

By Senator Montford

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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
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

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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 CONSENT;
38 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 the
49 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

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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 or
79 public or private agency to provide laboratory services relating
80 to or having potential impact on the public health or relating
81 to the health of clients directly under the care of the state.

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

87 (4) The department may perform laboratory testing related

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88 to public health for other states on a fee-for-service basis.

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

91 381.983 Definitions.—As used in this act, the term:

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

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

103 381.984 Educational programs.—

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

116 (3) DISTRIBUTION OF INFORMATION LITERATURE ABOUT CHILDHOOD

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117 LEAD POISONING. ~~By January 1, 2007,~~ The State Surgeon General or
118 his or her designee shall develop culturally and linguistically
119 appropriate information and distribution methods ~~pamphlets~~
120 regarding childhood lead poisoning, the importance of testing
121 for elevated blood-lead levels, prevention of childhood lead
122 poisoning, treatment of childhood lead poisoning, and, as where
123 appropriate, the requirements of this act. This ~~These~~
124 information ~~pamphlets~~ shall be distributed to parents or ~~the~~
125 ~~other~~ legal guardians of children 6 years of age or younger on
126 the following occasions:

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

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

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

137 381.985 Screening program.—

138 (1) The State Surgeon General shall establish guidelines a
139 ~~program~~ for early identification of persons at risk of having
140 elevated blood-lead levels and for the systematic screening of ~~-~~
141 ~~Such program shall systematically screen~~ children under 6 years
142 of age in the target populations identified in subsection (2)
143 for the presence of elevated blood-lead levels. Children within
144 the specified target populations shall be screened with a blood-
145 lead test at age 12 months and age 24 months, or between the

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146 ages of 36 months and 72 months if they have not previously been
147 screened. The State Surgeon General shall, after consultation
148 with recognized professional medical groups and such other
149 sources as the State Surgeon General deems appropriate, adopt
150 rules to follow established national guidelines or
151 recommendations such as those issued by the Council of State and
152 Territorial Epidemiologists and the Centers for Disease Control
153 and Prevention related to reporting elevated blood-lead levels
154 and screening results to the department pursuant to this
155 section. ~~promulgate rules establishing:~~

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

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

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

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

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

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

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

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

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

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

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

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

199
200 ~~All cases or probable cases of lead poisoning found in the~~
201 ~~course of screenings conducted pursuant to this section shall be~~
202 ~~reported to the affected individual, to his or her parent or~~
203 ~~legal guardian if he or she is a minor, and to the State Surgeon~~

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204 ~~General.~~

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

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

213 383.14 Screening for metabolic disorders, other hereditary
214 and congenital disorders, and environmental risk factors.—

215 (1) SCREENING REQUIREMENTS.—To help ensure access to the
216 maternal and child health care system, the Department of Health
217 shall promote the screening of all newborns born in Florida for
218 metabolic, hereditary, and congenital disorders known to result
219 in significant impairment of health or intellect, as screening
220 programs accepted by current medical practice become available
221 and practical in the judgment of the department. The department
222 shall also promote the identification and screening of all
223 newborns in this state and their families for environmental risk
224 factors such as low income, poor education, maternal and family
225 stress, emotional instability, substance abuse, and other high-
226 risk conditions associated with increased risk of infant
227 mortality and morbidity to provide early intervention,
228 remediation, and prevention services, including, but not limited
229 to, parent support and training programs, home visitation, and
230 case management. Identification, perinatal screening, and
231 intervention efforts shall begin prior to and immediately
232 following the birth of the child by the attending health care

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233 provider. Such efforts shall be conducted in hospitals,
234 perinatal centers, county health departments, school health
235 programs that provide prenatal care, and birthing centers, and
236 reported to the Office of Vital Statistics.

237 (c) *Release of screening results.*—Notwithstanding any law
238 to the contrary, the State Public Health Laboratory may release,
239 directly or through the Children’s Medical Services program, the
240 results of a newborn’s hearing and metabolic tests or screenings
241 to the newborn’s health care practitioner, the newborn’s parent
242 or legal guardian, the newborn’s personal representative, or a
243 person designated by the newborn’s parent or legal guardian. As
244 used in this paragraph, the term “health care practitioner”
245 means a physician or physician assistant licensed under chapter
246 458; an osteopathic physician or physician assistant licensed
247 under chapter 459; an advanced registered nurse practitioner,
248 registered nurse, or licensed practical nurse licensed under
249 part I of chapter 464; a midwife licensed under chapter 467; a
250 speech-language pathologist or audiologist licensed under part I
251 of chapter 468; or a dietician or nutritionist licensed under
252 part X of chapter 468.

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

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

260
261 All provisions of this subsection must be coordinated with the

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262 provisions and plans established under this chapter, chapter
263 411, and Pub. L. No. 99-457.

264 (5) ADVISORY COUNCIL.—There is established a Genetics and
265 Newborn Screening Advisory Council made up of 15 members
266 appointed by the State Surgeon General. The council shall be
267 composed of two consumer members, three practicing
268 pediatricians, at least one of whom must be a pediatric
269 hematologist, a ~~one~~ representative from each of ~~the~~ four medical
270 schools in this ~~the~~ state, the State Surgeon General or his or
271 her designee, one representative from the Department of Health
272 representing Children's Medical Services, one representative
273 from the Florida Hospital Association, one individual with
274 experience in newborn screening programs, one individual
275 representing audiologists, and one representative from the
276 Agency for Persons with Disabilities. All appointments shall be
277 for a term of 4 years. The chairperson of the council shall be
278 elected from the membership of the council and shall serve for a
279 period of 2 years. The council shall meet at least semiannually
280 or upon the call of the chairperson. The council may establish
281 ad hoc or temporary technical advisory groups to assist the
282 council with specific topics which come before the council.
283 Council members shall serve without pay. Pursuant to the
284 provisions of s. 112.061, the council members are entitled to be
285 reimbursed for per diem and travel expenses. It is the purpose
286 of the council to advise the department about:

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

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

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

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