, the system owner may choose the least costly allowable remedial measure to fix the system. There may be instances in which a pump-out is sufficient to resolve a system failure. Allowable remedial measures to resolve a system failure are limited to what is necessary to resolve the failure and must meet, to the maximum extent practicable, the requirements of the repair code in effect when the repair is made, subject to the exceptions specified in s. 381.0065(4)(g). An engineer-designed performance-based treatment system to reduce nutrients may not be required as an alternative remediation measure to resolve the failure of a conventional system. (d) Exemptions.

1. The local ordinance shall exempt from the evaluation



requirements any system that is required to obtain an operating permit pursuant to state law or that is inspected by the department pursuant to the annual permit inspection requirements of chapter 513.

- 2. The local ordinance may provide for an exemption or an extension of time to obtain an evaluation and assessment if connection to a sewer system is available, connection to the sewer system is imminent, and written arrangements for payment of any utility assessments or connection fees have been made by the system owner.
- 3. An onsite sewage treatment and disposal system serving a residential dwelling unit on a lot with a ratio of one bedroom per acre or greater is exempt from the requirements of this section and may not be included in any onsite sewage treatment and disposal system inspection program.
- (7) The following procedures shall be used for conducting evaluations:
- (a) Tank evaluation.—The tank evaluation shall assess the apparent structural condition and watertightness of the tank and shall estimate the size of the tank. The evaluation must include a pump-out. However, an ordinance may not require a pump-out if there is documentation indicating that a tank pump-out or a permitted new installation, repair, or modification of the system has occurred within the previous 5 years, identifying the capacity of the tank, and indicating that the condition of the tank is structurally sound and watertight. Visual inspection of the tank must be made when the tank is empty to detect cracks, leaks, or other defects. Baffles or tees must be checked to ensure that they are intact and secure. The evaluation shall



1478

1479

1480

1481

1482

1483

1484 1485

1486

1487

1488

1489

1490

1491

1492

1493

1494 1495

1496

1497

1498

1499

1500

1501

1502

1503

1504

1505

1506

note the presence and condition of outlet devices, effluent filters, and compartment walls; any structural defect in the tank; the condition and fit of the tank lid, including manholes; whether surface water can infiltrate the tank; and whether the tank was pumped out. If the tank, in the opinion of the qualified contractor, is in danger of being damaged by leaving the tank empty after inspection, the tank shall be refilled before concluding the inspection. Broken or damaged lids or manholes shall be replaced without obtaining a repair permit.

- (b) Drainfield evaluation. The drainfield evaluation must include a determination of the approximate size and location of the drainfield. The evaluation shall state whether there is any sewage or effluent visible on the ground or discharging to a ditch or other water body and the location of any downspout or other source of water near or in the vicinity of the drainfield.
- (c) Special circumstances.—If the system contains pumps, siphons, or alarms, the following information may be provided at the request of the homeowner:
- 1. An assessment of dosing tank integrity, including the approximate volume and the type of material used in the tank's construction;
- 2. Whether the pump is elevated off the bottom of the chamber and its operational status;
 - 3. Whether the system has a check valve and purge hole; and
- 4. Whether the system has a high-water alarm, and if so whether the alarm is audio or visual or both, the location and operational condition of the alarm, and whether the electrical connections to the alarm appear satisfactory.



1507

1508

1509

1510

1511

1512

15131514

1515

1516

1517

1518

1519

1520

1521

1522

1523

1524

1525

1526

1527

15281529

1530

1531

1532

1533

15341535

If the homeowner does not request this information, the qualified contractor and its employee are not liable for any damages directly relating from a failure of the system's pumps, siphons, or alarms. This exclusion of liability must be stated on the front cover of the report required under paragraph (d).

(d) Assessment procedure.—All evaluation procedures used by a qualified contractor shall be documented in the environmental health database of the Department of Health. The qualified contractor shall provide a copy of a written, signed evaluation report to the property owner upon completion of the evaluation and to the county health department within 30 days after the evaluation. The report shall contain the name and license number of the company providing the report. A copy of the evaluation report shall be retained by the local county health department for a minimum of 5 years and until a subsequent inspection report is filed. The front cover of the report must identify any system failure and include a clear and conspicuous notice to the owner that the owner has a right to have any remediation of the failure performed by a qualified contractor other than the contractor performing the evaluation. The report must further identify any crack, leak, improper fit, or other defect in the tank, manhole, or lid, and any other damaged or missing component; any sewage or effluent visible on the ground or discharging to a ditch or other surface water body; any downspout, stormwater, or other source of water directed onto or toward the system; and any other maintenance need or condition of the system at the time of the evaluation which, in the opinion of the qualified contractor, would possibly interfere with or restrict any future repair or modification to the



1536

1537

1538

1539

1540

1541

1542

1543

1544

1545

1546

1547

1548

1549

1550

1551

1552

1553

1554

1555

1556

1557

1558

1559

1560

1561

1562

1563

1564

existing system. The report shall conclude with an overall assessment of the fundamental operational condition of the system.

- (8) The county health department shall administer any evaluation program on behalf of a county, or a municipality within the county, that has adopted an evaluation program pursuant to this section. In order to administer the evaluation program, the county or municipality, in consultation with the county health department, may develop a reasonable fee schedule to be used solely to pay for the costs of administering the evaluation program. Such a fee schedule shall be identified in the ordinance that adopts the evaluation program. When arriving at a reasonable fee schedule, the estimated annual revenues to be derived from fees may not exceed reasonable estimated annual costs of the program. Fees shall be assessed to the system owner during an inspection and separately identified on the invoice of the qualified contractor. Fees shall be remitted by the qualified contractor to the county health department. The county health department's administrative responsibilities include the following:
- (a) Providing a notice to the system owner at least 60 days before the system is due for an evaluation. The notice may include information on the proper maintenance of onsite sewage treatment and disposal systems.
- (b) In consultation with the Department of Health, providing uniform disciplinary procedures and penalties for qualified contractors who do not comply with the requirements of the adopted ordinance, including, but not limited to, failure to provide the evaluation report as required in this subsection to



1565

1566

1567

1568

1569 1570

1571

1572

1573

1574

1575

1576

1577

1578

1579

1580

1581

1582

1583

1584

1585

1586

1587

1588

1589

1590

1591

1592

1593

the system owner and the county health department. Only the county health department may assess penalties against system owners for failure to comply with the adopted ordinance, consistent with existing requirements of law.

- (9) (a) A county or municipality that adopts an onsite sewage treatment and disposal system evaluation and assessment program pursuant to this section shall notify the Secretary of Environmental Protection, the Department of Health, and the applicable county health department upon the adoption of its ordinance establishing the program.
- (b) Upon receipt of the notice under paragraph (a), the Department of Environmental Protection shall, within existing resources, notify the county or municipality of the potential use of, and access to, program funds under the Clean Water State Revolving Fund or s. 319 of the Clean Water Act, provide guidance in the application process to receive such moneys, and provide advice and technical assistance to the county or municipality on how to establish a low-interest revolving loan program or how to model a revolving loan program after the lowinterest loan program of the Clean Water State Revolving Fund. This paragraph does not obligate the Department of Environmental Protection to provide any county or municipality with money to fund such programs.
- (c) The Department of Health may not adopt any rule that alters the provisions of this section.
- (d) The Department of Health must allow county health departments and qualified contractors access to the environmental health database to track relevant information and assimilate data from assessment and evaluation reports of the



1594

1595

1596

1597

1598

1599

1600

1601

1602

1603

1604

1605 1606

1607

1608

1609

1610

1611

1612

1613 1614

1615

1616

1617 1618

1619

1620

1621

1622

overall condition of onsite sewage treatment and disposal systems. The environmental health database must be used by contractors to report each service and evaluation event and by a county health department to notify owners of onsite sewage treatment and disposal systems when evaluations are due. Data and information must be recorded and updated as service and evaluations are conducted and reported.

- (10) This section does not:
- (a) Limit county and municipal home rule authority to act outside the scope of the evaluation and assessment program set forth in this section;
- (b) Repeal or affect any other law relating to the subject matter of onsite sewage treatment and disposal systems; or
 - (c) Prohibit a county or municipality from:
- 1. Enforcing existing ordinances or adopting new ordinances relating to onsite sewage treatment facilities to address public health and safety if such ordinances do not repeal, suspend, or alter the requirements or limitations of this section.
- 2. Adopting local environmental and pollution abatement ordinances for water quality improvement as provided for by law if such ordinances do not repeal, suspend, or alter the requirements or limitations of this section.
- 3. Exercising its independent and existing authority to meet the requirements of s. 381.0065.
- Section 26. Section 381.00656, Florida Statutes, is repealed.
- Section 27. Subsection (2) of section 381.0066, Florida Statutes, is amended to read:
 - 381.0066 Onsite sewage treatment and disposal systems;



fees.-

1623

1624

1625

1626

1627

1628

1629

1630 1631

1632

1633

1634

1635

1636

1637

1638 1639

1640

1641

1642

1643

1644

1645

1646

1647

1648

1649

1650

1651

- (2) The minimum fees in the following fee schedule apply until changed by rule by the department within the following limits:
- (a) Application review, permit issuance, or system inspection, including repair of a subsurface, mound, filled, or other alternative system or permitting of an abandoned system: a fee of not less than \$25, or more than \$125.
- (b) A 5-year evaluation report submitted pursuant to s. 381.0065(5): a fee not less than \$15, or more than \$30. At least \$1 and no more than \$5 collected pursuant to this paragraph shall be used to fund a grant program established under s. 381.00656.
- (b) (c) Site evaluation, site reevaluation, evaluation of a system previously in use, or a per annum septage disposal site evaluation: a fee of not less than \$40, or more than \$115.
- (c) (d) Biennial Operating permit for aerobic treatment units or performance-based treatment systems: a fee of not more than \$100.
- (d) (e) Annual operating permit for systems located in areas zoned for industrial manufacturing or equivalent uses or where the system is expected to receive wastewater which is not domestic in nature: a fee of not less than \$150, or more than \$300.
 - (e) (f) Innovative technology: a fee not to exceed \$25,000.
- (f) (q) Septage disposal service, septage stabilization facility, portable or temporary toilet service, tank manufacturer inspection: a fee of not less than \$25, or more than \$200, per year.



1652

1653

1654

1655

1656

1657

1658

1659

1660

1661

1662

1663

1664

1665

1666

1667

1668

1669

1670

1671 1672

1673

1674

1675

1676 1677

1678

1679 1680

- (g) (h) Application for variance: a fee of not less than \$150, or more than \$300.
- (h) (i) Annual operating permit for waterless, incinerating, or organic waste composting toilets: a fee of not less than \$15 \$50, or more than \$30 \$150.
- (i) (j) Aerobic treatment unit or performance-based treatment system maintenance entity permit: a fee of not less than \$25, or more than \$150, per year.
- (j) (k) Reinspection fee per visit for site inspection after system construction approval or for noncompliant system installation per site visit: a fee of not less than \$25, or more than \$100.
- $(k) \xrightarrow{(1)}$ Research: An additional \$5 fee shall be added to each new system construction permit issued to be used to fund onsite sewage treatment and disposal system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this section shall be used for funding the hands-on training centers described in s. 381.0065(3)(1).
- (1) (m) Annual operating permit, including annual inspection and any required sampling and laboratory analysis of effluent, for an engineer-designed performance-based system: a fee of not less than \$150, or more than \$300.

On or before January 1, 2011, the Surgeon General, after consultation with the Revenue Estimating Conference, shall determine a revenue neutral fee schedule for services provided pursuant to s. 381.0065(5) within the parameters set in paragraph (b). Such determination is not subject to the



1681

1682

1683 1684

1685 1686

1687

1688

1689

1690

1691

1692

1693

1694

1695

1696

1697

1698 1699

1700

1701

1702

1703

1704

1705

1706

1707

1708 1709

provisions of chapter 120. The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to be used for the purposes stated in this section and ss. 381.0065 and 381.00655.

Section 28. Section 381.0068, Florida Statutes, is amended to read:

381.0068 Technical review and advisory panel.-

- (1) The Department of Health shall, by July 1, 1996, establish and staff a technical review and advisory panel to assist the department with rule adoption.
- (2) The primary purpose of the panel is to assist the department in rulemaking and decisionmaking by drawing on the expertise of representatives from several groups that are affected by onsite sewage treatment and disposal systems. The panel may also review and comment on any legislation or any existing or proposed state policy or issue related to onsite sewage treatment and disposal systems. If requested by the panel, the chair will advise any affected person or member of the Legislature of the panel's position on the legislation or any existing or proposed state policy or issue. The chair may also take such other action as is appropriate to allow the panel to function. At a minimum, the panel shall consist of a soil scientist; a professional engineer registered in this state who is recommended by the Florida Engineering Society and who has work experience in onsite sewage treatment and disposal systems; two representatives from the home-building industry recommended by the Florida Home Builders Association, including one who is a developer in this state who develops lots using onsite sewage treatment and disposal systems; a representative from the county



1710

1711

1712

1713

1714

1715

1716

1717

1718

1719

1720

1721

1722

1723

1724

17251726

17271728

1729

1730

1731

1732

1733

1734

1735

1736

17371738

health departments who has experience permitting and inspecting the installation of onsite sewage treatment and disposal systems in this state; a representative from the real estate industry who is recommended by the Florida Association of Realtors; a consumer representative with a science background; two representatives of the septic tank industry recommended by the Florida Onsite Wastewater Association, including one who is a manufacturer of onsite sewage treatment and disposal systems; a representative from local government who is knowledgeable about domestic wastewater treatment and who is recommended by the Florida Association of Counties and the Florida League of Cities; and a representative from the environmental health profession who is recommended by the Florida Environmental Health Association and who is not employed by a county health department. Members are to be appointed for a term of 2 years. The panel may also, as needed, be expanded to include ad hoc, nonvoting representatives who have topic-specific expertise. All rules proposed by the department which relate to onsite sewage treatment and disposal systems must be presented to the panel for review and comment prior to adoption. The panel's position on proposed rules shall be made a part of the rulemaking record that is maintained by the agency. The panel shall select a chair, who shall serve for a period of 1 year and who shall direct, coordinate, and execute the duties of the panel. The panel shall also solicit input from the department's variance review and advisory committee before submitting any comments to the department concerning proposed rules. The panel's comments must include any dissenting points of view concerning proposed rules. The panel shall hold meetings as it determines necessary



1739

1740

1741

1742

1743

1744

1745

1746

1747

1748

1749

1750

1751

1752

1753

1754

1755

1756

1757

1758

1759

1760

1761 1762

1763

1764

1765

1766

1767

to conduct its business, except that the chair, a quorum of the voting members of the panel, or the department may call meetings. The department shall keep minutes of all meetings of the panel. Panel members shall serve without remuneration, but, if requested, shall be reimbursed for per diem and travel expenses as provided in s. 112.061.

Section 29. Section 381.00781, Florida Statutes, is amended to read:

381.00781 Fees; disposition.-

- (1) The department shall establish by rule the following fees:
- (1) (a) Fee For the initial licensure of a tattoo establishment and the renewal of such license, a fee which, except as provided in subsection (2), may not to exceed \$250 per year.
- (2) (b) Fee For licensure of a temporary establishment, a fee which, except as provided in subsection (2), may not to exceed \$250.
- (3) (c) Fee For the initial licensure of a tattoo artist and the renewal of such license, a fee which, except as provided in subsection (2), may not to exceed \$150 per year.
- (3) (d) Fee For registration or reregistration of a guest tattoo artist, a fee which, except as provided in subsection $\frac{(2)}{may}$ not to exceed \$45.
- (4) (e) Fee For reactivation of an inactive tattoo establishment license or tattoo artist license. A license becomes inactive if it is not renewed before the expiration of the current license.
 - (2) The department may annually adjust the maximum fees



1768

1769

1770

1771

1772

1773

1774

1775

1776

1777

1778

1779

1780

1781

1782

1783

1784

1785

1786

1787

1788

1789

1790

1791

1792

1793

1794

1795 1796

authorized under subsection (1) according to the rate of inflation or deflation indicated by the Consumer Price Index for All Urban Consumers, U.S. City Average, All Items, as reported by the United States Department of Labor.

Section 30. Subsection (1) of section 381.0098, Florida Statutes, is amended to read:

381.0098 Biomedical waste.-

(1) LEGISLATIVE INTENT. - It is the intent of the Legislature to protect the public health by establishing standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste. Except as otherwise provided herein, the Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate onsite and offsite incineration and disposal of biomedical waste. Consistent with the foregoing, the Department of Health shall have the exclusive authority to establish treatment efficacy standards for biomedical waste and the Department of Environmental Protection shall have the exclusive authority to establish statewide standards relating to environmental impacts, if any, of treatment and disposal including, but not limited to, water discharges and air emissions. An interagency agreement between the Department of Environmental Protection and the Department of Health shall be developed to ensure maximum efficiency in coordinating, administering, and regulating biomedical wastes.

Section 31. Subsections (2) through (8) of section 381.0101, Florida Statutes, are renumbered as subsection (1) through (7), respectively, and present subsections (1), (2), (3), and (4) and paragraph (a) of present subsection (5) of that



1797

1798

1799

1800

1801

1802

1803

1804

1805

1806

1807

1808

1809 1810

1811

1812 1813

1814

1815

1816

1817

1818

1819

1820

1821

1822

1823

1824 1825

section are amended to read:

381.0101 Environmental health professionals.-

- (1) LEGISLATIVE INTENT. Persons responsible for providing technical and scientific evaluations of environmental health and sanitary conditions in business establishments and communities throughout the state may create a danger to the public health if they are not skilled or competent to perform such evaluations. The public relies on the judgment of environmental health professionals employed by both government agencies and industries to assure them that environmental hazards are identified and removed before they endanger the health or safety of the public. The purpose of this section is to assure the public that persons specifically responsible for performing environmental health and sanitary evaluations have been certified by examination as competent to perform such work.
 - (1) DEFINITIONS.—As used in this section:
- (a) "Board" means the Environmental Health Professionals Advisory Board.
 - (b) "Department" means the Department of Health.
- (c) "Environmental health" means that segment of public health work which deals with the examination of those factors in the human environment which may impact adversely on the health status of an individual or the public.
- (d) "Environmental health professional" means a person who is employed or assigned the responsibility for assessing the environmental health or sanitary conditions, as defined by the department, within a building, on an individual's property, or within the community at large, and who has the knowledge, skills, and abilities to carry out these tasks. Environmental



1826

1827

1828

1829

1830

1831

1832

1833

1834

1835

1836

1837

1838

1839

1840

1841

1842

1843

1844

1845

1846

1847

1848 1849

1850

1851 1852

1853 1854

health professionals may be either field, supervisory, or administrative staff members.

- (2) (3) CERTIFICATION REQUIRED.—A No person may not shall perform environmental health or sanitary evaluations in any primary program area of environmental health without being certified by the department as competent to perform such evaluations. This section does not apply to:
- (a) Persons performing inspections of public food service establishments licensed under chapter 509; or
- (b) Persons performing site evaluations in order to determine proper placement and installation of onsite wastewater treatment and disposal systems who have successfully completed a department-approved soils morphology course and who are working under the direct responsible charge of an engineer licensed under chapter 471.
- (3) (4) ENVIRONMENTAL HEALTH PROFESSIONALS ADVISORY BOARD.-The State Health Officer shall appoint an advisory board to assist the department in the promulgation of rules for certification, testing, establishing standards, and seeking enforcement actions against certified professionals.
- (a) The board shall be comprised of the Division Director for Emergency Preparedness and Community Support Environmental Health or his or her designee, one individual who will be certified under this section, one individual not employed in a governmental capacity who will or does employ a certified environmental health professional, one individual whose business is or will be evaluated by a certified environmental health professional, a citizen of the state who neither employs nor is routinely evaluated by a person certified under this section.



1855

1856

1857

1858

1859

1860

1861

1862

1863

1864

1865

1866

1867

1868

1869 1870

1871

1872

1873

1874 1875

1876

1877

1878

1879

1880

1881

1882 1883

- (b) The board shall advise the department as to the minimum disciplinary quidelines and standards of competency and proficiency necessary to obtain certification in a primary area of environmental health practice.
- 1. The board shall recommend primary areas of environmental health practice in which environmental health professionals should be required to obtain certification.
- 2. The board shall recommend minimum standards of practice which the department shall incorporate into rule.
- 3. The board shall evaluate and recommend to the department existing registrations and certifications which meet or exceed minimum department standards and should, therefore, exempt holders of such certificates or registrations from compliance with this section.
- 4. The board shall hear appeals of certificate denials, revocation, or suspension and shall advise the department as to the disposition of such an appeal.
- 5. The board shall meet as often as necessary, but no less than semiannually, handle appeals to the department, and conduct other duties of the board.
- 6. Members of the board shall receive no compensation but are entitled to reimbursement for per diem and travel expenses in accordance with s. 112.061.
- (4) (5) STANDARDS FOR CERTIFICATION.—The department shall adopt rules that establish definitions of terms and minimum standards of education, training, or experience for those persons subject to this section. The rules must also address the process for application, examination, issuance, expiration, and renewal of certification and ethical standards of practice for



the profession.

- (a) Persons employed as environmental health professionals shall exhibit a knowledge of rules and principles of environmental and public health law in Florida through examination. A person may not conduct environmental health evaluations in a primary program area unless he or she is currently certified in that program area or works under the direct supervision of a certified environmental health professional.
- 1. All persons who begin employment in a primary environmental health program on or after September 21, 1994, must be certified in that program within 6 months after employment.
- 2. Persons employed in the primary environmental health program of a food protection program or an onsite sewage treatment and disposal system prior to September 21, 1994, shall be considered certified while employed in that position and shall be required to adhere to any professional standards established by the department pursuant to paragraph (b), complete any continuing education requirements imposed under paragraph (d), and pay the certificate renewal fee imposed under subsection (6) (7).
- 3. Persons employed in the primary environmental health program of a food protection program or an onsite sewage treatment and disposal system prior to September 21, 1994, who change positions or program areas and transfer into another primary environmental health program area on or after September 21, 1994, must be certified in that program within 6 months after such transfer, except that they will not be required to



1913

1914

1915 1916

1917 1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

1939

1940

1941

possess the college degree required under paragraph (e).

4. Registered sanitarians shall be considered certified and shall be required to adhere to any professional standards established by the department pursuant to paragraph (b).

Section 32. Section 381.0203, Florida Statutes, is amended to read:

381.0203 Pharmacy services.

- (1) The department may contract on a statewide basis for the purchase of drugs, as defined in s. 499.003, to be used by state agencies and political subdivisions, and may adopt rules to administer this section.
- (2) The department shall establish and maintain a pharmacy services program, including, but not limited to:
- (a) A central pharmacy to support pharmaceutical services provided by the county health departments, including pharmaceutical repackaging, dispensing, and the purchase and distribution of immunizations and other pharmaceuticals.
- (b) Regulation of drugs, cosmetics, and household products pursuant to chapter 499.
- (b) (c) Consultation to county health departments as required by s. 154.04(1)(c).
- (d) A contraception distribution program which shall be implemented, to the extent resources permit, through the licensed pharmacies of county health departments. A woman who is eligible for participation in the contraceptive distribution program is deemed a patient of the county health department.
- 1. To be eligible for participation in the program a woman must:
 - a. Be a client of the department or the Department of



1943

1946 1947

1948

1949

1950

1951 1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

		_		
1942	Children	っっつ	[amilta	Corridos
	CHITALEH	ana	rantitiv	DCT ATCCD.

- b. Be of childbearing age with undesired fertility.
- 1944 c. Have an income between 150 and 200 percent of the 1945 federal poverty level.
 - d. Have no Medicaid benefits or applicable health insurance benefits.
 - e. Have had a medical examination by a licensed health care provider within the past 6 months.
 - f. Have a valid prescription for contraceptives that are available through the contraceptive distribution program.
 - q. Consent to the release of necessary medical information to the county health department.
 - 2. Fees charged for the contraceptives under the program must cover the cost of purchasing and providing contraceptives to women participating in the program.
 - 3. The department may adopt rules to administer this program.
 - Section 33. Subsection (1) of section 381.0261, Florida Statutes, is amended to read:
 - 381.0261 Summary of patient's bill of rights; distribution; penalty.-
 - (1) The Department of Health shall publish on its Internet website Agency for Health Care Administration shall have printed and made continuously available to health care facilities licensed under chapter 395, physicians licensed under chapter 458, osteopathic physicians licensed under chapter 459, and podiatric physicians licensed under chapter 461 a summary of the Florida Patient's Bill of Rights and Responsibilities. In adopting and making available to patients the summary of the



1971

1972

1973

1974 1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986 1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

Florida Patient's Bill of Rights and Responsibilities, health care providers and health care facilities are not limited to the format in which the department publishes Agency for Health Care Administration prints and distributes the summary.

Section 34. Section 381.0301, Florida Statutes, is repealed.

Section 35. Section 381.0302, Florida Statutes, is repealed.

Section 36. Subsection (5) of section 381.0303, Florida Statutes, is amended to read:

381.0303 Special needs shelters.-

- (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State Surgeon General may establish a special needs shelter interagency committee and serve as, or appoint a designee to serve as, the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties. The committee shall address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters.
 - (a) The committee shall:
- 1. develop, negotiate, and regularly review any necessary interagency agreements, and-
- 2. undertake other such activities as the department deems necessary to facilitate the implementation of this section.
 - 3. Submit recommendations to the Legislature as necessary.
- (b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health, medical, and social services organizations. Membership shall



2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

20162017

2018

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

include, but shall not be limited to, representatives of the Departments of Health, Children and Family Services, Elderly Affairs, and Education; the Agency for Health Care Administration; the Division of Emergency Management; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care Association; the Florida Assisted Living Affiliation; the Florida Hospital Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness Association; the American Red Cross; Florida Hospices and Palliative Care, Inc.; the Association of Community Hospitals and Health Systems; the Florida Association of Health Maintenance Organizations; the Florida League of Health Systems; the Private Care Association; the Salvation Army; the Florida Association of Aging Services Providers; the AARP; and the Florida Renal Coalition.

(c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the expense of the agencies or organizations they represent. The committee shall make every effort to use teleconference or videoconference capabilities in order to ensure statewide input and participation.

Section 37. <u>Section 381.04015</u>, Florida Statutes, is repealed.

Section 38. Subsections (2), (3), and (4) of section 381.0403, Florida Statutes, are amended to read:

381.0403 The Community Hospital Education Act.-

(2) ESTABLISHMENT OF PROGRAM LEGISLATIVE INTENT.-



- (a) It is the intent of the Legislature that health care services for the citizens of this state be upgraded and that a program for continuing these services be maintained through a plan for community medical education. The A program is intended established to plan for community medical education, provide additional outpatient and inpatient services, increase the a continuing supply of highly trained physicians, and expand graduate medical education.
- (b) The Legislature further acknowledges the critical need for increased numbers of primary care physicians to provide the necessary current and projected health and medical services. In order to meet both present and anticipated needs, the Legislature supports an expansion in the number of family practice residency positions. The Legislature intends that the funding for graduate education in family practice be maintained and that funding for all primary care specialties be provided at a minimum of \$10,000 per resident per year. Should funding for this act remain constant or be reduced, it is intended that all programs funded by this act be maintained or reduced proportionately.
- (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND LOCAL PLANNING.—
- (a) There is established under the Department of Health a program for statewide graduate medical education. It is intended that continuing graduate medical education programs for interns and residents be established on a statewide basis. The program shall provide financial support for primary care specialty interns and residents based on recommendations of policies recommended and approved by the Community Hospital Education



2058

2059

2060

2061

2062

2063

2064

2065

2066

2067

2068

2069

2070

2071

2072

2073

2074

2075

2076

2077

2078

2079

2080

2081

2082

2083

2084

20852086

Council, herein established, and the Department of Health, as authorized by the General Appropriations Act. Only those programs with at least three residents or interns in each year of the training program are qualified to apply for financial support. Programs with fewer than three residents or interns per training year are qualified to apply for financial support, but only if the appropriate accrediting entity for the particular specialty has approved the program for fewer positions. New programs added after fiscal year 1997-1998 shall have 5 years to attain the requisite number of residents or interns. When feasible and to the extent allowed through the General Appropriations Act, state funds shall be used to generate federal matching funds under Medicaid, or other federal programs, and the resulting combined state and federal funds shall be allocated to participating hospitals for the support of graduate medical education.

- (b) For the purposes of this section, primary care specialties include emergency medicine, family practice, internal medicine, pediatrics, psychiatry, obstetrics/gynecology, and combined pediatrics and internal medicine, and other primary care specialties as may be included by the council and Department of Health.
- (c) Medical institutions throughout the state may apply to the Community Hospital Education Council for grants-in-aid for financial support of their approved programs. Recommendations for funding of approved programs shall be forwarded to the Department of Health.
- (d) The program shall provide a plan for community clinical teaching and training with the cooperation of the medical



2087

2088

2089

2090

2091 2092

2093

2094

2095

2096

2097

2098

2099

2100

2101

2102

2103

2104 2105

2106

2107

2108

2109 2110

2111

2112

2113

2114

2115

profession, hospitals, and clinics. The plan shall also include formal teaching opportunities for intern and resident training. In addition, the plan shall establish an off-campus medical faculty with university faculty review to be located throughout the state in local communities.

- (4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.-
- (a) There is established under the Department of Health a program for fostering graduate medical education innovations. Funds appropriated annually by the Legislature for this purpose shall be distributed to participating hospitals or consortia of participating hospitals and Florida medical schools or to a Florida medical school for the direct costs of providing graduate medical education in community-based clinical settings on a competitive grant or formula basis to achieve state health care workforce policy objectives, including, but not limited to:
- 1. Increasing the number of residents in primary care and other high demand specialties or fellowships;
- 2. Enhancing retention of primary care physicians in Florida practice;
- 3. Promoting practice in medically underserved areas of the state;
- 4. Encouraging racial and ethnic diversity within the state's physician workforce; and
 - 5. Encouraging increased production of geriatricians.
- (b) Participating hospitals or consortia of participating hospitals and Florida medical schools or a Florida medical school providing graduate medical education in community-based clinical settings may apply to the Community Hospital Education Council for funding under this innovations program, except when



2116

2117

2118

2119

2120

2121

2122

2123

2124

2125

2126

2127

2128 2129

2130

2131 2132

2133 2134

2135

2136

2137

2138

2139

2140

2141

2142

2143

2144

such innovations directly compete with services or programs provided by participating hospitals or consortia of participating hospitals, or by both hospitals and consortia. Innovations program funding shall be allocated provide funding based on recommendations of policies recommended and approved by the Community Hospital Education Council and the Department of Health, as authorized by the General Appropriations Act.

(c) Participating hospitals or consortia of participating hospitals and Florida medical schools or Florida medical schools awarded an innovations grant shall provide the Community Hospital Education Council and Department of Health with an annual report on their project.

Section 39. Subsection (7) of section 381.0405, Florida Statutes, is amended to read:

381.0405 Office of Rural Health.

(7) APPROPRIATION.—The Legislature shall appropriate such sums as are necessary to support the Office of Rural Health.

Section 40. Subsection (3) of section 381.0406, Florida Statutes, is amended to read:

381.0406 Rural health networks.-

(3) Because each rural area is unique, with a different health care provider mix, Health care provider membership may vary, but all networks shall include members that provide public health, comprehensive primary care, emergency medical care, and acute inpatient care.

Section 41. Section 381.045, Florida Statutes, is repealed. Section 42. Subsection (7) of section 381.06015, Florida Statutes, is amended to read:

381.06015 Public Cord Blood Tissue Bank.-



2145

2146

2147

2148

2149 2150

2151

2152

2153 2154

2155

2156

2157

2158

2159

2160

2161

2162 2163

2164

2165

2166

2167

2168

2169

2170

2171

2172

2173

(7) In order to fund the provisions of this section the consortium participants, the Agency for Health Care Administration, and the Department of Health shall seek private or federal funds to initiate program actions for fiscal year 2000-2001.

Section 43. Section 381.0605, Florida Statutes, is repealed.

Section 44. Section 381.102, Florida Statutes, is repealed.

Section 45. Section 381.103, Florida Statutes, is repealed.

Section 46. Subsections (3) through (5) of section 381.4018, Florida Statutes, are renumbered as subsections (2) through (4), respectively, and present subsection (2) and paragraph (f) of present subsection (4) of that section are amended to read:

381.4018 Physician workforce assessment and development.-

(2) LEGISLATIVE INTENT. The Legislature recognizes that physician workforce planning is an essential component of ensuring that there is an adequate and appropriate supply of well-trained physicians to meet this state's future health care service needs as the general population and elderly population of the state increase. The Legislature finds that items to consider relative to assessing the physician workforce may include physician practice status; specialty mix; geographic distribution; demographic information, including, but not limited to, age, gender, race, and cultural considerations; and needs of current or projected medically underserved areas in the state. Long-term strategic planning is essential as the period from the time a medical student enters medical school to completion of graduate medical education may range from 7 to 10



2174

2175

2176

2177

2178

2179

2180

2181

2182

2183

2184

2185

2186

2187

2188

2189

2190

2191 2192

2193

2194

2195

2196

2197

2198

2199

2200

2201

2202

years or longer. The Legislature recognizes that strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality medical schools and graduate medical education programs in this state, as well as using new or existing state and federal programs providing incentives for physicians to practice in needed specialties and in underserved areas in a manner that addresses projected needs for physician manpower.

- (3) (4) GENERAL FUNCTIONS.—The department shall maximize the use of existing programs under the jurisdiction of the department and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of such strategic plan. In developing the state strategic plan, the department shall:
- (f) Develop strategies to maximize federal and state programs that provide for the use of incentives to attract physicians to this state or retain physicians within the state. Such strategies should explore and maximize federal-state partnerships that provide incentives for physicians to practice in federally designated shortage areas. Strategies shall also consider the use of state programs, such as the Florida Health Service Corps established pursuant to s. 381.0302 and the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, which provide for education loan repayment or loan forgiveness and provide monetary incentives for physicians to relocate to underserved areas of the state.

Section 47. Section 381.60225, Florida Statutes, is

repealed.



2203

2204

2205

2206

2207

2208

2209

2210

2211

2212

2213

2214

2215

2216

2217

2218 2219

2220

2221

2222

2223

2224

2225

2226

2227

2228

2229

2230

2231

Section 48. Section 381.7352, Florida Statutes, is amended to read:

381.7352 Legislative findings and intent.

(1) The Legislature finds that despite state investments in health care programs, certain racial and ethnic populations in Florida continue to have significantly poorer health outcomes when compared to non-Hispanic whites. The Legislature finds that local solutions to health care problems can have a dramatic and positive effect on the health status of these populations. Local governments and communities are best equipped to identify the health education, health promotion, and disease prevention needs of the racial and ethnic populations in their communities, mobilize the community to address health outcome disparities, enlist and organize local public and private resources, and faith-based organizations to address these disparities, and evaluate the effectiveness of interventions.

(2) It is therefore the intent of the Legislature to provide funds within Florida counties and Front Porch Florida Communities, in the form of Reducing Racial and Ethnic Health Disparities: Closing the Gap grants, to stimulate the development of community-based and neighborhood-based projects which will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the Legislature that these programs foster the development of coordinated, collaborative, and broad-based participation by public and private entities, and faith-based organizations. Finally, it is the intent of the Legislature that the grant program function as a partnership between state and local governments, faith-based organizations, and private sector health care providers,



including managed care, voluntary health care resources, social service providers, and nontraditional partners.

Section 49. Subsection (3) of section 381.7353, Florida Statutes, is amended to read:

381.7353 Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program; administration; department duties.—

(3) Pursuant to s. 20.43(6), the State Surgeon General may appoint an ad hoc advisory committee to: examine areas where public awareness, public education, research, and coordination regarding racial and ethnic health outcome disparities are lacking; consider access and transportation issues which contribute to health status disparities; and make recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities that exist between racial and ethnic populations.

Section 50. Subsections (5) and (6) of section 381.7356, Florida Statutes, are renumbered as subsections (4) and (5), respectively, and present subsection (4) of that section is amended to read:

381.7356 Local matching funds; grant awards.-

(4) Dissemination of grant awards shall begin no later than January 1, 2001.

Section 51. Subsection (3) of section 381.765, Florida Statutes, is amended to read:

381.765 Retention of title to and disposal of equipment.-

(3) The department may adopt rules relating to records and recordkeeping for department-owned property referenced in subsections (1) and (2).



2261

2262 2263

2264

2265

2266

2267

2268

2269 2270

2271

2272 2273

2274

2275

2276

2277

2278

2279

2280

2281

2282

2283

2284

2285

2286

2287

2288

2289

Section 52. Section 381.77, Florida Statutes, is repealed. Section 53. Section 381.795, Florida Statutes, is repealed. Section 54. Subsections (2) through (5) of section 381.853, Florida Statutes, are renumbered as subsections (1) through (4), respectively, and present subsection (1) of that section is amended to read:

381.853 Florida Center for Brain Tumor Research.-

(1) The Legislature finds that each year an estimated 190,000 citizens of the United States are diagnosed with cancerous and noncancerous brain tumors and that biomedical research is the key to finding cures for these tumors. The Legislature further finds that, although brain tumor research is being conducted throughout the state, there is a lack of coordinated efforts among researchers and health care providers. Therefore, the Legislature finds that there is a significant need for a coordinated effort to achieve the goal of curing brain tumors. The Legislature further finds that the biomedical technology sector meets the criteria of a high-impact sector, pursuant to s. 288.108(6), having a high importance to the state's economy with a significant potential for growth and contribution to our universities and quality of life.

Section 55. Section 381.855, Florida Statutes, is repealed. Section 56. Section 381.87, Florida Statutes, is repealed. Section 57. Section 381.895, Florida Statutes, is amended to read:

381.895 Standards for compressed air used for recreational diving.-

(1) A person selling compressed air for recreational sport diving must:



2294

2295 2296

2297

2298

2299

2300

2301

2302

2303

2304

2305

2306

2307

2308

2309

2310

2311 2312

2313

2314

2315

2316

2317

2318

2290 (a) maintain certification or membership in at least one of 2291 the following organizations: 2292 1. Professional Association of Diving Instructors (PADI); 2293 2. National Association of Underwater Instructors (NAUI);

3. Scuba Schools International (SSI);

- (b) post in a conspicuous place on the premises, a copy of the certification or documentation of membership in the organization; and
- (c) maintain Compressed Gas Association, Grade "E" Recreational Diving Compressed Air Standards, provide medical grade compressed air, or use constant air quality monitoring devices which are calibrated at least every 90 days.

The Department of Health shall establish maximum allowable levels for contaminants in compressed air used for recreational sport diving in this state. In developing the standards, the department must take into consideration the levels of contaminants allowed by the Grade "E" Recreational Diving Standards of the Compressed Gas Association.

(2) The Department of Health may adopt rules to revise or add to the list of organizations authorized in subsection (1), or to recognize additional standards that are nationally recognized for ensuring compressed air is safe for recreation sport diving.

The standards prescribed under this section do not apply to:

- (a) Any person providing compressed air for his or her own use.
- (b) Any governmental entity using a governmentally owned compressed air source for work related to the governmental



entity.

2319

2320

2321

2322

2323

2324

2325

2326 2327

2328

2329

2330

2331

2332

2333

2334

2335

2336 2337

2338

2339

2340

2341

2342

2343

2344

2345

2346

2347

- (c) Foreign registered vessels upon which a compressor is used to provide compressed air for work related to the operation of the vessel.
- (3) A person who does not comply with the requirements in subsection (1) or the rules adopted pursuant to subsection (2) commits a misdemeanor of the first degree, punishable as provided in s. 775.082 and s. 775.083, Florida Statutes.

A person or entity that, for compensation, provides compressed air for recreational sport diving in this state, including compressed air provided as part of a dive package of equipment rental, dive boat rental, or dive boat charter, must ensure that the compressed air is tested quarterly by a laboratory that is accredited by either the American Industrial Hygiene Association or the American Association for Laboratory Accreditation and that the results of such tests are provided quarterly to the Department of Health. In addition, the person or entity must post the certificate issued by the laboratory accredited by the American Industrial Hygiene Association or the American Association for Laboratory Accreditation in a conspicuous location where it can readily be seen by any person purchasing compressed air.

- (4) The Department of Health shall maintain a record of all quarterly test results provided under this section.
- (5) It is a misdemeanor of the second degree for any person or entity to provide, for compensation, compressed air for recreational sport diving in this state, including compressed air provided as part of a dive package of equipment rental, dive boat rental, or dive boat charter, without:



2348

2349

2350

2351

2352

2353

2354

2355

2356

2357

2358

2359

2360

2361 2362

2363

2364

2365

2366

2367

2368

2369

2370

2371

2372

2373

2374

2375

2376

(a) Having received a valid certificate issued by a laboratory accredited by the American Industrial Hygiene Association or the American Association for Laboratory Accreditation which certifies that the compressed air meets the standards for contaminant levels established by the Department of Health. (b) Posting the certificate issued by a laboratory accredited by the American Industrial Hygiene Association or the American Association for Laboratory Accreditation in a conspicuous location where it can readily be seen by persons purchasing compressed air. (6) The department shall adopt rules necessary to carry out the provisions of this section, which must include: (a) Maximum allowable levels of contaminants in compressed air used for sport diving. (b) Procedures for the submission of test results to the department. Section 58. Section 381.90, Florida Statutes, is repealed. Section 59. Subsection (1) of section 381.91, Florida Statutes, is amended to read: 381.91 Jessie Trice Cancer Prevention Program.-(1) It is the intent of the Legislature to: (a) Reduce the rates of illness and death from lung cancer and other cancers and improve the quality of life among lowincome African-American and Hispanic populations through increased access to early, effective screening and diagnosis, education, and treatment programs.

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



community health centers to build upon the natural referral and education networks in place within minority communities and to increase access to health service delivery in Florida and \cdot

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

Section 60. Subsection (5) of section 381.922, Florida Statutes, is amended to read:

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

(5) The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program is funded pursuant to s. 215.5602(12). Funds appropriated for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer and cancer-related illnesses, with emphasis given to the goals enumerated in this section. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses. From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

Section 61. Effective January 1, 2013, section 392.51, Florida Statutes, is amended to read:

392.51 <u>Tuberculosis control</u> <u>Findings and intent.-A</u>
<u>statewide system is established to control tuberculosis</u>
<u>infection and mitigate its effects. The system consists</u>
<u>The Legislature finds and declares that active tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to the public health. The</u>



2406

2407

2408

2409

2410

2411

2412

2413

2414

2415

2416

2417

2418

2419

2420

2421

2422

2423

2424

2425

2426

2427

2428

2429

2430

2431

2432

2433

2434

Legislature finds that there is a significant reservoir of tuberculosis infection in this state and that there is a need to develop community programs to identify tuberculosis and to respond quickly with appropriate measures. The Legislature finds that some patients who have active tuberculosis have complex medical, social, and economic problems that make outpatient control of the disease difficult, if not impossible, without posing a threat to the public health. The Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a system of mandatory contact identification, treatment to cure, hospitalization, and isolation for contagious cases, and to provide a system of voluntary, community-oriented care and surveillance in all other cases. The Legislature finds that the delivery of Tuberculosis control services shall be provided is best accomplished by the coordinated efforts of the respective county health departments and contracted or other private health care providers, the A.G. Holley State Hospital, and the private health care delivery system.

Section 62. Effective January 1, 2013, subsection (4) of section 392.61, Florida Statutes, is amended to read:

392.61 Community tuberculosis control programs.-

(4) The department shall develop, by rule, a methodology for distributing funds appropriated for tuberculosis control programs. Criteria to be considered in this methodology include, but are not limited to, the basic infrastructure available for tuberculosis control, caseload requirements, laboratory support services needed, and epidemiologic factors.

Section 63. Effective January 1, 2013, section 392.62,



2435

2436

2437 2438

2439 2440

2441

2442 2443

2444 2445

2446

2447

2448

2449 2450

2451

2452

2453

2454

2455

2456

2457

2458

2459

2460

2461

2462 2463 Florida Statutes, is amended to read:

392.62 Hospitalization and placement programs.-

- (1) The department shall contract for operation of operate a program for the treatment hospitalization of persons who have active tuberculosis in hospitals licensed under chapter 395 and may provide for appropriate placement of persons who have active tuberculosis in other health care facilities or residential facilities. The department shall require the contractor to use existing licensed community hospitals and other facilities for the care and treatment to cure persons who have active tuberculosis or a history of noncompliance with prescribed drug regimens and require inpatient or other residential services.
- (2) The department may operate a licensed hospital for the care and treatment to cure of persons who have active tuberculosis. The hospital may have a forensic unit where, under medical protocol, a patient can be held in a secure protective setting. The department shall also seek to maximize use of existing licensed community hospitals for the care and treatment to cure of persons who have active tuberculosis.
- (2) The program for control of tuberculosis shall provide funding for participating facilities and require any such facilities to meet the following conditions Any licensed hospital operated by the department, any licensed hospital under contract with the department, and any other health care facility or residential facility operated by or under contract with the department for the care and treatment of patients who have active tuberculosis shall:
- (a) Admit patients voluntarily and under court order as appropriate for each particular facility;



2464

2465

2466

2467

2468

2469

2470

2471

2.472

2473

2474

2475

2476

2477

2478

2479 2480

2481

2482

2483

2484

2485

2486

2487

2488

2489 2490

2491

2492

- (b) Require that each patient pay the actual cost of care provided whether the patient is admitted voluntarily or by court order;
- (c) Provide for a method of paying for the care of patients in the program regardless of ability to pay who cannot afford to do so;
- (d) Require a primary clinical diagnosis of active tuberculosis by a physician licensed under chapter 458 or chapter 459 before admitting the patient; provided that there may be more than one primary diagnosis;
- (e) Provide a method of notification to the county health department and to the patient's family, if any, before discharging the patient from the hospital or other facility;
- (f) Provide for the necessary exchange of medical information to assure adequate community treatment to cure and followup of discharged patients, as appropriate; and
- (q) Provide for a method of medical care and counseling and for housing, social service, and employment referrals, if appropriate, for all patients discharged from the hospital.
- (3) (4) A hospital may, pursuant to court order, place a patient in temporary isolation for a period of no more than 72 continuous hours. The department shall obtain a court order in the same manner as prescribed in s. 392.57. Nothing in this subsection precludes a hospital from isolating an infectious patient for medical reasons.
- (4) (4) (5) Any person committed under s. 392.57 who leaves the tuberculosis hospital or residential facility without having been discharged by the designated medical authority, except as provided in s. 392.63, shall be apprehended by the sheriff of



2493

2494

2495

2496

2497

2498

2499 2500

2501 2502

2503

2504

2505

2506

2507

2508

2509

2510

2511

2512

2513

2514

2515

2516

2517

2518

2519

2520

2521

the county in which the person is found and immediately delivered to the facility from which he or she left.

Section 64. The Department of Health shall develop and implement a transition plan for the closure of A.G. Holley State Hospital. The plan shall include specific steps to end voluntary admissions; transfer patients to alternate facilities; communicate with families, providers, other affected parties, and the general public; enter into any necessary contracts with providers; coordinate with the Department of Management Services regarding the disposition of equipment and supplies and the closure of the facility; and seek federal approval, if needed, to continue Medicaid funding throughout the treatment period in community hospitals and other facilities. The plan shall be submitted to the Governor, the Speaker of the House of Representatives, and the President of the Senate by May 31, 2012. The department shall fully implement the plan by January 1, 2013.

Section 65. Subsections (1) and (4) of section 395.1027, Florida Statutes, are amended to read:

395.1027 Regional poison control centers.-

(1) There shall be created three certified regional poison control centers, one each in the north, central, and southern regions of the state. Each regional poison control center shall be affiliated with and physically located in a certified Level I trauma center. Each regional poison control center shall be affiliated with an accredited medical school or college of pharmacy. The regional poison control centers shall be coordinated under the aegis of the Division of Children's Medical Services Prevention and Intervention in the department.



2522

2523

2524

2525

2526

2527

2528

2529

2530

2531

2532

2533

2534

2535

2536

2537

2538

2539

2540

2541

2542

2543

2544

2545

2546

2547

2548

2549

2550

(4) The Legislature hereby finds and declares that it is in the public interest to shorten the time required for a citizen to request and receive directly from designated regional poison control centers telephonic management advice for acute poisoning emergencies. To facilitate rapid and direct access, telephone numbers for designated regional poison control centers shall be given special prominence. The local exchange telecommunications companies shall print immediately below "911" or other emergency calling instructions on the inside front cover of the telephone directory the words "Poison Information Center," the logo of the American Association of Poison Control Centers, and the telephone number of the local, if applicable, or, if not local, other toll-free telephone number of the Florida Poison Information Center Network. This information shall be outlined and be no less than 1 inch in height by 2 inches in width. Only those facilities satisfying criteria established in the current "Criteria for Certification of a Regional Poison Center" set by the American Association of Poison Control Centers, and the "Standards of the Poison Information Center Program" initiated by the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall be permitted to list such facility as a poison information center, poison control center, or poison center. Those centers under a developmental phase-in plan shall be given 2 years from the date of initial 24-hour service implementation to comply with the aforementioned criteria and, as such, will be permitted to be listed as a poison information center, poison control center, or poison center during that allotted time period.

Section 66. Subsection (4) of section 401.243, Florida



2551

2552 2553

2554

2555

2556

2557

2558

2559

2560

2561

2562

2563

2564

2565

2566

2567

2568

2569

2570

2571

2572

2573

2574

2575

2576

2577

2578

2579

Statutes, is amended to read:

401.243 Injury prevention.—The department shall establish an injury-prevention program with responsibility for the statewide coordination and expansion of injury-prevention activities. The duties of the department under the program may include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. In addition, the department may:

(4) Adopt rules governing the implementation of grant programs. The rules may include, but need not be limited to, criteria regarding the application process, the selection of grantees, the implementation of injury-prevention activities, data collection, surveillance, education, and the promotion of interventions.

Section 67. Subsection (6) of section 401.245, Florida Statutes, is renumbered as subsection (5), and present subsection (5) of that section is amended to read:

401.245 Emergency Medical Services Advisory Council.-

(5) The department shall adopt rules to implement this section, which rules shall serve as formal operating procedures for the Emergency Medical Services Advisory Council.

Section 68. Section 401.271, Florida Statutes, is amended to read:

401.271 Certification of emergency medical technicians and paramedics who are on active duty with the Armed Forces of the United States; spouses of members of the Armed Forces.-

(1) Any member of the Armed Forces of the United States on active duty who, at the time he or she became a member, was in good standing with the department and was entitled to practice



2580

2581

2582

2583

2584

2585

2586

2587

2588

2589

2590

2591

2592

2593

2594

2595

2596

2597

2598

2599

2600

2601

2602

2603

2604

2605

2606

2607

2608

as an emergency medical technician or paramedic in the state remains in good standing without registering, paying dues or fees, or performing any other act, as long as he or she is a member of the Armed Forces of the United States on active duty and for a period of 6 months after his or her discharge from active duty as a member of the Armed Forces of the United States.

(2) The department may adopt rules exempting the spouse of a member of the Armed Forces of the United States on active duty from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces.

Section 69. Section 402.45, Florida Statutes, is repealed. Section 70. Subsection (1) of section 400.914, Florida Statutes, is amended to read:

400.914 Rules establishing standards.-

- (1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, the agency in conjunction with the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall adopt and publish rules to implement the provisions of this part and part II of chapter 408, which shall include reasonable and fair standards. Any conflict between these standards and those that may be set forth in local, county, or city ordinances shall be resolved in favor of those having statewide effect. Such standards shall relate to:
- (a) The assurance that PPEC services are family centered and provide individualized medical, developmental, and family training services.



- (b) The maintenance of PPEC centers, not in conflict with the provisions of chapter 553 and based upon the size of the structure and number of children, relating to plumbing, heating, lighting, ventilation, and other building conditions, including adequate space, which will ensure the health, safety, comfort, and protection from fire of the children served.
- (c) The appropriate provisions of the most recent edition of the "Life Safety Code" (NFPA-101) shall be applied.
- (d) The number and qualifications of all personnel who have responsibility for the care of the children served.
- (e) All sanitary conditions within the PPEC center and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of children served.
- (f) Programs and basic services promoting and maintaining the health and development of the children served and meeting the training needs of the children's legal guardians.
- (g) Supportive, contracted, other operational, and transportation services.
- (h) Maintenance of appropriate medical records, data, and information relative to the children and programs. Such records shall be maintained in the facility for inspection by the agency.

Section 71. Paragraph (d) of subsection (11) of section 409.256, Florida Statutes, is amended to read:

- 409.256 Administrative proceeding to establish paternity or paternity and child support; order to appear for genetic testing.—
 - (11) FINAL ORDER ESTABLISHING PATERNITY OR PATERNITY AND



2640 2641

2642

2643

2644

2645

2646

2647

2648

2649

2650

2651

2652

2653

2654

2655

2656

2657

2660

2661

2662

2663

2664

2665

2666

2638 CHILD SUPPORT; CONSENT ORDER; NOTICE TO OFFICE OF VITAL 2639 STATISTICS.-

- (d) Upon rendering a final order of paternity or a final order of paternity and child support, the department shall notify the Office Division of Vital Statistics of the Department of Health that the paternity of the child has been established.
 - Section 72. Section 458.346, Florida Statutes, is repealed.
- Section 73. Subsection (3) of section 462.19, Florida Statutes, is renumbered as subsection (2), and present subsection (2) of that section is amended to read:
 - 462.19 Renewal of license; inactive status.-
- (2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.
- Section 74. Section 464.0197, Florida Statutes, is repealed.
- Section 75. Subsection (4) of section 464.208, Florida Statutes, is amended to read:
- 464.208 Background screening information; rulemaking authority.-
- (4) The board shall adopt rules to administer this part.
- 2658 Section 76. Subsections (1) and (2) of section 633.115, 2659 Florida Statutes, are amended to read:
 - 633.115 Fire and Emergency Incident Information Reporting Program; duties; fire reports.-
 - (1) (a) The Fire and Emergency Incident Information Reporting Program is created within the Division of State Fire Marshal. The program shall:
 - 1. Establish and maintain an electronic communication system capable of transmitting fire and emergency incident



information to and between fire protection agencies.

- 2. Initiate a Fire and Emergency Incident Information Reporting System that shall be responsible for:
- a. Receiving fire and emergency incident information from fire protection agencies.
- b. Preparing and disseminating annual reports to the Governor, the President of the Senate, the Speaker of the House of Representatives, fire protection agencies, and, upon request, the public. Each report shall include, but not be limited to, the information listed in the National Fire Incident Reporting System.
- c. Upon request, providing other states and federal agencies with fire and emergency incident data of this state.
- 3. Adopt rules to effectively and efficiently implement, administer, manage, maintain, and use the Fire and Emergency Incident Information Reporting Program. The rules shall be considered minimum requirements and shall not preclude a fire protection agency from implementing its own requirements which shall not conflict with the rules of the Division of State Fire Marshal.
- 4. By rule, establish procedures and a format for each fire protection agency to voluntarily monitor its records and submit reports to the program.
- 5. Establish an electronic information database which is accessible and searchable by fire protection agencies.
- (b) The Division of State Fire Marshal shall consult with the Division of Forestry of the Department of Agriculture and Consumer Services and the Bureau of Emergency <u>Preparedness and Community Support Medical Services</u> of the Department of Health



2696

2697

2698

2699

2700

2701

2702

2703

2704

2705

2706

2707

2708

2709

2710

2711

2712

2713

2714

2715

2716

2717

2718

2719 2720

2721

2722

2723 2724

to coordinate data, ensure accuracy of the data, and limit duplication of efforts in data collection, analysis, and reporting.

- (2) The Fire and Emergency Incident Information System Technical Advisory Panel is created within the Division of State Fire Marshal. The panel shall advise, review, and recommend to the State Fire Marshal with respect to the requirements of this section. The membership of the panel shall consist of the following 15 members:
- (a) The current 13 members of the Firefighters Employment, Standards, and Training Council as established in s. 633.31.
- (b) One member from the Division of Forestry of the Department of Agriculture and Consumer Services, appointed by the division director.
- (c) One member from the Bureau of Emergency Preparedness and Community Support Medical Services of the Department of Health, appointed by the bureau chief.

Section 77. Paragraph (b) of subsection (9) and paragraph (c) of subsection (10) of section 768.28, Florida Statutes, are amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.-

(9)

- (b) As used in this subsection, the term:
- 1. "Employee" includes any volunteer firefighter.
- 2. "Officer, employee, or agent" includes, but is not limited to, any health care provider when providing services



pursuant to s. 766.1115; any member of the Florida Health Services Corps, as defined in s. 381.0302, who provides uncompensated care to medically indigent persons referred by the Department of Health; any nonprofit independent college or university located and chartered in this state which owns or operates an accredited medical school, and its employees or agents, when providing patient services pursuant to paragraph (10)(f); and any public defender or her or his employee or agent, including, among others, an assistant public defender and an investigator.

(10)

(c) For purposes of this section, regional poison control centers created in accordance with s. 395.1027 and coordinated and supervised under the Division of Children's Medical Services Prevention and Intervention of the Department of Health, or any of their employees or agents, shall be considered agents of the State of Florida, Department of Health. Any contracts with poison control centers must provide, to the extent permitted by law, for the indemnification of the state by the agency for any liabilities incurred up to the limits set out in this chapter.

Section 78. Subsections (4), (5), (6), (8), (9), (10), (11), and (12) of section 1009.66, Florida Statutes, are amended to read:

1009.66 Nursing Student Loan Forgiveness Program.-

(4) From the funds available, the Department of Education

Health may make loan principal repayments of up to \$4,000 a year

for up to 4 years on behalf of selected graduates of an

accredited or approved nursing program. All repayments shall be

contingent upon continued proof of employment in the designated



2.777

facilities in this state and shall be made directly to the holder of the loan. The state shall bear no responsibility for the collection of any interest charges or other remaining balance. In the event that the designated facilities are changed, a nurse shall continue to be eligible for loan forgiveness as long as he or she continues to work in the facility for which the original loan repayment was made and otherwise meets all conditions of eligibility.

- (5) There is created the Nursing Student Loan Forgiveness Trust Fund to be administered by the Department of Education Health pursuant to this section and s. 1009.67 and department rules. The Chief Financial Officer shall authorize expenditures from the trust fund upon receipt of vouchers approved by the Department of Education Health. All moneys collected from the private health care industry and other private sources for the purposes of this section shall be deposited into the Nursing Student Loan Forgiveness Trust Fund. Any balance in the trust fund at the end of any fiscal year shall remain therein and shall be available for carrying out the purposes of this section and s. 1009.67.
- (6) In addition to licensing fees imposed under part I of chapter 464, there is hereby levied and imposed an additional fee of \$5, which fee shall be paid upon licensure or renewal of nursing licensure. Revenues collected from the fee imposed in this subsection shall be deposited in the Nursing Student Loan Forgiveness Trust Fund of the Department of Education Health and will be used solely for the purpose of carrying out the provisions of this section and s. 1009.67. Up to 50 percent of the revenues appropriated to implement this subsection may be



2783

2784

2785

2786

2787

2788

2789

2790

2791

2792

2793

2794

2795

2796

2797

2798 2799

2800 2801

2802

2803

2804

2805

2806

2807

2808

2809

2810 2811

used for the nursing scholarship program established pursuant to s. 1009.67.

- (8) The Department of Health may solicit technical assistance relating to the conduct of this program from the Department of Education.
- (8) (9) The Department of Education Health is authorized to recover from the Nursing Student Loan Forgiveness Trust Fund its costs for administering the Nursing Student Loan Forgiveness Program.
- (9) (10) The Department of Education Health may adopt rules necessary to administer this program.
- (10) (11) This section shall be implemented only as specifically funded.
- (11) (12) Students receiving a nursing scholarship pursuant to s. 1009.67 are not eligible to participate in the Nursing Student Loan Forgiveness Program.

Section 79. Section 1009.67, Florida Statutes, is amended to read:

1009.67 Nursing scholarship program.-

- (1) There is established within the Department of Education Health a scholarship program for the purpose of attracting capable and promising students to the nursing profession.
- (2) A scholarship applicant shall be enrolled in an approved nursing program leading to the award of an associate degree, a baccalaureate degree, or a graduate degree in nursing.
- (3) A scholarship may be awarded for no more than 2 years, in an amount not to exceed \$8,000 per year. However, registered nurses pursuing a graduate degree for a faculty position or to practice as an advanced registered nurse practitioner may



2812

2813

2814

2815

2816

2817

2818

2819

2820

2821

2822

2823

2824

2825

2826

2827

2828

2829

2830

2831

2832

2833

2834

2835

2836

2837

2838

2839

2840

receive up to \$12,000 per year. These amounts shall be adjusted by the amount of increase or decrease in the consumer price index for urban consumers published by the United States Department of Commerce.

- (4) Credit for repayment of a scholarship shall be as follows:
- (a) For each full year of scholarship assistance, the recipient agrees to work for 12 months in a faculty position in a college of nursing or Florida College System institution nursing program in this state or at a health care facility in a medically underserved area as designated approved by the Department of Health. Scholarship recipients who attend school on a part-time basis shall have their employment service obligation prorated in proportion to the amount of scholarship payments received.
- (b) Eligible health care facilities include nursing homes and hospitals in this state, state-operated medical or health care facilities, public schools, county health departments, federally sponsored community health centers, colleges of nursing in universities in this state, and Florida College System institution nursing programs in this state, family practice teaching hospitals as defined in s. 395.805, or specialty children's hospitals as described in s. 409.9119. The recipient shall be encouraged to complete the service obligation at a single employment site. If continuous employment at the same site is not feasible, the recipient may apply to the department for a transfer to another approved health care facility.
 - (c) Any recipient who does not complete an appropriate



2841

2842

2843

2844

2845

2846

2847

2848

2849

2850

2851

2852

2853

2854

2855

2856

2857

2858

2859

2860

2861

2862

2863

2864

2865

2866

2867

2868 2869

program of studies, who does not become licensed, who does not accept employment as a nurse at an approved health care facility, or who does not complete 12 months of approved employment for each year of scholarship assistance received shall repay to the Department of Education Health, on a schedule to be determined by the department, the entire amount of the scholarship plus 18 percent interest accruing from the date of the scholarship payment. Moneys repaid shall be deposited into the Nursing Student Loan Forgiveness Trust Fund established in s. 1009.66. However, the department may provide additional time for repayment if the department finds that circumstances beyond the control of the recipient caused or contributed to the default.

- (5) Scholarship payments shall be transmitted to the recipient upon receipt of documentation that the recipient is enrolled in an approved nursing program. The Department of Education Health shall develop a formula to prorate payments to scholarship recipients so as not to exceed the maximum amount per academic year.
- (6) The Department of Education Health shall adopt rules, including rules to address extraordinary circumstances that may cause a recipient to default on either the school enrollment or employment contractual agreement, to implement this section.
- (7) The Department of Education Health may recover from the Nursing Student Loan Forgiveness Trust Fund its costs for administering the nursing scholarship program.
 - Section 80. Department of Health; type two transfer.-
- (1) All powers, duties, functions, records, offices, personnel, associated administrative support positions,



2870

2871 2872

2873

2874

2875

2876

2877

2878

2879

2880

2881

2882

2883

2884

2885

2886

2887

2888

2889

2890

2891

2892

2893

2894

2895

2896

2897

2898

property, pending issues, existing contracts, administrative authority, administrative rules, and unexpended balances of appropriations, allocations, and other funds relating to the Nursing Student Loan Forgiveness Program and the nursing scholarship program in the Department of Health are transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, to the Department of Education.

- (2) The Nursing Student Loan Forgiveness Trust Fund is transferred from the Department of Health to the Department of Education.
- (3) Any binding contract or interagency agreement related to the Nursing Student Loan Forgiveness Program existing before July 1, 2012, between the Department of Health, or an entity or agent of the agency, and any other agency, entity, or person shall continue as a binding contract or agreement for the remainder of the term of such contract or agreement on the successor department, agency, or entity responsible for the program, activity, or functions relative to the contract or agreement.
- (4) Notwithstanding s. 216.292 and pursuant to s. 216.351, Florida Statutes, upon approval by the Legislative Budget Commission, the Executive Office of the Governor may transfer funds and positions between agencies to implement this act.
- (5) The transfer of any program, activity, duty, or function under this act includes the transfer of any records and unexpended balances of appropriations, allocations, or other funds related to such program, activity, duty, or function. Unless otherwise provided, the successor organization to any program, activity, duty, or function transferred under this act



2899

2900 2901

2902

2903

2904

2905

2906 2907

2908

2909

2910

2911

2912

2913

2914

2915

2916

2917

2918

2919

2920

2921

2922

2923

2924

2925

2926

2927

shall become the custodian of any property of the organization that was responsible for the program, activity, duty, or function immediately before the transfer.

Section 81. The Division of Medical Quality Assurance shall develop a plan to improve the efficiency of its functions. Specifically, the plan shall delineate methods to: reduce the average length of time for a qualified applicant to receive initial and renewal licensure, certification, or registration, by one-third; improve the agenda process for board meetings to increase transparency, timeliness, and usefulness for board decisionmaking; and improve the cost-effectiveness and efficiency of the joint functions of the division and the regulatory boards. In developing the plan, the division shall identify and analyze best practices found within the division and other state agencies with similar functions, options for information technology improvements, options for contracting with outside entities, and any other option the division deems useful. The division shall consult with and solicit recommendations from the regulatory boards in developing the plan. The division shall submit the plan to the Governor, the Speaker of the House of Representatives, and the President of the Senate by November 1, 2012. All executive branch agencies are instructed, and all other state agencies are requested, to assist the division in accomplishing its purposes under this section.

Section 82. Subsection (1), paragraph (c) of subsection (3), and subsection (9) of section 381.0041, Florida Statutes, are amended to read:

381.0041 Donation and transfer of human tissue; testing



requirements.-

- (1) Every donation of blood, plasma, organs, skin, or other human tissue for transfusion or transplantation to another shall be tested prior to transfusion or other use for human immunodeficiency virus infection and other communicable diseases specified by rule of the Department of Health. Tests for the human immunodeficiency virus infection shall be performed only after obtaining written, informed consent from the potential donor or the donor's legal representative. Such consent may be given by a minor pursuant to s. 743.06. Obtaining consent shall include a fair explanation of the procedures to be followed and the meaning and use of the test results. Such explanation shall include a description of the confidential nature of the test as described in s. 381.004(2) 381.004(3). If consent for testing is not given, then the person shall not be accepted as a donor except as otherwise provided in subsection (3).
- (3) No person shall collect any blood, organ, skin, or other human tissue from one human being and hold it for, or actually perform, any implantation, transplantation, transfusion, grafting, or any other method of transfer to another human being without first testing such tissue for the human immunodeficiency virus and other communicable diseases specified by rule of the Department of Health, or without performing another process approved by rule of the Department of Health capable of killing the causative agent of those diseases specified by rule. Such testing shall not be required:
- (c) When there is insufficient time to obtain the results of a confirmatory test for any tissue or organ which is to be transplanted, notwithstanding the provisions of s. $\underline{381.004(2)(d)}$



2957

2958

2959

2960

2961

2962 2963

2964

2965

2966

2967

2968

2969

2970

2971

2972

2973

2974

2975

2976

2977

2978

2979

2980

2981

2982

2983

2984 2985

381.004(3)(d). In such circumstances, the results of preliminary screening tests may be released to the potential recipient's treating physician for use in determining organ or tissue suitability.

(9) All blood banks shall be governed by the confidentiality provisions of s. 381.004(2) $\frac{381.004(3)}{381.004(3)}$.

Section 83. Paragraph (b) of subsection (3) of section 384.25, Florida Statutes, is amended to read:

384.25 Reporting required.-

- (3) To ensure the confidentiality of persons infected with the human immunodeficiency virus (HIV), reporting of HIV infection and AIDS must be conducted using a system developed by the Centers for Disease Control and Prevention of the United States Public Health Service or an equivalent system.
- (b) The reporting may not affect or relate to anonymous HIV testing programs conducted pursuant to s. 381.004(3) 381.004(4).

Section 84. Subsection (5) of section 392.56, Florida Statutes, is amended to read:

- 392.56 Hospitalization, placement, and residential isolation.-
- (5) If the department petitions the circuit court to order that a person who has active tuberculosis be hospitalized in a facility operated under s. $392.62 \cdot (2)$, the department shall notify the facility of the potential court order.

Section 85. Subsection (2) of section 456.032, Florida Statutes, is amended to read:

456.032 Hepatitis B or HIV carriers.-

(2) Any person licensed by the department and any other person employed by a health care facility who contracts a blood-



2986

2987

2988

2989

2990

2991

2992

2993

2994

2995

2996

2997

2998

2999

3000

3001

3002

3003

3004

3005

3006

3007

3008

3009

3010

3011

3012

3013

3014

borne infection shall have a rebuttable presumption that the illness was contracted in the course and scope of his or her employment, provided that the person, as soon as practicable, reports to the person's supervisor or the facility's risk manager any significant exposure, as that term is defined in s. $381.004(1)(c) \frac{381.004(2)(c)}{c}$, to blood or body fluids. The employer may test the blood or body fluid to determine if it is infected with the same disease contracted by the employee. The employer may rebut the presumption by the preponderance of the evidence. Except as expressly provided in this subsection, there shall be no presumption that a blood-borne infection is a jobrelated injury or illness.

Section 86. Subsection (1) of section 775.0877, Florida Statutes, is amended to read:

775.0877 Criminal transmission of HIV; procedures; penalties.-

- (1) In any case in which a person has been convicted of or has pled nolo contendere or quilty to, regardless of whether adjudication is withheld, any of the following offenses, or the attempt thereof, which offense or attempted offense involves the transmission of body fluids from one person to another:
 - (a) Section 794.011, relating to sexual battery;
 - (b) Section 826.04, relating to incest;
- (c) Section 800.04, relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age;
- (d) Sections 784.011, 784.07(2)(a), and 784.08(2)(d), relating to assault;
 - (e) Sections 784.021, 784.07(2)(c), and 784.08(2)(b),



3018

3019

3020

3021 3022

3023

3024

3025

3026

3027

3028

3029

3030 3031

3032 3033

3034

3035

3036

3037

3038

3039

3040

3041

3042

3043

3015 relating to aggravated assault;

- 3016 (f) Sections 784.03, 784.07(2)(b), and 784.08(2)(c), 3017 relating to battery;
 - (g) Sections 784.045, 784.07(2)(d), and 784.08(2)(a), relating to aggravated battery;
 - (h) Section 827.03(1), relating to child abuse;
 - (i) Section 827.03(2), relating to aggravated child abuse;
 - (j) Section 825.102(1), relating to abuse of an elderly person or disabled adult;
 - (k) Section 825.102(2), relating to aggravated abuse of an elderly person or disabled adult;
 - (1) Section 827.071, relating to sexual performance by person less than 18 years of age;
 - (m) Sections 796.03, 796.07, and 796.08, relating to prostitution; or
 - (n) Section 381.0041(11)(b), relating to donation of blood, plasma, organs, skin, or other human tissue,

The court shall order the offender to undergo HIV testing, to be performed under the direction of the Department of Health in accordance with s. 381.004, unless the offender has undergone HIV testing voluntarily or pursuant to procedures established in s. $381.004(2)(h)6. \frac{381.004(3)(h)6.}{(h)6.}$ or s. 951.27, or any other applicable law or rule providing for HIV testing of criminal offenders or inmates, subsequent to her or his arrest for an offense enumerated in paragraphs (a)-(n) for which she or he was convicted or to which she or he pled nolo contendere or guilty. The results of an HIV test performed on an offender pursuant to this subsection are not admissible in any criminal proceeding



		000	•
TID	TID	(1')')'	/۱
пк	. пк.	U.D.D.	4

1	111(1111(100021						
3044	arising	out	of	the	alleged	offense.	

0011	alloling out of the alloyed offense.	
3045	Section 87. Except as otherwise provided herein, th	nis act
3046	shall take effect upon becoming law.	