

1 A bill to be entitled
2 An act relating to laboratory screening; amending s.
3 381.004, F.S.; clarifying that certain requirements
4 related to the reporting of positive HIV test results
5 to county health departments apply only to testing
6 performed in a nonhealth care setting; amending s.
7 381.0202, F.S.; authorizing the Department of Health
8 to perform laboratory testing for other states;
9 amending s. 381.983, F.S.; redefining the term
10 "elevated blood-lead levels"; amending s. 381.984,
11 F.S.; authorizing, rather than requiring, that the
12 Governor, in conjunction with the State Surgeon
13 General, sponsor a public information initiative on
14 lead-based paint hazards; amending s. 381.985, F.S.;
15 revising requirements for the State Surgeon General's
16 program for early identification of persons at risk of
17 having elevated blood-lead levels; requiring the
18 department to maintain records showing elevated blood-
19 lead levels; requiring that health care providers
20 report to the individual who was screened the results
21 that indicate elevated blood-lead levels; amending s.
22 383.14, F.S.; authorizing the State Public Health
23 Laboratory to release the results of a newborn's
24 hearing and metabolic tests to certain individuals;
25 requiring the department to promote the availability

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26 of services to promote detection of genetic
27 conditions; clarifying that the membership of the
28 Genetics and Newborn Screening Advisory Council must
29 include one member representing each of four medical
30 schools in this state; providing an effective date.

31
32 Be It Enacted by the Legislature of the State of Florida:

33
34 Section 1. Paragraph (a) of subsection (2) of section
35 381.004, Florida Statutes, is amended to read:

36 381.004 HIV testing.—

37 (2) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED
38 CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.—

39 (a) Before performing an HIV test:

40 1. In a health care setting, the person to be tested shall
41 be notified orally or in writing that the test is planned and
42 that he or she has the right to decline the test. If the person
43 to be tested declines the test, such decision shall be
44 documented in the medical record. A person who has signed a
45 general consent form for medical care is not required to sign or
46 otherwise provide a separate consent for an HIV test during the
47 period in which the general consent form is in effect.

48 2. In a nonhealth care setting, a provider shall obtain
49 the informed consent of the person upon whom the test is to be
50 performed. Informed consent shall be preceded by an explanation

51 of the right to confidential treatment of information
52 identifying the subject of the test and the results of the test
53 as provided by law. The provider shall also inform the test
54 subject that a positive HIV test result will be reported to the
55 county health department with sufficient information to identify
56 the test subject and provide him or her with information on the
57 availability and location of sites where anonymous testing is
58 performed. As required in paragraph (3)(c), each county health
59 department shall maintain a list of sites where anonymous
60 testing is performed which includes site locations, telephone
61 numbers, and hours of operation.

62
63 ~~The test subject shall also be informed that a positive HIV test~~
64 ~~result will be reported to the county health department with~~
65 ~~sufficient information to identify the test subject and of the~~
66 ~~availability and location of sites at which anonymous testing is~~
67 ~~performed. As required in paragraph (3)(c), each county health~~
68 ~~department shall maintain a list of sites at which anonymous~~
69 ~~testing is performed, including the locations, telephone~~
70 ~~numbers, and hours of operation of the sites.~~

71 Section 2. Section 381.0202, Florida Statutes, is amended
72 to read:

73 381.0202 Laboratory services.—

74 (1) The department shall establish and maintain, in
75 suitable and convenient places in the state, laboratories for

76 | microbiological and chemical analyses and any other purposes it
 77 | determines necessary for the protection of the public health.

78 | (2) The department may contract or agree with any person
 79 | or public or private agency to provide laboratory services
 80 | relating to or having potential impact on the public health or
 81 | relating to the health of clients directly under the care of the
 82 | state.

83 | (3) The department is authorized to establish and collect
 84 | reasonable fees and charges for laboratory services provided.
 85 | Such fees and charges shall be deposited in a trust fund
 86 | administered by the department and shall be used solely for this
 87 | purpose.

88 | (4) The department may perform laboratory testing related
 89 | to public health for other states on a fee-for-service basis.

90 | Section 3. Subsection (3) of section 381.983, Florida
 91 | Statutes, is amended to read:

92 | 381.983 Definitions.—As used in this act, the term:

93 | (3) "Elevated blood-lead level" means a quantity of lead
 94 | in the whole venous blood, measured from a venous or capillary
 95 | draw expressed in micrograms per deciliter (ug/dL), which
 96 | exceeds the cutpoint specified in department rule. The
 97 | determination of elevated blood-lead level must be based on
 98 | national recommendations developed by the Council of State and
 99 | Territorial Epidemiologists and the Centers for Disease Control
 100 | and Prevention. ~~10 ug/dL or such other level as specifically~~

101 ~~provided in this act.~~

102 Section 4. Subsections (2) and (3) of section 381.984,
103 Florida Statutes, are amended to read:

104 381.984 Educational programs.—

105 (2) PUBLIC INFORMATION INITIATIVE.—The Governor, in
106 conjunction with the State Surgeon General and his or her
107 designee, may ~~shall~~ sponsor a series of public service
108 announcements on radio, television, and the Internet, ~~and~~ in
109 print media about the nature of lead-based-paint hazards, the
110 importance of standards for lead poisoning prevention in
111 properties, and the purposes and responsibilities set forth in
112 this act. In developing and coordinating this public information
113 initiative, the sponsors may ~~shall~~ seek the participation and
114 involvement of private industry organizations, including those
115 involved in real estate, insurance, mortgage banking, and
116 pediatrics.

117 (3) DISTRIBUTION OF INFORMATION ~~LITERATURE~~ ABOUT CHILDHOOD
118 LEAD POISONING. ~~By January 1, 2007,~~ The State Surgeon General or
119 his or her designee shall develop culturally and linguistically
120 appropriate information and distribution methods ~~pamphlets~~
121 regarding childhood lead poisoning, the importance of testing
122 for elevated blood-lead levels, prevention of childhood lead
123 poisoning, treatment of childhood lead poisoning, and, as where
124 appropriate, the requirements of this act. This ~~These~~
125 information ~~pamphlets~~ shall be distributed to parents or ~~the~~

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126 ~~other~~ legal guardians of children 6 years of age or younger on
127 the following occasions:

128 (a) By a health care provider at the time of a child's
129 birth and at the time of any childhood immunization or
130 vaccination unless it is established that such information
131 ~~pamphlet~~ has been provided ~~previously~~ to the parent or legal
132 guardian by the health care provider within the prior 12 months.

133 (b) By the owner or operator of any child care facility or
134 preschool or kindergarten class on or before each October 15 ~~of~~
135 ~~the calendar year~~.

136 Section 5. Section 381.985, Florida Statutes, is amended
137 to read:

138 381.985 Screening program.—

139 (1) The State Surgeon General shall establish guidelines a
140 ~~program~~ for early identification of persons at risk of having
141 elevated blood-lead levels and for the systematic screening of ~~—~~
142 ~~Such program shall systematically screen~~ children under 6 years
143 of age in the target populations identified in subsection (2)
144 for the presence of elevated blood-lead levels. Children within
145 the specified target populations shall be screened with a blood-
146 lead test at age 12 months and age 24 months, or between the
147 ages of 36 months and 72 months if they have not previously been
148 screened. The State Surgeon General shall, after consultation
149 with recognized professional medical groups and such other
150 sources as the State Surgeon General deems appropriate, adopt

151 rules to follow established national guidelines or
152 recommendations such as those issued by the Council of State and
153 Territorial Epidemiologists and the Centers for Disease Control
154 and Prevention related to reporting elevated blood-lead levels
155 and screening results to the department pursuant to this
156 section. ~~promulgate rules establishing:~~

157 ~~(a) The means by which and the intervals at which such~~
158 ~~children under 6 years of age shall be screened for lead~~
159 ~~poisoning and elevated blood-lead levels.~~

160 ~~(b) Guidelines for the medical followup on children found~~
161 ~~to have elevated blood-lead levels.~~

162 (2) In developing screening programs to identify persons
163 at risk with elevated blood-lead levels, priority shall be given
164 to persons within the following categories:

165 (a) All children enrolled in the Medicaid program at ages
166 12 months and 24 months, or between the ages of 36 months and 72
167 months if they have not previously been screened.

168 (b) Children under the age of 6 years exhibiting delayed
169 cognitive development or other symptoms of childhood lead
170 poisoning.

171 (c) Persons at risk residing in the same household, or
172 recently residing in the same household, as another person at
173 risk with an elevated a blood-lead level ~~of 10 ug/dL or greater.~~

174 (d) Persons at risk residing, or who have recently
175 resided, in buildings or geographical areas in which significant

176 numbers of cases of lead poisoning or elevated blood-lead levels
 177 have recently been reported.

178 (e) Persons at risk residing, or who have recently
 179 resided, in an affected property contained in a building that
 180 during the preceding 3 years has been subject to enforcement for
 181 violations of lead-poisoning-prevention statutes, ordinances,
 182 rules, or regulations ~~as specified by the State Surgeon General.~~

183 (f) Persons at risk residing, or who have recently
 184 resided, in a room or group of rooms contained in a building
 185 whose owner also owns a building containing affected properties
 186 which, during the preceding 3 years, has been subject to an
 187 enforcement action for a violation of lead-poisoning-prevention
 188 statutes, ordinances, rules, or regulations.

189 (g) Persons at risk residing in other buildings or
 190 geographical areas in which the State Surgeon General reasonably
 191 determines there is to be a significant risk of affected
 192 individuals having an elevated blood-lead level. ~~a blood-lead~~
 193 ~~level of 10 ug/dL or greater.~~

194 (3) The department ~~State Surgeon General~~ shall maintain
 195 comprehensive records of all screenings indicating an elevated
 196 blood-lead level. ~~conducted pursuant to this section. Such~~
 197 ~~records shall be indexed geographically and by owner in order to~~
 198 ~~determine the location of areas of relatively high incidence of~~
 199 ~~lead poisoning and other elevated blood-lead levels.~~

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201 ~~All cases or probable cases of lead poisoning found in the~~
202 ~~course of screenings conducted pursuant to this section shall be~~
203 ~~reported to the affected individual, to his or her parent or~~
204 ~~legal guardian if he or she is a minor, and to the State Surgeon~~
205 ~~General.~~

206 (4) The results of screenings conducted pursuant to this
207 section shall be reported by the health care provider who
208 conducted or ordered the screening to the individual who was
209 screened, or to the individual's parent or legal guardian if he
210 or she is a minor.

211 Section 6. Paragraph (c) of subsection (1), paragraph (f)
212 of subsection (3), and subsection (5) of section 383.14, Florida
213 Statutes, are amended to read:

214 383.14 Screening for metabolic disorders, other hereditary
215 and congenital disorders, and environmental risk factors.—

216 (1) SCREENING REQUIREMENTS.—To help ensure access to the
217 maternal and child health care system, the Department of Health
218 shall promote the screening of all newborns born in Florida for
219 metabolic, hereditary, and congenital disorders known to result
220 in significant impairment of health or intellect, as screening
221 programs accepted by current medical practice become available
222 and practical in the judgment of the department. The department
223 shall also promote the identification and screening of all
224 newborns in this state and their families for environmental risk
225 factors such as low income, poor education, maternal and family

226 stress, emotional instability, substance abuse, and other high-
227 risk conditions associated with increased risk of infant
228 mortality and morbidity to provide early intervention,
229 remediation, and prevention services, including, but not limited
230 to, parent support and training programs, home visitation, and
231 case management. Identification, perinatal screening, and
232 intervention efforts shall begin prior to and immediately
233 following the birth of the child by the attending health care
234 provider. Such efforts shall be conducted in hospitals,
235 perinatal centers, county health departments, school health
236 programs that provide prenatal care, and birthing centers, and
237 reported to the Office of Vital Statistics.

238 (c) *Release of screening results.*—Notwithstanding any law
239 to the contrary, the State Public Health Laboratory may release,
240 directly or through the Children's Medical Services program, the
241 results of a newborn's hearing and metabolic tests or screenings
242 to the newborn's health care practitioner, the newborn's parent
243 or legal guardian, the newborn's personal representative, or a
244 person designated by the newborn's parent or legal guardian. As
245 used in this paragraph, the term "health care practitioner"
246 means a physician or physician assistant licensed under chapter
247 458; an osteopathic physician or physician assistant licensed
248 under chapter 459; an advanced registered nurse practitioner,
249 registered nurse, or licensed practical nurse licensed under
250 part I of chapter 464; a midwife licensed under chapter 467; a

251 speech-language pathologist or audiologist licensed under part I
 252 of chapter 468; or a dietician or nutritionist licensed under
 253 part X of chapter 468.

254 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The
 255 department shall administer and provide certain services to
 256 implement the provisions of this section and shall:

257 (f) Promote the availability of genetic studies, services,
 258 and counseling in order that the parents, siblings, and affected
 259 newborns may benefit from detection and available knowledge of
 260 the condition.

261
 262 All provisions of this subsection must be coordinated with the
 263 provisions and plans established under this chapter, chapter
 264 411, and Pub. L. No. 99-457.

265 (5) ADVISORY COUNCIL.—There is established a Genetics and
 266 Newborn Screening Advisory Council made up of 15 members
 267 appointed by the State Surgeon General. The council shall be
 268 composed of two consumer members, three practicing
 269 pediatricians, at least one of whom must be a pediatric
 270 hematologist, a ~~one~~ representative from each of ~~the~~ four medical
 271 schools in this ~~the~~ state, the State Surgeon General or his or
 272 her designee, one representative from the Department of Health
 273 representing Children's Medical Services, one representative
 274 from the Florida Hospital Association, one individual with
 275 experience in newborn screening programs, one individual

276 representing audiologists, and one representative from the
277 Agency for Persons with Disabilities. All appointments shall be
278 for a term of 4 years. The chairperson of the council shall be
279 elected from the membership of the council and shall serve for a
280 period of 2 years. The council shall meet at least semiannually
281 or upon the call of the chairperson. The council may establish
282 ad hoc or temporary technical advisory groups to assist the
283 council with specific topics which come before the council.
284 Council members shall serve without pay. Pursuant to the
285 provisions of s. 112.061, the council members are entitled to be
286 reimbursed for per diem and travel expenses. It is the purpose
287 of the council to advise the department about:

288 (a) Conditions for which testing should be included under
289 the screening program and the genetics program.

290 (b) Procedures for collection and transmission of
291 specimens and recording of results.

292 (c) Methods whereby screening programs and genetics
293 services for children now provided or proposed to be offered in
294 the state may be more effectively evaluated, coordinated, and
295 consolidated.

296 Section 7. This act shall take effect July 1, 2017.
297