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1
2 An act relating to the Department of Health; amending
3 s. 381.0101, F.S.; defining the term "environmental
4 health technician"; exempting environmental health
5 technicians from certain certification requirements
6 under certain circumstances; requiring the department,
7 in conjunction with the Department of Environmental
8 Protection, to adopt rules that establish certain
9 standards for environmental health technician
10 certification; requiring the Department of Health to
11 adopt by rule certain standards for environmental
12 health technician certification; revising provisions
13 related to exemptions and fees to conform to changes
14 made by the act; creating s. 381.991, F.S.; creating
15 the Andrew John Anderson Pediatric Rare Disease Grant
16 Program within the department for a specified purpose;
17 subject to an appropriation by the Legislature,
18 requiring the program to award grants for certain
19 scientific and clinical research; specifying entities
20 eligible to apply for the grants; specifying the types
21 of applications that may be considered for grant
22 funding; providing for a competitive, peer-reviewed
23 application and selection process; providing that the
24 remaining balance of appropriations for the program as
25 of a specified date may be carried forward for a
26 specified timeframe under certain circumstances;
27 amending s. 383.14, F.S.; providing that any health
28 care practitioner present at a birth or responsible
29 for primary care during the neonatal period has the

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30 primary responsibility of administering certain
31 screenings; defining the term "health care
32 practitioner"; deleting identification and screening
33 requirements for newborns and their families for
34 certain environmental and health risk factors;
35 deleting certain related duties of the department;
36 revising the definition of the term "health care
37 practitioner" to include licensed genetic counselors;
38 requiring that blood specimens for screenings of
39 newborns be collected before a specified age;
40 requiring that newborns have a blood specimen
41 collected for newborn screenings, rather than only a
42 test for phenylketonuria, before a specified age;
43 deleting certain rulemaking authority of the
44 department; deleting a requirement that the department
45 furnish certain forms to specified entities; deleting
46 the requirement that such entities report the results
47 of certain screenings to the department; making
48 technical and conforming changes; deleting a
49 requirement that the department submit certain
50 certifications as part of its legislative budget
51 request; requiring certain health care practitioners
52 to prepare and send all newborn screening specimen
53 cards to the State Public Health Laboratory; defining
54 the term "health care practitioner"; amending s.
55 383.145, F.S.; defining the term "toddler"; revising
56 hearing loss screening requirements to include infants
57 and toddlers; revising hearing loss screening
58 requirements for licensed birth centers; requiring

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59 licensed birth centers to complete newborn hearing
60 loss screenings before discharge, with an exception;
61 amending s. 383.147, F.S.; revising sickle cell
62 disease and sickle cell trait screening requirements;
63 requiring screening providers to notify a newborn's
64 parent or guardian, rather than the newborn's primary
65 care physician, of certain information; authorizing
66 the parents or guardians of a newborn to opt out of
67 the newborn's inclusion in the sickle cell registry;
68 specifying the manner in which a parent or guardian
69 may opt out; authorizing certain persons other than
70 newborns who have been identified as having sickle
71 cell disease or carrying a sickle cell trait to choose
72 to be included in the registry; creating s. 383.148,
73 F.S.; requiring the department to promote the
74 screening of pregnant women and infants for specified
75 environmental risk factors; requiring the department
76 to develop a multilevel screening process for prenatal
77 and postnatal risk screenings; specifying requirements
78 for such screening processes; providing construction;
79 requiring persons who object to a screening to give a
80 written statement of such objection to the physician
81 or other person required to administer and report the
82 screening; amending s. 1004.435, F.S.; revising the
83 membership of the Florida Cancer Control and Research
84 Advisory Council; revising quorum requirements for
85 council actions; amending ss. 383.318, 395.1053, and
86 456.0496, F.S.; conforming cross-references; requiring
87 the department to grant certain applicants 90 days to

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88 cure deficiencies with their medical marijuana
89 treatment center license applications pursuant to a
90 specified errors and omissions process; requiring the
91 department to grant such applicants a marijuana
92 treatment center license if they cure the deficiencies
93 within the specified timeframe; providing
94 construction; providing that the death of an applicant
95 during the cure process may not be a reason to deny
96 the application or any resulting legal challenge;
97 requiring the department to issue the license to the
98 estate of a deceased applicant in the event of a
99 successful cure or legal challenge; providing
100 effective dates.

101
102 Be It Enacted by the Legislature of the State of Florida:

103
104 Section 1. Present subsections (5), (6), and (7) of section
105 381.0101, Florida Statutes, are redesignated as subsections (6),
106 (7), and (8), respectively, a new subsection (5) is added to
107 that section, and subsections (1), (2), and (4) and present
108 subsections (5) and (6) of that section are amended, to read:

109 381.0101 Environmental health professionals.—

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

111 (a) "Board" means the Environmental Health Professionals
112 Advisory Board.

113 (c) ~~(b)~~ "Department" means the Department of Health.

114 (d) ~~(e)~~ "Environmental health" means that segment of public
115 health work which deals with the examination of those factors in
116 the human environment which may impact adversely on the health

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117 status of an individual or the public.

118 (e)~~(d)~~ "Environmental health professional" means a person
119 who is employed or assigned the responsibility for assessing the
120 environmental health or sanitary conditions, as defined by the
121 department, within a building, on an individual's property, or
122 within the community at large, and who has the knowledge,
123 skills, and abilities to carry out these tasks. Environmental
124 health professionals may be either field, supervisory, or
125 administrative staff members.

126 (b)~~(e)~~ "Certified" means a person who has displayed
127 competency to perform evaluations of environmental or sanitary
128 conditions through examination.

129 (f) "Environmental health technician" means a person who is
130 employed or assigned the responsibility for conducting septic
131 inspections under the supervision of a certified environmental
132 health professional. An environmental health technician must
133 have completed training approved by the department and have the
134 knowledge, skills, and abilities to carry out these tasks.

135 (h)~~(f)~~ "Registered sanitarian," "R.S.," "Registered
136 Environmental Health Specialist," or "R.E.H.S." means a person
137 who has been certified by either the National Environmental
138 Health Association or the Florida Environmental Health
139 Association as knowledgeable in the environmental health
140 profession.

141 (g) "Primary environmental health program" means those
142 programs determined by the department to be essential for
143 providing basic environmental and sanitary protection to the
144 public. At a minimum, these programs shall include food
145 protection program work.

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146 (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not
147 perform environmental health or sanitary evaluations in any
148 primary program area of environmental health without being
149 certified by the department as competent to perform such
150 evaluations. This section does not apply to any of the
151 following:

152 (a) Persons performing inspections of public food service
153 establishments licensed under chapter 509. ~~7~~ ~~or~~

154 (b) Persons performing site evaluations in order to
155 determine proper placement and installation of onsite wastewater
156 treatment and disposal systems who have successfully completed a
157 department-approved soils morphology course and who are working
158 under the direct responsible charge of an engineer licensed
159 under chapter 471.

160 (c) Environmental health technicians employed by a
161 department as defined in s. 20.03 who are assigned the
162 responsibility for conducting septic tank inspections under the
163 supervision of an environmental health professional certified in
164 onsite sewage treatment and disposal.

165 (4) STANDARDS FOR CERTIFICATION.—The department shall adopt
166 rules that establish definitions of terms and minimum standards
167 of education, training, or experience for those persons subject
168 to this subsection ~~section~~. The rules must also address the
169 process for application, examination, issuance, expiration, and
170 renewal of certification and ethical standards of practice for
171 the profession.

172 (a) Persons employed as environmental health professionals
173 shall exhibit a knowledge of rules and principles of
174 environmental and public health law in Florida through

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175 examination. A person may not conduct environmental health
176 evaluations in a primary program area unless he or she is
177 currently certified in that program area or works under the
178 direct supervision of a certified environmental health
179 professional.

180 1. All persons who begin employment in a primary
181 environmental health program on or after September 21, 1994,
182 must be certified in that program within 6 months after
183 employment.

184 2. Persons employed in the primary environmental health
185 program of a food protection program or an onsite sewage
186 treatment and disposal system prior to September 21, 1994, shall
187 be considered certified while employed in that position and
188 shall be required to adhere to any professional standards
189 established by the department pursuant to paragraph (b),
190 complete any continuing education requirements imposed under
191 paragraph (d), and pay the certificate renewal fee imposed under
192 subsection (7) ~~(6)~~.

193 3. Persons employed in the primary environmental health
194 program of a food protection program or an onsite sewage
195 treatment and disposal system prior to September 21, 1994, who
196 change positions or program areas and transfer into another
197 primary environmental health program area on or after September
198 21, 1994, must be certified in that program within 6 months
199 after such transfer, except that they will not be required to
200 possess the college degree required under paragraph (e).

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

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204 (b) At a minimum, the department shall establish standards
205 for professionals in the areas of food hygiene and onsite sewage
206 treatment and disposal.

207 (c) Those persons conducting primary environmental health
208 evaluations shall be certified by examination to be
209 knowledgeable in any primary area of environmental health in
210 which they are routinely assigned duties.

211 (d) Persons who are certified shall renew their
212 certification biennially by completing not less than 24 contact
213 hours of continuing education for each program area in which
214 they maintain certification, subject to a maximum of 48 hours
215 for multiprogram certification.

216 (e) Applicants for certification shall have graduated from
217 an accredited 4-year college or university with a degree or
218 major coursework in public health, environmental health,
219 environmental science, or a physical or biological science.

220 (f) A certificateholder shall notify the department within
221 60 days after any change of name or address from that which
222 appears on the current certificate.

223 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN
224 CERTIFICATION.—The department, in conjunction with the
225 Department of Environmental Protection, shall adopt rules that
226 establish definitions of terms and minimum standards of
227 education, training, and experience for those persons subject to
228 this subsection. The rules must also address the process for
229 application, examination, issuance, expiration, and renewal of
230 certification, and ethical standards of practice for the
231 profession.

232 (a) At a minimum, the department shall establish standards

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233 for technicians in the areas of onsite sewage treatment and
234 disposal.

235 (b) A person conducting septic inspections must be
236 certified by examination to be knowledgeable in the area of
237 onsite sewage treatment and disposal.

238 (c) An applicant for certification as an environmental
239 health technician must, at a minimum, have received a high
240 school diploma or its equivalent.

241 (d) An applicant for certification as an environmental
242 health technician must be employed by a department as defined in
243 s. 20.30.

244 (e) An applicant for certification as an environmental
245 health technician must complete supervised field inspection work
246 as prescribed by department rule before examination.

247 (f) A certified environmental health technician must renew
248 his or her certification biennially by completing at least 24
249 contact hours of continuing education for each program area in
250 which he or she maintains certification, subject to a maximum of
251 48 hours for multiprogram certification.

252 (g) A certified environmental health technician shall
253 notify the department within 60 days after any change of name or
254 address from that which appears on the current certificate.

255 (6)-(5) EXEMPTIONS.—A person who conducts primary
256 environmental evaluation activities and maintains a current
257 registration or certification from another state agency which
258 examined the person's knowledge of the primary program area and
259 requires comparable continuing education to maintain the
260 certificate shall not be required to be certified by this
261 section. ~~Examples of persons not subject to certification are~~

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262 ~~physicians, registered dietitians, certified laboratory~~
263 ~~personnel, and nurses.~~

264 (7)~~(6)~~ FEES.—The department shall charge fees in amounts
265 necessary to meet the cost of providing environmental health
266 professional certification. Fees for certification shall be not
267 less than \$10 or more than \$300 and shall be set by rule.
268 Application, examination, and certification costs shall be
269 included in this fee. Fees for renewal of a certificate shall be
270 no less than \$25 nor more than \$150 per biennium.

271 Section 2. Section 381.991, Florida Statutes, is created to
272 read:

273 381.991 Andrew John Anderson Pediatric Rare Disease Grant
274 Program.—

275 (1) (a) There is created within the Department of Health the
276 Andrew John Anderson Pediatric Rare Disease Grant Program. The
277 purpose of the program is to advance the progress of research
278 and cures for pediatric rare diseases by awarding grants through
279 a competitive, peer-reviewed process.

280 (b) Subject to an annual appropriation by the Legislature,
281 the program shall award grants for scientific and clinical
282 research to further the search for new diagnostics, treatments,
283 and cures for pediatric rare diseases.

284 (2) (a) Applications for grants for pediatric rare disease
285 research may be submitted by any university or established
286 research institute in the state. All qualified investigators in
287 the state, regardless of institutional affiliation, shall have
288 equal access and opportunity to compete for the research
289 funding. Preference may be given to grant proposals that foster
290 collaboration among institutions, researchers, and community

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291 practitioners, as such proposals support the advancement of
292 treatments and cures of pediatric rare diseases through basic or
293 applied research. Grants shall be awarded by the department,
294 after consultation with the Rare Disease Advisory Council,
295 pursuant to s. 381.99, on the basis of scientific merit, as
296 determined by the competitive, peer-reviewed process to ensure
297 objectivity, consistency, and high quality. The following types
298 of applications may be considered for funding:

299 1. Investigator-initiated research grants.

300 2. Institutional research grants.

301 3. Collaborative research grants, including those that
302 advance the finding of treatment and cures through basic or
303 applied research.

304 (b) To ensure appropriate and fair evaluation of grant
305 applications based on scientific merit, the department shall
306 appoint peer review panels of independent, scientifically
307 qualified individuals to review the scientific merit of each
308 proposal and establish its priority score. The priority scores
309 shall be forwarded to the council and must be considered in
310 determining which proposals shall be recommended for funding.

311 (c) The council and the peer review panels shall establish
312 and follow rigorous guidelines for ethical conduct and adhere to
313 a strict policy with regard to conflicts of interest. A member
314 of the council or panel may not participate in any discussion or
315 decision of the council or panel with respect to a research
316 proposal by any firm, entity, or agency that the member is
317 associated with as a member of the governing body or as an
318 employee or with which the member has entered into a contractual
319 arrangement.

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320 (d) Notwithstanding s. 216.301 and pursuant to s. 216.351,
321 the balance of any appropriation from the General Revenue Fund
322 for the Andrew John Anderson Pediatric Rare Disease Grant
323 Program that is not disbursed but that is obligated pursuant to
324 contract or committed to be expended by June 30 of the fiscal
325 year in which the funds are appropriated may be carried forward
326 for up to 5 years after the effective date of the original
327 appropriation.

328 Section 3. Present subsection (5) of section 383.14,
329 Florida Statutes, is redesignated as subsection (6), a new
330 subsection (5) is added to that section, and subsections (1),
331 (2), and (3) of that section are amended, to read:

332 383.14 Screening for metabolic disorders, other hereditary
333 and congenital disorders, and environmental risk factors.—

334 (1) SCREENING REQUIREMENTS.—To help ensure access to the
335 maternal and child health care system, the Department of Health
336 shall promote the screening of all newborns born in Florida for
337 metabolic, hereditary, and congenital disorders known to result
338 in significant impairment of health or intellect, as screening
339 programs accepted by current medical practice become available
340 and practical in the judgment of the department. Any health care
341 practitioner present at a birth or responsible for primary care
342 during the neonatal period has the primary responsibility of
343 administering screenings as required in ss. 383.14 and 383.145.
344 As used in this subsection, the term "health care practitioner"
345 means a physician or physician assistant licensed under chapter
346 458, an osteopathic physician or physician assistant licensed
347 under chapter 459, an advanced practice registered nurse
348 licensed under part I of chapter 464, or a midwife licensed

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349 under chapter 467 ~~The department shall also promote the~~
350 ~~identification and screening of all newborns in this state and~~
351 ~~their families for environmental risk factors such as low~~
352 ~~income, poor education, maternal and family stress, emotional~~
353 ~~instability, substance abuse, and other high-risk conditions~~
354 ~~associated with increased risk of infant mortality and morbidity~~
355 ~~to provide early intervention, remediation, and prevention~~
356 ~~services, including, but not limited to, parent support and~~
357 ~~training programs, home visitation, and case management.~~
358 ~~Identification, perinatal screening, and intervention efforts~~
359 ~~shall begin prior to and immediately following the birth of the~~
360 ~~child by the attending health care provider. Such efforts shall~~
361 ~~be conducted in hospitals, perinatal centers, county health~~
362 ~~departments, school health programs that provide prenatal care,~~
363 ~~and birthing centers, and reported to the Office of Vital~~
364 ~~Statistics.~~

365 ~~(a) Prenatal screening. The department shall develop a~~
366 ~~multilevel screening process that includes a risk assessment~~
367 ~~instrument to identify women at risk for a preterm birth or~~
368 ~~other high-risk condition. The primary health care provider~~
369 ~~shall complete the risk assessment instrument and report the~~
370 ~~results to the Office of Vital Statistics so that the woman may~~
371 ~~immediately be notified and referred to appropriate health,~~
372 ~~education, and social services.~~

373 ~~(b) Postnatal screening. A risk factor analysis using the~~
374 ~~department's designated risk assessment instrument shall also be~~
375 ~~conducted as part of the medical screening process upon the~~
376 ~~birth of a child and submitted to the department's Office of~~
377 ~~Vital Statistics for recording and other purposes provided for~~

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378 ~~in this chapter. The department's screening process for risk~~
379 ~~assessment shall include a scoring mechanism and procedures that~~
380 ~~establish thresholds for notification, further assessment,~~
381 ~~referral, and eligibility for services by professionals or~~
382 ~~paraprofessionals consistent with the level of risk. Procedures~~
383 ~~for developing and using the screening instrument, notification,~~
384 ~~referral, and care coordination services, reporting~~
385 ~~requirements, management information, and maintenance of a~~
386 ~~computer-driven registry in the Office of Vital Statistics which~~
387 ~~ensures privacy safeguards must be consistent with the~~
388 ~~provisions and plans established under chapter 411, Pub. L. No.~~
389 ~~99-457, and this chapter. Procedures established for reporting~~
390 ~~information and maintaining a confidential registry must include~~
391 ~~a mechanism for a centralized information depository at the~~
392 ~~state and county levels. The department shall coordinate with~~
393 ~~existing risk assessment systems and information registries. The~~
394 ~~department must ensure, to the maximum extent possible, that the~~
395 ~~screening information registry is integrated with the~~
396 ~~department's automated data systems, including the Florida On-~~
397 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

398 (a) Blood specimens for newborn screenings.—Newborn Tests
399 and screenings must be performed by the State Public Health
400 Laboratory, in coordination with Children's Medical Services, at
401 such times and in such manner as is prescribed by the department
402 after consultation with the Genetics and Newborn Screening
403 Advisory Council and the Department of Education.

404 (b) (e) Release of screening results.—Notwithstanding any
405 law to the contrary, the State Public Health Laboratory may
406 release, directly or through the Children's Medical Services

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407 program, the results of a newborn's ~~hearing and metabolic tests~~
408 ~~or~~ screenings to the newborn's health care practitioner, the
409 newborn's parent or legal guardian, the newborn's personal
410 representative, or a person designated by the newborn's parent
411 or legal guardian. As used in this paragraph, the term "health
412 care practitioner" means a physician or physician assistant
413 licensed under chapter 458; an osteopathic physician or
414 physician assistant licensed under chapter 459; an advanced
415 practice registered nurse, registered nurse, or licensed
416 practical nurse licensed under part I of chapter 464; a midwife
417 licensed under chapter 467; a speech-language pathologist or
418 audiologist licensed under part I of chapter 468; ~~or~~ a dietician
419 or nutritionist licensed under part X of chapter 468; or a
420 genetic counselor licensed under part III of chapter 483.

421 (2) RULES.—

422 (a) After consultation with the Genetics and Newborn
423 Screening Advisory Council, the department shall adopt and
424 enforce rules requiring that every newborn in this state shall:

425 1. Before becoming 1 week of age, have a blood specimen
426 collected for newborn screenings ~~be subjected to a test for~~
427 ~~phenylketonuria;~~

428 2. Be tested for any condition included on the federal
429 Recommended Uniform Screening Panel which the council advises
430 the department should be included under the state's screening
431 program. After the council recommends that a condition be
432 included, the department shall submit a legislative budget
433 request to seek an appropriation to add testing of the condition
434 to the newborn screening program. The department shall expand
435 statewide screening of newborns to include screening for such

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436 conditions within 18 months after the council renders such
437 advice, if a test approved by the United States Food and Drug
438 Administration or a test offered by an alternative vendor is
439 available. If such a test is not available within 18 months
440 after the council makes its recommendation, the department shall
441 implement such screening as soon as a test offered by the United
442 States Food and Drug Administration or by an alternative vendor
443 is available; and

444 3. At the appropriate age, be tested for such other
445 metabolic diseases and hereditary or congenital disorders as the
446 department may deem necessary ~~from time to time~~.

447 ~~(b) After consultation with the Department of Education,~~
448 ~~the department shall adopt and enforce rules requiring every~~
449 ~~newborn in this state to be screened for environmental risk~~
450 ~~factors that place children and their families at risk for~~
451 ~~increased morbidity, mortality, and other negative outcomes.~~

452 (b)(e) The department shall adopt such additional rules as
453 are found necessary for the administration of this section and
454 ss. 383.145 and 383.148 ~~s. 383.145~~, including rules providing
455 definitions of terms, rules relating to the methods used and
456 time or times for testing as accepted medical practice
457 indicates, rules relating to charging and collecting fees for
458 the administration of the newborn screening program authorized
459 by this section, rules for processing requests and releasing
460 test and screening results, and rules requiring mandatory
461 reporting of the results of tests and screenings for these
462 conditions to the department.

463 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department
464 shall administer and provide certain services to implement the

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465 provisions of this section and shall:

466 (a) Assure the availability and quality of the necessary
467 laboratory tests and materials.

468 ~~(b) Furnish all physicians, county health departments,~~
469 ~~perinatal centers, birthing centers, and hospitals forms on~~
470 ~~which environmental screening and the results of tests for~~
471 ~~phenylketonuria and such other disorders for which testing may~~
472 ~~be required from time to time shall be reported to the~~
473 ~~department.~~

474 ~~(c)~~ Promote education of the public about the prevention
475 and management of metabolic, hereditary, and congenital
476 disorders ~~and dangers associated with environmental risk~~
477 ~~factors.~~

478 (d) ~~(d)~~ Maintain a confidential registry of cases, including
479 information of importance for the purpose of follow-up ~~followup~~
480 services to prevent intellectual disabilities, to correct or
481 ameliorate physical disabilities, and for epidemiologic studies,
482 if indicated. Such registry shall be exempt from the provisions
483 of s. 119.07(1).

484 (d) ~~(e)~~ Supply the necessary dietary treatment products
485 where practicable for diagnosed cases of ~~phenylketonuria and~~
486 ~~other~~ metabolic diseases for as long as medically indicated when
487 the products are not otherwise available. Provide nutrition
488 education and supplemental foods to those families eligible for
489 the Special Supplemental Nutrition Program for Women, Infants,
490 and Children as provided in s. 383.011.

491 (e) ~~(f)~~ Promote the availability of genetic studies,
492 services, and counseling in order that the parents, siblings,
493 and affected newborns may benefit from detection and available

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494 knowledge of the condition.

495 (f)~~(g)~~ Have the authority to charge and collect fees for
496 the administration of the newborn screening program. authorized
497 ~~in this section, as follows:~~

498 ~~1.~~ A fee not to exceed \$15 will be charged for each live
499 birth, as recorded by the Office of Vital Statistics, occurring
500 in a hospital licensed under part I of chapter 395 or a birth
501 center licensed under s. 383.305 ~~per year~~. The department shall
502 calculate the ~~annual~~ assessment for each hospital and birth
503 center, and this assessment must be paid ~~in equal amounts~~
504 ~~quarterly~~. ~~Quarterly~~, The department shall generate and issue
505 ~~mail to~~ each hospital and birth center a statement of the amount
506 due.

507 ~~2.~~ ~~As part of the department's legislative budget request~~
508 ~~prepared pursuant to chapter 216, the department shall submit a~~
509 ~~certification by the department's inspector general, or the~~
510 ~~director of auditing within the inspector general's office, of~~
511 ~~the annual costs of the uniform testing and reporting procedures~~
512 ~~of the newborn screening program. In certifying the annual~~
513 ~~costs, the department's inspector general or the director of~~
514 ~~auditing within the inspector general's office shall calculate~~
515 ~~the direct costs of the uniform testing and reporting~~
516 ~~procedures, including applicable administrative costs.~~
517 ~~Administrative costs shall be limited to those department costs~~
518 ~~which are reasonably and directly associated with the~~
519 ~~administration of the uniform testing and reporting procedures~~
520 ~~of the newborn screening program.~~

521 (g)~~(h)~~ Have the authority to bill third-party payors for
522 newborn screening tests.

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523 ~~(h)-(i)~~ Create and make available electronically a pamphlet
524 with information on screening for, and the treatment of,
525 preventable infant and childhood eye and vision disorders,
526 including, but not limited to, retinoblastoma and amblyopia.

527
528 All provisions of this subsection must be coordinated with the
529 provisions and plans established under this chapter, chapter
530 411, and Pub. L. No. 99-457.

531 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any
532 health care practitioner whose duty it is to administer
533 screenings under this section shall prepare and send all newborn
534 screening specimen cards to the State Public Health Laboratory
535 in accordance with rules adopted under this section. As used in
536 this subsection, the term “health care practitioner” means a
537 physician or physician assistant licensed under chapter 458, an
538 osteopathic physician or physician assistant licensed under
539 chapter 459, an advanced practice registered nurse licensed
540 under part I of chapter 464, or a midwife licensed under chapter
541 467.

542 Section 4. Paragraph (k) is added to subsection (2) of
543 section 383.145, Florida Statutes, and subsection (3) of that
544 section is amended, to read:

545 383.145 Newborn, ~~and~~ infant, and toddler hearing
546 screening.—

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

548 (k) “Toddler” means a child from 12 months to 36 months of
549 age.

550 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND
551 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—

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552 (a) Each hospital or other state-licensed birth ~~birthing~~
553 facility that provides maternity and newborn care services shall
554 ensure that all newborns are, before discharge, screened for the
555 detection of hearing loss to prevent the consequences of
556 unidentified disorders. If a newborn fails the screening for the
557 detection of hearing loss, the hospital or other state-licensed
558 birth ~~birthing~~ facility must administer a test approved by the
559 United States Food and Drug Administration or another
560 diagnostically equivalent test on the newborn to screen for
561 congenital cytomegalovirus before the newborn becomes 21 days of
562 age or before discharge, whichever occurs earlier.

563 (b) Each licensed birth center that provides maternity and
564 newborn care services shall ensure that all newborns are, before
565 discharge, screened for the detection of hearing loss. Within 7
566 days after the birth, the licensed birth center must ensure that
567 all newborns who do not pass the hearing screening are referred
568 for to an appointment audiologist, a hospital, or another
569 newborn hearing screening provider for a test to screen for
570 congenital cytomegalovirus before the newborn becomes 21 days of
571 age screening for the detection of hearing loss to prevent the
572 consequences of unidentified disorders. The referral for
573 appointment must be made within 7 days after discharge. Written
574 documentation of the referral must be placed in the newborn's
575 medical chart.

576 (c) If the parent or legal guardian of the newborn objects
577 to the screening, the screening must not be completed. In such
578 case, the physician, midwife, or other person attending the
579 newborn shall maintain a record that the screening has not been
580 performed and attach a written objection that must be signed by

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581 the parent or guardian.

582 (d) For home births, the health care provider in attendance
583 is responsible for coordination and referral to an audiologist,
584 a hospital, or another newborn hearing screening provider. The
585 health care provider in attendance must make the referral for
586 appointment within 7 days after the birth. In cases in which the
587 home birth is not attended by a health care provider, the
588 newborn's primary health care provider is responsible for
589 coordinating the referral.

590 (e) For home births and births in a licensed birth center,
591 if a newborn is referred to a newborn hearing screening provider
592 and the newborn fails the screening for the detection of hearing
593 loss, the newborn's primary health care provider must refer the
594 newborn for administration of a test approved by the United
595 States Food and Drug Administration or another diagnostically
596 equivalent test on the newborn to screen for congenital
597 cytomegalovirus.

598 (f) All newborn and infant hearing screenings must be
599 conducted by an audiologist, a physician, or an appropriately
600 supervised individual who has completed documented training
601 specifically for newborn hearing screening. Every hospital that
602 provides maternity or newborn care services shall obtain the
603 services of an audiologist, a physician, or another newborn
604 hearing screening provider, through employment or contract or
605 written memorandum of understanding, for the purposes of
606 appropriate staff training, screening program supervision,
607 monitoring the scoring and interpretation of test results,
608 rendering of appropriate recommendations, and coordination of
609 appropriate follow-up services. Appropriate documentation of the

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610 screening completion, results, interpretation, and
611 recommendations must be placed in the medical record within 24
612 hours after completion of the screening procedure.

613 (g) The screening of a newborn's hearing must be completed
614 before the newborn is discharged from the hospital or licensed
615 birth center. However, if the screening is not completed before
616 discharge due to scheduling or temporary staffing limitations,
617 the screening must be completed within 21 days after the birth.
618 Screenings completed after discharge or performed because of
619 initial screening failure must be completed by an audiologist, a
620 physician, a hospital, or another newborn hearing screening
621 provider.

622 (h) Each hospital shall formally designate a lead physician
623 responsible for programmatic oversight for newborn hearing
624 screening. Each birth center shall designate a licensed health
625 care provider to provide such programmatic oversight and to
626 ensure that the appropriate referrals are being completed.

627 (i) When ordered by the treating physician, screening of a
628 newborn's, infant's, or toddler's hearing must include auditory
629 brainstem responses, or evoked otoacoustic emissions, or
630 appropriate technology as approved by the United States Food and
631 Drug Administration.

632 (j) The results of any test conducted pursuant to this
633 section, including, but not limited to, newborn hearing loss
634 screening, congenital cytomegalovirus testing, and any related
635 diagnostic testing, must be reported to the department within 7
636 days after receipt of such results.

637 (k) The initial procedure for screening the hearing of the
638 newborn or infant and any medically necessary follow-up

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reevaluations leading to diagnosis shall be a covered benefit for Medicaid patients covered by a fee-for-service program. For Medicaid patients enrolled in HMOs, providers shall be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of establishing the payment rate for Medicaid HMOs. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to the supplemental policies, shall compensate providers for the covered benefit at the contracted rate. Nonhospital-based providers are eligible to bill Medicaid for the professional and technical component of each procedure code.

(1) A child who is diagnosed as having permanent hearing loss must be referred to the primary care physician for medical management, treatment, and follow-up services. Furthermore, in accordance with Part C of the Individuals with Disabilities Education Act, Pub. L. No. 108-446, Infants and Toddlers with Disabilities, any child from birth to 36 months of age who is diagnosed as having hearing loss that requires ongoing special hearing services must be referred to the Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.

Section 5. Section 383.147, Florida Statutes, is amended to read:

383.147 ~~Newborn and infant screenings for Sickle cell disease and sickle cell trait~~ hemoglobin variants; registry.-

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668 (1) If a ~~screening provider detects that a newborn as or an~~
669 ~~infant, as those terms are defined in s. 383.145(2),~~ is
670 identified as having sickle cell disease or carrying a sickle
671 cell trait through the newborn screening program as described in
672 s. 383.14, the department hemoglobin variant, it must:

673 (a) Notify the parent or guardian of the newborn and
674 provide information regarding the availability and benefits of
675 genetic counseling. ~~primary care physician of the newborn or~~
676 ~~infant and~~

677 (b) Submit the results of such screening to the Department
678 of Health for inclusion in the sickle cell registry established
679 under paragraph (2) (a), unless the parent or guardian of the
680 newborn provides an opt-out form obtained from the department,
681 or otherwise indicates in writing to the department his or her
682 objection to having the newborn included in the sickle cell
683 registry. ~~The primary care physician must provide to the parent~~
684 ~~or guardian of the newborn or infant information regarding the~~
685 ~~availability and benefits of genetic counseling.~~

686 (2) (a) The Department of Health shall contract with a
687 community-based sickle cell disease medical treatment and
688 research center to establish and maintain a registry for
689 individuals ~~newborns and infants~~ who are identified as having
690 sickle cell disease or carrying a sickle cell trait ~~hemoglobin~~
691 ~~variant.~~ The sickle cell registry must track sickle cell disease
692 outcome measures, except as provided in paragraph (1) (b). ~~A~~
693 ~~parent or guardian of a newborn or an infant in the registry may~~
694 ~~request to have his or her child removed from the registry by~~
695 ~~submitting a form prescribed by the department by rule.~~

696 (b) In addition to newborns identified and included in the

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697 registry under subsection (1), persons living in this state who
698 have been identified as having sickle cell disease or carrying a
699 sickle cell trait may choose to be included in the registry by
700 providing the department with notification as prescribed by
701 rule.

702 (c) The Department of Health shall also establish a system
703 to ensure that the community-based sickle cell disease medical
704 treatment and research center notifies the parent or guardian of
705 a child who has been included in the registry that a follow-up
706 consultation with a physician is recommended. Such notice must
707 be provided to the parent or guardian of such child at least
708 once during early adolescence and once during late adolescence.
709 The department shall make every reasonable effort to notify
710 persons included in the registry who are 18 years of age that
711 they may request to be removed from the registry by submitting a
712 form prescribed by the department by rule. The department shall
713 also provide to such persons information regarding available
714 educational services, genetic counseling, and other beneficial
715 resources.

716 (3) The Department of Health shall adopt rules to implement
717 this section.

718 Section 6. Section 383.148, Florida Statutes, is created to
719 read:

720 383.148 ENVIRONMENTAL RISK SCREENING.—

721 (1) RISK SCREENING.—To help ensure access to the maternal
722 and child health care system, the Department of Health shall
723 promote the screening of all pregnant women and infants in this
724 state for environmental risk factors, such as low income, poor
725 education, maternal and family stress, mental health, substance

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726 use disorder, and other high-risk conditions, and promote
727 education of the public about the dangers associated with
728 environmental risk factors.

729 (2) PRENATAL RISK SCREENING REQUIREMENTS.—The department
730 shall develop a multilevel screening process that includes a
731 risk assessment instrument to identify women at risk for a
732 preterm birth or other high-risk condition.

733 (a) A primary health care provider must complete the risk
734 screening at a pregnant woman's first prenatal visit using the
735 form and in the manner prescribed by rules adopted under this
736 section, so that the woman may immediately be notified and
737 referred to appropriate health, education, and social services.

738 (b) This subsection does not apply if the pregnant woman
739 objects to the screening in a manner prescribed by department
740 rule.

741 (3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department
742 shall develop a multilevel screening process that includes a
743 risk assessment instrument to identify factors associated with
744 increased risk of infant mortality and morbidity to provide
745 early intervention, remediation, and prevention services,
746 including, but not limited to, parent support and training
747 programs, home visitation, and case management.

748 (a) A hospital or birth center must complete the risk
749 screening immediately following the birth of the infant, before
750 discharge from the hospital or birth center, using the form and
751 in the manner prescribed by rules adopted under this section.

752 (b) This subsection does not apply if a parent or guardian
753 of the newborn objects to the screening in a manner prescribed
754 by department rule.

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755 Section 7. Paragraphs (a) and (d) of subsection (4) of
756 section 1004.435, Florida Statutes, are amended to read:

757 1004.435 Cancer control and research.—

758 (4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL;
759 CREATION; COMPOSITION.—

760 (a) There is created within the H. Lee Moffitt Cancer
761 Center and Research Institute, Inc., the Florida Cancer Control
762 and Research Advisory Council. The council shall consist of 16
763 ~~15~~ members, which includes the chairperson, all of whom must be
764 residents of this state. The State Surgeon General or his or her
765 designee within the Department of Health shall be one of the 16
766 ~~15~~ members. Members, except those appointed by the Governor, the
767 Speaker of the House of Representatives, or the President of the
768 Senate, must be appointed by the chief executive officer of the
769 institution or organization represented, or his or her designee.
770 One member must be a representative of the American Cancer
771 Society; one member must be a representative of the Sylvester
772 Comprehensive Cancer Center of the University of Miami; one
773 member must be a representative of the University of Florida
774 Shands Cancer Center; one member must be a representative of the
775 Florida Nurses Association who specializes in the field of
776 oncology and is not from an institution or organization already
777 represented on the council; one member must be a representative
778 of the Florida Osteopathic Medical Association who specializes
779 in the field of oncology; one member must be a member of the
780 Florida Medical Association who specializes in the field of
781 oncology and who represents a cancer center not already
782 represented on the council; one member must be a representative
783 of the H. Lee Moffitt Cancer Center and Research Institute,

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784 Inc.; one member must be a representative of the Mayo Clinic in
785 Jacksonville; one member must be a member of the Florida
786 Hospital Association who specializes in the field of oncology
787 and who represents a comprehensive cancer center not already
788 represented on the council; one member must be a representative
789 of the Association of Community Cancer Centers; one member must
790 specialize in pediatric oncology research or clinical care
791 appointed by the Governor; one member must specialize in
792 oncology clinical care or research appointed by the President of
793 the Senate; one member must be a current or former cancer
794 patient or a current or former caregiver to a cancer patient
795 appointed by the Speaker of the House of Representatives; one
796 member must be a member of the House of Representatives
797 appointed by the Speaker of the House of Representatives; and
798 one member must be a member of the Senate appointed by the
799 President of the Senate. At least four of the members must be
800 individuals who are minority persons as defined by s. 288.703.

801 (d) The council shall meet no less than semiannually at the
802 call of the chairperson or, in his or her absence or incapacity,
803 at the call of the State Surgeon General. Nine ~~Eight~~ members
804 constitute a quorum for the purpose of exercising all of the
805 powers of the council. A vote of the majority of the members
806 present is sufficient for all actions of the council.

807 Section 8. Paragraph (i) of subsection (3) of section
808 383.318, Florida Statutes, is amended to read:

809 383.318 Postpartum care for birth center clients and
810 infants.—

811 (3) The birth center shall provide a postpartum evaluation
812 and followup care that includes all of the following:

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813 (i) Provision of the informational pamphlet on infant and
814 childhood eye and vision disorders created by the department
815 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

816 Section 9. Section 395.1053, Florida Statutes, is amended
817 to read:

818 395.1053 Postpartum education.—A hospital that provides
819 birthing services shall incorporate information on safe sleep
820 practices and the possible causes of Sudden Unexpected Infant
821 Death into the hospital's postpartum instruction on the care of
822 newborns and provide to each parent the informational pamphlet
823 on infant and childhood eye and vision disorders created by the
824 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

825 Section 10. Section 456.0496, Florida Statutes, is amended
826 to read:

827 456.0496 Provision of information on eye and vision
828 disorders to parents during planned out-of-hospital births.—A
829 health care practitioner who attends an out-of-hospital birth
830 must ensure that the informational pamphlet on infant and
831 childhood eye and vision disorders created by the department
832 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each
833 parent after such a birth.

834 Section 11. (1) Effective upon this act becoming a law and
835 notwithstanding any provision of s. 381.986(8)(a)2.b., Florida
836 Statutes, to the contrary, the Department of Health must grant
837 an applicant 90 days to cure, pursuant to the errors and
838 omissions process established in department Form DH8035-OMMU-
839 10/2021 as incorporated by the department in rule 64ER21-16,
840 Florida Administrative Code, any remaining deficiencies cited by
841 the department regarding the application if the applicant:

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842 (a) Applied for a medical marijuana treatment center
843 license during the application window created by the department
844 to accept applications for licensure pursuant to s.
845 381.986(8)(a)2.b., Florida Statutes; and

846 (b) Has not been awarded a license, either from the initial
847 application process or through the cure process established in
848 section 2 of chapter 2023-292, Laws of Florida.

849 (2) If the applicant cures the deficiencies within the 90-
850 day timeframe, the department must issue a medical marijuana
851 treatment center license to the applicant.

852 (3) For purposes of the cure process detailed in
853 subsections (1) and (2), the department must consider all
854 deficiencies with an applicant's application to be cured if the
855 sole remaining deficiency cited is:

856 (a) A failure to meet the requirement in s.
857 381.986(8)(b)1., Florida Statutes; or

858 (b) The applicant died after March 25, 2022. In the case of
859 the death of an applicant under this paragraph, the department
860 must issue the license to the heirs of the applicant.

861 (4) If an applicant who was alive as of February 1, 2024,
862 dies before the completion of the cure process detailed in
863 subsections (1) and (2), the death of the applicant may not be a
864 reason to deny the application during the cure process or any
865 resulting legal challenges. In such case, and in the event of a
866 successful cure or challenge, the department must issue the
867 license to the estate of the applicant.

868 Section 12. Except as otherwise expressly provided in this
869 act and except for this section, which shall take effect upon
870 this act becoming a law, this act shall take effect July 1,

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871 | 2024.