HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1263 Department of Health
SPONSOR(S): Health & Human Services Quality Subcommittee; Hudson and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 1824

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Quality Subcommittee	7 Y, 4 N, As CS	Holt	Calamas
2) Appropriations Committee		Clark	Leznoff
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill revises the purposes and structure of the Department of Health (DOH), eliminating or renaming several divisions. The bill makes substantive changes to several programs: county health departments (CHDs), regulation of onsite sewage systems, Children's Medical Services (CMS), tuberculosis control, regulation of public bathing places, the nursing student loan forgiveness program, and health professional licensure processes.

The bill amends ch. 154, F.S., to recreate the CHDs as a decentralized system under the control of county governments. The CHDs are required to perform certain functions under a contract with DOH, funded by per capita-based block grants and fees established by local county governments. DOH is required to establish statewide standards for those functions. Counties may establish interlocal agreements to combine efforts to establish a single CHD between them, and DOH will perform functions for counties without certain abilities. The bill requires DOH to develop a transition plan and implement the decentralization by January 1, 2014.

The bill amends ch. 381, repealing the onsite sewage treatment and disposal system evaluation program. It requires counties and municipalities with a first magnitude spring to implement a local evaluation and assessment program, unless the county or municipality opts out, authorizes all other counties and municipalities to do the same, and establishes criteria for such programs..

The bill amends ch. 391, F.S., governing the Children's Medical Services network, authorizing DOH to contract with a provider service network to administer the program and establishing preconditions for entering into such a contract. In addition, the bill amends eligibility provisions to refocus the program on seriously ill children and simplify the financial eligibility process.

The bill amends ch. 392, F.S., governing the tuberculosis control hospitalization program, removing authority for DOH to operate a state-owned hospital effective January 1, 2013. The bill requires DOH to contract with health care providers, including hospitals and other facilities, for treatment of drug-resistant tuberculosis patients.

The bill amends provisions in ch. 514, F.S., regulating public bathing places and swimming pools to remove authority for DOH to regulate building and construction and retain its authority to regulate water quality.

The bill transfers the nursing student loan forgiveness program from DOH to the Department of Education.

The bill requires the Division of Medical Quality Assurance, which regulates health professions and occupations within DOH, to develop a plan to improve its efficiency. The bill establishes criteria for the plan, and requires plan submission to the Governor and the principals of the Legislature by November 1, 2012.

The bill removes unused rulemaking authority, unnecessary legislative intent and findings, and obsolete date references. It also removes provisions requiring the Legislature to expend funds, which have no effect on the Legislature's budget decisions in the General Appropriations Act. Finally, the bill makes numerous statutory amendments to conform to changes in the bill, and establishes varying effective dates.

The bill will have an indeterminate, but likely significant fiscal impact on state and local governments.

The bill provides an effective date of upon becoming law, except as provided otherwise within it.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Department of Health

Prior to 1991, most of Florida's health and human services programs were administered by a single state agency, the Department of Health and Rehabilitative Services (HRS). From 1991 through 1997, the Legislature subdivided the programmatic functions of HRS, now the Department of Children and Family Services, and created four new agencies to achieve more effective program management.

By 1997, the Department of Children and Family Services, and the four new agencies—the Department of Elder Affairs, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Health[1]—were responsible for administering the majority of Florida's health and human services programs.

The Department of Health (DOH) is established pursuant to section 20.43, Florida Statutes. Since being established in 1996, DOH's mission has persistently grown and diversified. Currently, DOH's 13 statutory mission statements comprise the following:[2]

- Prevent the occurrence and progression of communicable and non-communicable diseases and disabilities.
- Maintain a constant surveillance of disease occurrence and accumulate health statistics to establish disease trends and design health programs.
- Conduct special studies of the causes of diseases and formulate preventive strategies.
- Promote the maintenance and improvement of the environment as it affects public health.
- Promote the maintenance and improvement of health in the residents of the state.
- Provide leadership, in cooperation with the public and private sectors, to establish statewide and community public health delivery systems.
- 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.
- Provide services to abused and neglected children through child protection teams and sexual abuse treatment programs.
- Develop working associations with all agencies and organizations involved and interested in health and health care delivery.
- Analyze trends in the evolution of health systems, and identify and promote the use of innovative, cost-effective health delivery systems.
- Serve as the statewide repository of all aggregate data accumulated by state agencies related to health care; analyze 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.
- Include in the department's strategic plan developed under section 186.021, Florida Statutes, 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.
- Regulate health practitioners, to the extent authorized by the Legislature, as necessary for the preservation of the health, safety, and welfare of the public.

[1] Chapter 96-403, L.O.F.
[2] Section 20.43(1), F.S.

Generally, the State Surgeon General has statutory authority to be the leading voice on wellness and disease prevention efforts through specified means; advocate on health lifestyles; develop public health policy; and build collaborative partnerships with other entities to promote health literacy.[3]

DOH has 11 statutory divisions: Administration, Environmental Health, Disease Control, Family Health Services, Children's Medical Services Network, Emergency Medical Operations, Medical Quality Assurance, Children's Medical Services Prevention and Intervention, Information Technology, Health Access and Tobacco, and Disability Determinations.[4] DOH operates numerous programs, provides administrative support for 29 statutory health care boards and commissions, contracts with thousands of vendors, oversees 67 county health departments, and performs a variety of regulatory functions.

DOH is authorized to use state and federal funds to protect and improve the public health by administering health education campaigns; providing health promotional items such as shirts, hats, sports items, and calendars; planning and conducting promotional campaigns to recruit health professionals to work for DOH or participants for DOH programs; or providing incentives to encourage health lifestyles and disease prevention behaviors.[5]

When DOH was created in 1996, it received a total appropriation of $1.4 billion, including $384 million in general revenue funds, and had approximately 14,000 full-time equivalents (FTE) positions. In Fiscal Year 2011-2012, DOH received more than $377 million in general revenue funds and is authorized to spend a total of $2.8 billion. In Fiscal Year 2011-2012, the General Appropriations Act funded 17,107.5 FTE.[6]

In 2010[7], the Legislature transferred the drug, device, and cosmetic (DDC) program to the Department of Business and Professional Regulation.[8] The DDC regulates oversight of the manufacture and distribution of drugs, devices, cosmetics, either within or into Florida, pursuant to part I of chapter 499, Florida Statutes.

In 2010[9], the Legislature directed the DOH to conduct a comprehensive evaluation and justification review of each division and submit a report to the Legislature by March 1, 2011. The review was to be comprehensive in scope and, at a minimum, be conducted in a manner that:

- Identified the costs of each division and program within the division;
- Specified the purpose of each division and program;
- Specified the public health benefit derived from each program;
- Identified the progress toward achieving the outputs and outcomes associated with each division and program;
- Explained the circumstances for the ability to achieve, not achieve, or exceed projected outputs and outcomes for each program;
- Provided alternate course of action to administer the same program in a more efficient or effective manner. The course of action must include:
    - A determination on whether the DOH could be organized in a more efficient and effective manner to include a recommendation for reductions and restructuring;

[3] Section 20.43(2),F.S.
[4] Section 20.43(3), F.S.
[5] Section 20.43(7), F.S.
[6] This number includes County Health Department staff.
[7] Chapter 2010-161, L.O.F.
[8] Among many other provisions, chapter 499 provides for: criminal prohibitions against the distribution of contraband and adulterated prescription drugs; regulation of the advertising and labeling of drugs, devices, and cosmetics; establishment of permits for manufacturing and distributing drugs, devices, and cosmetics; regulation of the wholesale distribution of prescription drugs, which includes pedigree papers; regulation of the provision of drug samples; establishment of the Cancer Drug Donation Program; establishment of numerous enforcement avenues for DOH, including seizure and condemnation of drugs, devices, and cosmetics.
[9] Chapter 2010-161, L.O.F.

- Whether the goals, mission, or objectives of the DOH, divisions, or programs be redefined to avoid duplication, maximize the return on investment, or performed more efficiently or more effectively by another unit of government or private entity; and
- A determination of whether the cost to administer exceeds the revenues collected.

Starting in Fiscal Year 2010-2011, the DOH was precluded from initiating or commencing any new programs without express authorization from the Legislative Budget Commission. Also, before applying for any continuation or new federal or private grant in an amount of $50,000 or greater, the DOH was required to provide written notification to the Governor and Legislature.[10] The notification must include detailed information about the purpose of the grant, the intended use of the funds, and the number of full-time permanent or temporary employees needed to administer the program funded by the grant.

On March 1, 2011, the DOH submitted the report titled, "Florida Department of Health Evaluation and Justification Review: Report on Findings & Recommendations." The report contained recommendations in the following areas:

- Transfer programs or activities to another state government agency;
- Outsource the program or activity and maintain contractual oversight;
- Privatize the program or activity with no contractual oversight; and/or
- Eliminate the program or activity.

The bill contains several recommendations proposed by DOH to streamline and simplify the duties and responsibilities of DOH. The bill substantially amends the DOH mission statement, responsibilities assigned, and management structure outlined in ss. 20.43, 381.001, and 381.0011, F.S. The bill streamlines and decreases the number of the statutory mission statements from thirteen to seven. Additionally, the bill decreases the statutory created divisions from eleven to eight. The bill makes conforming changes to implement the changes to ss. 20.43, F.S.[11]

EMTs and Paramedics

Section 20.43, F.S., provides a detailed list of all the boards and professions that are established under and the responsibility of MQA. Currently, EMTs and Paramedics are not included in the list of professions governed by MQA under s. 20.43, F.S.

Moreover, the health care professions regulated by DOH are governed by individual practice acts and the general licensing provisions in ch. 456, F.S. Section 456.001(4), F.S., defines "health care practitioner" to mean any person licensed under: ch. 457, F.S., (acupuncture); ch. 458, F.S., (medicine); ch. 459, F.S., (osteopathic medicine); ch. 460, F.S., (chiropractic medicine); ch. 461, F.S., (podiatric medicine); ch. 462, F.S., (naturopathic medicine); ch. 463, F.S., (optometry); ch. 464, F.S., (nursing); ch. 465, F.S., (pharmacy); ch. 466, F.S., (dentistry and dental hygiene); ch. 467, F.S., (midwifery); parts I, II, III, V, X, XIII, and XIV of ch. 468, F.S., (speech-language pathology and audiology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, and orthotics, prosthetics, and pedorthics); ch. 478, F.S., (electrology or electrolysis); ch. 480, F.S., (massage therapy); parts III and IV of ch. 483, F.S., (clinical laboratory personnel or medical physics); ch. 484, F.S., (opticianry and hearing aid specialists); ch. 486, F.S., (physical therapy); ch. 490, F.S., (psychology); and ch. 491, F.S. (psychotherapy).

The definition of "health care practitioner" does not include emergency medical technicians and paramedics[12]. Therefore, these two professions are not governed by ch. 456, F.S, and are not governed by MQA pursuant to s. 20.43, F.S.

The bill amends s. 20.43, F.S., adding Emergency Medical Technicians (EMTs) and paramedics under the responsibility of MQA and includes the two professions within the definition of health care

[10] Chapter 2010-161, L.O.F.
[11] *See* s. 409.256, 381.0101, and 381.0065(3)-(4), F.S.
[12] EMT and paramedics are governed by part III of ch. 401, F.S.

practitioner in s. 456.001, F.S. This is a DOH recommendation and part of their 2012 legislative package.

Quarantine

Section 381.0011, F.S., provides the general duties and enforcement powers to the DOH. This section also directs DOH to adopt rules specifying the conditions and procedures for imposing and releasing a quarantine. This provision does not specify under what circumstances DOH may issue a quarantine. The rules must include provisions related to:

- The closure of premises.
- The movement of persons or animals exposed to or infected with a communicable disease.
- The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.
- Testing or destruction of animals with or suspected of having a disease transmissible to humans.
- Access by the department to quarantined premises.
- The disinfection of quarantined animals, persons, or premises.
- Methods of quarantine.

The bill streamlines s. 381.0011, F.S., by deleting unnecessary language and transfers prescriptive quarantine language to s. 381.00315, Florida Statutes.

County Health Departments

The Department of Health's county health departments (CHDs) are the implementation arm of Florida's public health system. The department operates CHDs in all 67 counties. In addition, the CHDs are major safety net providers with over 200 clinic sites offering varying levels of personal health care services. Over 70% of CHD patients have family income below 100% the federal poverty level and most patients are uninsured. A review of the type of patients accessing CHDs for clinic-base care in 2006-07 provides insight into the safety net aspect of the CHD system:

Payer Source	Patients	Percent
Medicaid	244,968	38.6%
Medicare	4,716	0.8%
Other 3rd Party	54,707	8.6%
Uninsured	329,753	52.0%
Total	634,144	100.0%

County Health Department Service Delivery System

All CHDs have responsibilities in three functional areas:

- Infectious Disease Prevention and Control: this includes surveillance; diagnosis and treatment; partner elicitation and contact tracing; and risk reduction education. The county health departments are either directly or indirectly involved in the treatment and/or follow-up of the majority of reportable infectious disease cases in Florida;

- Basic Family Health Care Services: this includes treatment for minor illnesses and injuries; prenatal care; family planning; well child services; school based health care, and dental health care. Many county health departments serve as the primary care safety net for persons who have difficulty accessing this care from the private sector;

- Environmental Health Services: this includes the inspection and monitoring of onsite sewage disposal systems and group care living facilities such as day care centers and nursing homes as well as monitoring private water wells for contamination. CHDs also work with the Department

of Environmental Protection to guard against groundwater contamination and investigate a variety of reported sanitary nuisances.

The service delivery systems of CHDs vary from county to county depending on the needs and expectations of the local community. For example, small CHDs in rural counties typically have a greater relative investment in clinical primary care and environmental health services. The CHDs in rural counties are usually the only medical provider in the community. As such, the delivery of basic health care services such as sick care, prenatal care, and well baby visits is a high priority locally and an appropriate role for the CHD. Small CHDs often depend more heavily on Medicaid to support operations since a large portion of their infrastructure is devoted to primary care. With regards to environmental health, small rural counties tend to have a higher proportion of residents on septic tanks and private drinking water wells. This requires a relatively large investment in environmental health services.

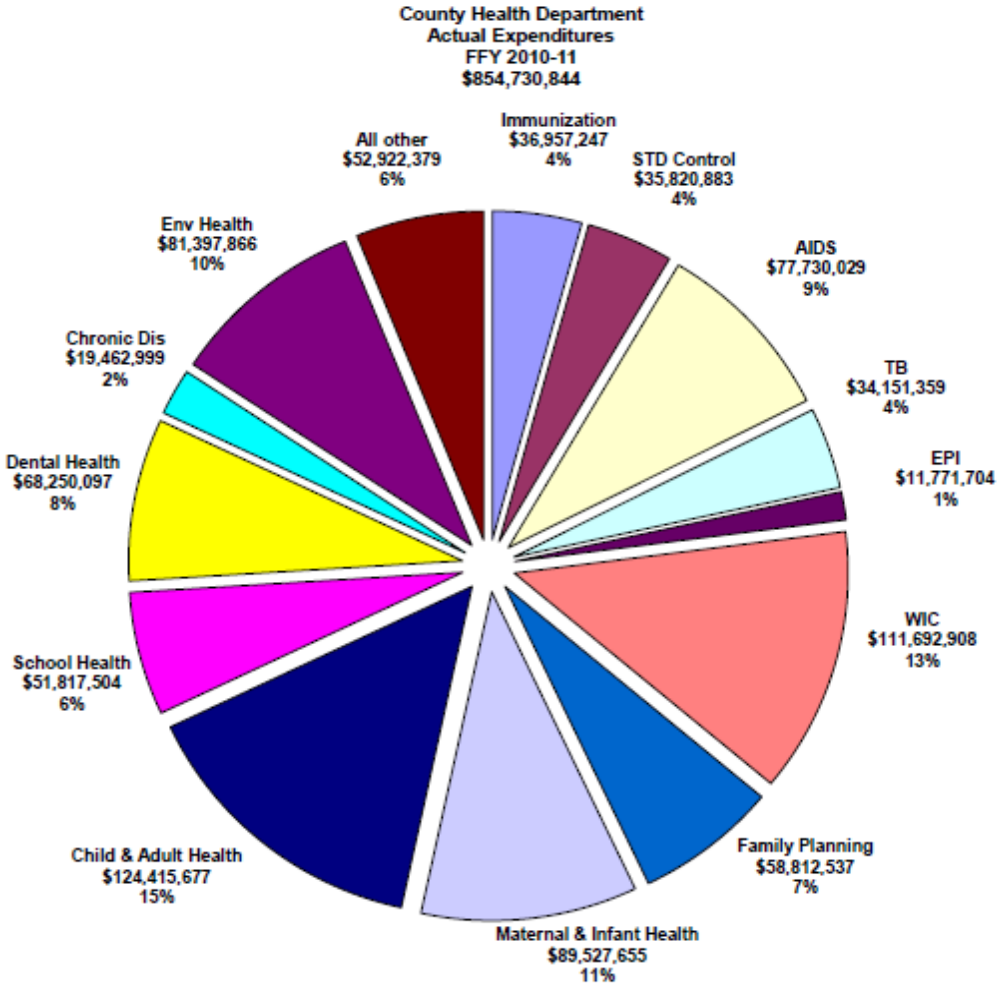
Larger CHDs in more urbanized counties typically have a greater relative investment in infectious disease control, case management services for the most at-risk residents, preparedness, and community coordination and networking activities. Many large CHDs do not have a major sick care operation because there are often other safety net providers available. The role of the CHD is not to compete but to fill gaps in local infrastructure. If other clinical primary care safety net providers exist CHDs are encouraged to partner with these entities rather than duplicate services. This usually takes the form of the CHD providing funding to augment the provider's primary care infrastructure and/or providing ancillary or more specialty-type services such as HIV/AIDS patient care and prenatal care. With regards to environmental health, the larger more developed counties often have the majority of residents on city or county maintained sewer and water systems, therefore the need for the CHD to address environmental health issues is less.

County Health Department Expenditures

The CHDs utilize a trust fund to manage revenues and expenditures. The Florida Legislature established the County Health Department Trust Fund (CHDTF) in law:

> Chapter 154.02(2): "The Treasurer shall maintain a full-time County Health Department Trust Fund which shall contain all state and local funds to be expended by county health departments. Such funds shall be expended by DOH solely for the purposes of carrying out the intent and purpose of this part. Federal funds may be deposited in the trust fund."

CHDs provide a wide array of clinical, community based, and environmental health services. Projected service expenditures from the CHDTF are shown below. This data provides insight into the CHDs' investment in specific program activities. Some public health expenditures, such as those associated with many HIV/AIDS pharmaceuticals and WIC food, are not included as these expenditures are incurred in Department of Health central office accounts and not the CHDTF.



Effective July 1, 2013, the bill amends s. 154.001, F.S., to decentralize the public health system in the state, providing for a county-based system that will be overseen by the department. Block grants are to be allocated to the counties on a per-capita basis. The bill directs the state to contract with each of the counties, and for the contract to specify the locally defined public health needs and priorities.

The bill requires that the contract with county health departments address three categories of services to be eligible for a state block grant, specifically: environmental health; communicable disease control services; and primary care services. The bill amends s. 154.06, F.S., providing that the fees for services rendered by the county health departments are to be the responsibility of each county. Such fees are to be established by each county's board of county commissioners, and expended solely for the purpose of providing health care services and facilities within the county or counties.

The bill requires that the county health department staff, at a minimum, consist of a director or administrator, a full-time public health nurse, a public health environmental specialist and a clerk. The staff of each county health department is subject to the employment procedures and policies of the respective county. In addition, the bill amends s. 154.067, F.S., directing county health departments to adopt a child abuse reporting protocol, by July 1, 2013.

The bill amends s. 154.05, F.S., to provide multiple counties the authority to enter into interlocal agreements to provide establish shared CHDs. Similarly, counties may enter into interlocal agreements to share or co-administer specific functions. Such an agreement may only be terminated at the end of a contract year, and with written notice to DOH, at least 90 days prior to termination.

The bill amends s. 154.001, F.S., providing that the role of the state is retained for public health functions that provide measurable improvements in efficiency, outcome, or cost-effectiveness when delivered in a centralized manner, specifically:

- Laboratory services pursuant to s. 381.0202, F.S.;
- Pharmacy services pursuant to s. 381.0203, F.S.;
- Vital statistics pursuant to ch. 382, F.S.;
- Children's medical services pursuant to ch. 391. F.S.;
- Regional perinatal intensive care centers pursuant to ss. 381.17-19, F.S.;
- Child abuse death reviews pursuant to s. 383.402, F.S.;
- Establishment of statewide standards necessary for environmental health pursuant to s. 381.006, F.S.;
- Establishment of statewide standards necessary for food service protection pursuant to s. 381.0072, F.S.;
- Comprehensive statewide tobacco education and use prevention program pursuant to s. 381.84, F.S.;
- Office of Rural Health pursuant to s. 381.0405, F.S.;
- Emergency medical services pursuant to ch. 395 and 401, F.S.;
- Migrant camps pursuant to ss. 381.008-00897, F.S.;
- Medical quality assurance pursuant to s. 20.43(3)(g), F.S.;
- Biomedical research pursuant to s. 381.855 and s. 381.922, F.S.;
- Tuberculosis control pursuant to s. 392.62, F.S.; and
- Emergency preparedness and disaster response pursuant to ss. 381.0303, 401.24, F.S., and ch. 252, F.S.

The bill creates an unnumbered section of law that directs DOH to develop a transition plan. This plan is to be submitted to the Governor and constitutional officers of the Legislature no later than October 1, 2012. Further, DOH is directed to provide monthly reports to the Legislature until the transition is fully implemented by January 1, 2014.

The bill repeals s. 154.03, F.S., as the provision is unnecessary. Section 154.03, F.S., authorizes DOH to arrange funding and allocation of such funding for the study of diseases, in each county, from the federal government.[13] This section of law was enacted in 1931,[14] allowing county commissioners to enter into agreements with DOH related to public health funding in the county, from either the department or other sources.

Children's Medical Services

Children's Medical Services (CMS) currently has two statutorily created divisions pursuant to s. 20.43, F.S., the CMS Network, and CMS Prevention and Intervention. The bill deletes the Division of CMS Prevention and Intervention and the Children's Medical Services Network and merges both divisions into a broader, renamed Division of Children's Medical Services. All the functions, duties and responsibilities will be merged into the one division. This is a recommendation from the DOH and was included in the 2012 DOH legislative package. The bill makes conforming changes to reflect the integration of the two divisions.

The CMS Network within the Division of Children Medical Services provides a continuum of early identification, screening, medical, developmental and supporting services for eligible children under the age of 21 with special health care needs. The CMS Network provides services to children enrolled in Medicaid (Title XIX) and KidCare (Title XXI). Additionally, CMS serves children who are not eligible for other insurance programs, are underinsured, or who's cost of care spends down the family income to eligible financial levels.

Children with special health care needs are those children whose chronic physical, developmental, behavioral, or emotional conditions require extensive preventative and maintenance care beyond that required by a typically healthy child. The CMS Network provides services through 22 CMS regional

[13] Section 154.03, F.S.
[14] Chapter. 14906, s, 3, L.O.F., (1931).

offices located throughout the state. Clinic services include: cardiac, cerebral palsy, cleft lip/cleft palate, craniofacial, diabetes, endocrinology, gastroenterology, liver disease, neurology, orthopedic, pulmonary/respiratory disease, spina bifida and pediatric surgery.

The bill does not alter the current CMS structure or functions, but allows DOH, if it chooses, to establish and maintain a provider service network for eligible children with special health care needs. The bill makes conforming changes to allow the provider services network. The changes are made to definitions, powers and duties, and administration. The bill also clarifies reorganizing language and deletes unnecessary language. The bill states that the CMS director can provide for a decentralized operational system utilizing DOH staff and contract providers as necessary. The program activities are to be implemented under the supervision of a physician on a statewide basis. This codifies current practice and allows DOH to provide services without having to utilize the 22 area CMS offices, if CMS opts to become a provider service network (PSN). The bill makes conforming changes to statute allowing for CMS to become a PSN.

The bill provides criteria that must be met prior to DOH contracting for a statewide operation. The criteria are as follows:

- Qualified contractors are available and interested in operating the program;
- Contracting for operation of the program will result in a measureable increase in the following areas:
    - The number of children with special health needs served by the program;
    - The number and type of services provided to children with special health needs; and
    - The number of participating providers, especially pediatricians with expertise in serving children with special health needs.
- Quality of care for children with special health needs will be maintained or enhanced.

The bill specifies that any contract for statewide operation of the Children's Medical Services program shall be competitively procured. The bill specifies that qualified contractors are provider service networks pursuant to s. 409.962(12) that meet the following criteria:

- Signed, written agreements with all Florida medical schools, statutory teaching hospitals, specialty children's hospitals, and regional perinatal intensive care centers;
- An adequate number of primary and specialty pediatricians participate in the network;
- An adequate number of other health professionals to meet the medical and psychosocial needs of the participating children and families;
- Experience in serving similar populations;
- Experience in operating a capitated provider service network; and
- Experience in quality improvement, especially in areas related to serving children with special health needs.

The bill also attempts to narrow the definition of children with special health care needs by specifying that the children must have "serious" conditions. The current definition provides that, "children with special health care needs," are children younger than 21 years of age who have chronic physical, developmental, behavioral, or emotional conditions and who require health care and related services of a type or amount beyond which is generally required by children.

The bill simplifies the eligibility process and specifies that eligibility is based on the diagnosis of one or more chronic and serious medical conditions, as well as the family's need for specialized services that are not available or accessible by the family from any other source. The bill changes the terms of financial participation by allowing families to participate in the cost of care by using a sliding fee scale, instead of the current complicated process that involves projecting an annual cost of care and adjusting the family income (or spend down) to Medicaid financial criteria.

The bill cleans up some ambiguity by clarifying that CMS is not deemed an insurer; thus not subject to the requirements of the Florida Insurance Code.

Division of Medical Quality Assurance

DOH Division of Medical Quality Assurance (MQA), regulates health care practitioners to ensure the health, safety and welfare of the public. Currently, MQA supports licensure and disciplinary activities for 43 professions and 37 types of facilities/establishments, and works with 22 boards and 6 councils.

The bill creates an unnumbered section requiring MQA to develop a plan to improve the efficiency of its functions, to 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 decision-making; and
- improve the cost-effectiveness and efficiency of the joint functions of the Division and the regulatory boards.

MQA is also directed to identify and analyze best practices found within the MQA and other state agencies with similar functions, options for information technology improvements, options for contracting with outside entities, and any other option MQA deems useful. MQA is directed to consult with and solicit recommendations from the regulatory boards. The plan must be submitted to the Legislature and the Governor by November 1, 2012.

A.G. Holley State Hospital

According to the United States Census Bureau, there are approximately four active tuberculosis hospitals in the United States.[15] Florida operates one of these tuberculosis hospitals, known as the A.G. Holley State Hospital. A.G. Holley was opened in 1950 as the Southeast Tuberculosis Hospital, the second of four state tuberculosis hospitals built in Florida between 1938 and 1952.[16] Today, however, A.G. Holley is the only state-operated tuberculosis (TB) hospital in the state and is the last of the original American sanatoriums dedicated to treating tuberculosis patients.[17] A.G. Holley operates a complete X-ray department, bronchoscopy suite, dental office, optometric clinic, and pharmacy.

A.G. Holley is located in the City of Lantana on a 134 acre plot. In May 2007, the land was appraised at $34.1 million. The hospital is four stories and encompasses 194,000 square feet. It was originally built to serve 500 patients, with living accommodations for the physicians, nurses and administrative staff. However, by 1971 the daily census at the hospital dropped to less than half of the original 500. By 1976, the beds and staff at A.G. Holley were reduced to serve a maximum of 150 patients. Currently, the hospital does not operate at full capacity and receives state funding for 50 beds, of which, sixteen are isolation (negative air pressure) rooms.

Today, the hospital receives funding for approximately 160 FTE positions for an average daily census of 37 patients, some of whom are involuntarily committed to the hospital. It costs approximately $10 million a year to manage the hospital, and the hospital consistently runs an annual deficit. Moreover, the hospital will require significant outlay for capital improvements in the near future.

In addition to the main hospital, the campus includes a lab that is part of the state laboratory service (16,700 sq. ft.), a county health department (35,000 sq. ft.), a warehouse (26,500 sq. ft.), a boiler room (4,552 sq ft), a water treatment plant (880 sq. ft.), an additional building (26,500 sq. ft.), and ten small residential cottages.

[15] United States Census Bureau, Hospitals-Summary Characteristics, *available at*: http://www.census.gov/compendia/statab/2007/tables/07s0162.xls (last viewed March 30, 2010).
[16] Bureau of TB and Refugee Health, Florida Department of Health, A.G. Holley Hospital History, *available at*: http://www.doh.state.fl.us/AGHolley/history.htm (last viewed March 30, 210).
[17] *Id.*

According to a recent research memorandum issued by the Office of Program Policy Analysis and Government Accountability (OPPAGA), only one other large state, Texas, operates a state-run infectious disease hospital that treats TB patients. In other large states, such as California, Illinois, Michigan, New York, North Carolina, and Ohio, local health departments use local or regional hospitals to treat such medically complex TB patients.[18]

In 2006, the department proposed developing the A.G. Holley hospital and campus into a Florida Institute for Public Health at a cost of approximately $10 million. In 2008, the Legislature directed DOH to procure a new TB hospital more suited to modern treatment and caseloads, and to outsource the management functions to a private vendor. The procurement was not successful. In 2009, the Legislature gave new, more specific direction to DOH to initiate a second procurement. DOH received one proposal, but the bidder did not meet the requirements of the procurement. In 2010[19], the Legislature, directed DOH to develop a plan that exclusively uses private and nonstate public hospitals to provide hospitalization, isolation, and treatment to cure.

The bill removes the authority for DOH to operate a TB hospital, effective January 1, 2013. The bill authorizes DOH to contract for the operation of a treatment program for persons with active TB. The contractor must use existing licensed community hospitals and other facilities for the care and treatment to cure of persons with active TB and a history of non-compliance with prescribed drug regimens.

The bill requires DOH to develop and implement a transition plan for the closure of A.G. Holley. The plan must include specific steps to end voluntary admissions, transfer patient to alternate facilities, communicate with families, providers, other affected parities, and the general public, enter into necessary contracts with providers, and coordinate with the Department of Management Services regarding the disposition of equipment and supplies and closure of the facility. The plan must be submitted to the Legislature by May 31, 2012, and be fully implemented by January 1, 2013. The bill makes conforming changes to ss. 392.51, 392.61, and 392.62, F.S., to reflect the closure of AG Holley State Hospital.

Onsite Sewage

DOH estimates there are approximately 2.67 million septic tanks in use statewide.[20] The DOH's Bureau of Onsite Sewage (bureau) develops statewide rules and provides training and standardization for county health department employees responsible for permitting the installation and repair of septic systems within the state.[21] The bureau also licenses septic system contractors, approves continuing education courses and courses provided for septic system contractors, funds a hands-on training center, and mediates septic system contracting complaints. The bureau manages a state-funded research program, prepares research grants, and reviews and approves innovative products and septic system designs.[22]

In 2008, the Legislature directed the DOH to submit a report identifying the range of costs to implement a mandatory statewide five-year septic tank inspection program to be phased in over 10 years.[23] The report stated that 99 percent of septic tanks in Florida are not under any management or maintenance requirements. The DOH's statistics indicate that approximately 2 million septic systems are 20 years or older, which is the average lifespan of a septic system in Florida.[24] According to the report, three

[18] "*Tuberculosis Hospitalization in Other States*," OPPAGA Research Memorandum (March 11, 2010).
[19] Chapter 2010-161, L.O.F.
[20] Florida Department of Health, Bureau of Onsite Sewage, Home, *available at*: http://www.myfloridaeh.com/ostds/index.html (last visited January 13, 2012).
[21] Sections 381.0064-381.0068, F.S.
[22] Florida Department of Health, Bureau of Onsite Sewage, OSTDS Description, *available at*: http://www.myfloridaeh.com/ostds/OSTDSdescription.html (last visited January13, 2012).
[23] Chapter 2008-152, L.O.F.
[24] Florida Depepartment of Health, Bureau of Onsite Sewage, Onsite Sewage Treatment and Disposal Systems in Florida, *available at*: http://www.doh.state.fl.us/Environment/ostds/statistics/newInstallations.pdf (last visited December 22, 2011). *See also* Florida

Florida counties, Charlotte, Escambia and Santa Rosa, have implemented mandatory septic tank inspections at a cost of $83 to $215 per inspection. [25]

In 2010[26], the Legislature created a septic system evaluation program. The evaluation was to begin January 1, 2011, with full program implementation by January 1, 2016.[27] The evaluation program:

- required all septic tanks to be evaluated for functionality at least once every five years;
- directed the DOH to provide proper notice to septic owners that their evaluations are due;
- ensured proper separations from the wettest-season water table; and
- specified the professional qualifications necessary to carry out an evaluation.

The bill repeals the 2010 adopted statewide onsite sewage treatment and disposal system evaluation program. The bill also:

- Creates a definition of bedroom for purposes of establishing thresholds for required treatment capacity.
- Provides that a permit issued by the DOH for the installation, modification, or repair of a septic system transfers with title to the property. Title is not encumbered when the title is transferred if new permit requirements are in place at the time of transfer.
- Provides for the reconnection of properly functioning septic systems, and clarifies that such systems are not considered abandoned.
- Clarifies that the rules applicable and in effect at the time of approval for construction apply at the time of final approval of the system under certain circumstances.
- Clarifies that a modification, replacement, or upgrade of a septic system is not required for a remodeling addition to a single-family home if a bedroom is not added.
- Reduces the annual operating permit fee for waterless, incinerating, or organic waste composting toilets to range of $15-$30 from a range of $30-$150.
- Repeals the grant program for low-income residents to repair and replace septic systems.
- Authorizes counties and municipalities to establish local evaluation and assessment programs.

If an evaluation program is adopted by a county or municipality by ordinance, the bill sets the framework and allowable criteria, which includes:

- a pump out and evaluation of a septic system to be performed every five years;
- only persons authorized in the bill may perform the pump out and evaluation;
- notice to be given to septic system owners at least 60 days before the septic system is due for an evaluation;
- that a local ordinance may authorize the assessment of a reasonable fee to cover the costs of administering the evaluation program;
- penalties for qualified contractors and septic system owners who do not comply with the requirements of the evaluation program;
- a county or municipality to develop a database based on evaluation reports submitted;
- a county or municipality to notify the Secretary of Environmental Protection, DOH and the local health department upon the adoption of the ordinance establishing the program; and
- the Department of Environmental Protection, within existing resources, to notify a county or municipality of potential funding under the Clean Water Act or Clean Water State Revolving

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Department of Health, Bureau of Onsite Sewage, What's New?, *available at*: http://www.doh.state.fl.us/environment/ostds/New.htm (last visited on December 22, 2011).

[25] Florida Department of Health, Bureau of Onsite Sewage, Report on Range of Costs to Implement a Mandatory Statewide 5-Year Septic Tank Inspection Program, *available at*:http://www.doh.state.fl.us/environment/ostds/pdfiles/forms/MSIP.pdf (last visited January 13, 2012).

[26] Chapter 2010-205, L.O.F

[27] However, implementation was delayed until July 1, 2011, by the Legislature's enactment of SB 2-A (2010). *See also* chapter 2010-283, L.O.F.

Fund and assist such counties or municipalities to model and establish low-interest loan programs.

Public Swimming and Bathing Facilities

Chapter 514, F.S., provides for the regulation of public swimming and bathing facilities. "Public swimming pool", or "public pool", is:

> "…a watertight structure of concrete, masonry, or other approved materials which is located either indoors or outdoors, used for bathing or swimming by humans, and filled with a filtered and disinfected water supply, together with buildings, appurtenances, and equipment used in connection therewith. A public swimming pool or public pool shall mean a conventional pool, spa-type pool, wading pool, special purpose pool, or water recreation attraction, to which admission may be gained with or without payment of a fee and includes, but is not limited to, pools operated by or serving camps, churches, cities, counties, day care centers, group home facilities for eight or more clients, health spas, institutions, parks, state agencies, schools, subdivisions, or the cooperative living-type projects of five or more living units, such as apartments, boardinghouses, hotels, mobile home parks, motels, recreational vehicle parks, and townhouses."[28]

A "public bathing place" is:

> "…a body of water, natural or modified by humans, for swimming, diving, and recreational bathing, together with adjacent shoreline or land area, buildings, equipment, and appurtenances pertaining thereto, used by consent of the owner or owners and held out to the public by any person or public body, irrespective of whether a fee is charged for the use thereof. The bathing water areas of public bathing places include, but are not limited to, lakes, ponds, rivers, streams, artificial impoundments, and waters along the coastal and intracoastal beaches and shores of the state."[29]

Florida has more than 27,000 public pools of varying size.[30] Also, DOH has currently issued permits to 180 fresh water bathing places.[31] A permit is necessary to operate a public swimming pool or bathing place in Florida.[32] The DOH is charged with creating application documents for the permit, as well as reviewing and evaluating, approving or denying applications.[33] In addition, DOH must approve all plans to construct, develop, or modify any public swimming pool or bathing place, other than coastal or intracoastal beaches.[34] DOH rules specifically detail the construction plan or modification plan approval process.[35] DOH is authorized to create a schedule of fees for review of an application for permit, the issuance of a permit, and the review of applications for variance.[36] The fee schedule is set out in statute and presented in further detail in rule.[37]

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[28] Section 514.011(2), F.S.
[29] Section 514.011(4), F.S.; *see also* Rule 64E-9.002(23), F.A.C.; the definition includes lakes, ponds, rivers, springs, streams, and artificial impoundments.
[30] Florida Department of Health, Division of Environmental Health, *Facility Report-Swimming Pools*, October 27, 2011, page 1 (on file with the Health and Human Services Quality Subcommittee).
[31] Email correspondence from Bureau Chief for Bureau of Water Programs, Environmental Public Health Division, Florida Department of Health to Health and Human Services Quality Subcommittee staff on November 8, 2011 (on file with the Health and Human Services Quality Subcommittee).
[32] Section 514.031, F.S.
[33] Section 514.031(1), F.S., and section 514.05(1), F.S.; *see also* Rule 64E-9.003, F.A.C., containing all forms required by chapter 514, F.S.
[34] Section 514.03, F.S.
[35] Rule 64E-9.005, F.A.C.; *see also* Rule 64E-9.006, F.A.C., establishing construction plan approval standards; *see also* Rule 64E-9.013, F.A.C., establishing rules for development and operating of public bathing places.
[36] Section 514.033(1), F.S.; variances from the requirement of rule and statute may be obtained pursuant to Rule 64E-9.016, F.A.C.
[37] Section 514.033(2) and (3), F.S.; *see also* Rule 64E-9.015, F.A.C.

The bill revises the definition of "public bathing place" to remove the adjacent shoreline or land area, building, equipment and appurtenances from the definition, which limits the term to mean only the body of water. The bill limits the authority of DOH by removing the ability to define terms associated with public swimming pools and public bathing places. The bill permits DOH to set water quality and safety standards for these facilities, including water source and quality standards, purification and treatment standards, and lifesaving equipment and other safety standards. The bill prohibits DOH from making rules that have no impact on water quality and safety. The bill removes authority of DOH to conduct plan reviews, issue approvals of plans, and enforce certain occupancy standards under the Florida Building Code.

The bill adds public bathing waters to the section of law concerning beach water sampling and health advisories associated with poor water quality revealed by beach water sampling. This allows DOH to adopt rules and regulations regarding the quality of beach or bathing waters, standards for water quality, and the issuance and enforcement of health advisories.

The bill gives CHDs the authority to review applications and plans for construction, development, or modification of public swimming pools or bathing places if the department has qualified engineering personnel on staff. If such professionals are not staff, the DOH is responsible for conducting these activities. CHDs are also tasked with monitoring water quality in all public swimming pools and bathing places.

The bill permits local governments or enforcement districts to determine, through plan reviews and inspections, whether plans for construction or modification of public swimming pools and bathing places are compliant with the Florida Building Code. The bill repeals the authority of DOH to conduct plan reviews and issue approvals of construction or modification plans for public swimming pools and bathing places.

The bill requires a permit only for the operation of a public swimming pool. Applications for a permit are to be developed by and submitted to the CHD, not DOH. The CHD is granted the authority to review and evaluate the applications for permit and approve or deny said applications. The bill allows an operating permit to be transferrable from one owner of a public swimming pool to another. A change in name or ownership of a public swimming pool must be reported to the CHD within 30 days of the change.

The bill requires all fees collected by DOH or a CHD to be deposited into the County Health Department Trust Fund. Funds are no longer to be deposited into the Public Swimming Pool and Bathing Place Trust Fund, as the Trust Fund does not exist.

Lastly, the bill declares any public swimming pool or bathing place to present a significant health risk if it fails to meet water quality and safety standards established in chapter 514, F.S., and to be a public nuisance, allowing DOH or a CHD to abate or enjoin operation of the facility through legal process. The construction, development, operation, or maintenance of a public swimming pool or bathing place contrary to the provisions of the chapter is no longer grounds upon which a facility may be declared a public nuisance.

Ordinances and regulations

In 1955[38], the Legislature enacted a provision permitting any municipality to enact, in a manner prescribed by law, health regulations and ordinances not inconsistent with state public health laws and rules adopted by the department.

The bill amends s. 381.0016, F.S., adding counties, thus permitting counties to enact health regulations and ordinances.

Penalties

[38] Chapter 29834, L.O.F.

Currently, pursuant to s. 381.0025(1), F.S., any person who violates any of the provisions of chapter 381, F.S., or any quarantine, or any rule adopted by the department under the provisions of this chapter is guilty of a misdemeanor of the second degree.[39]

Additionally, pursuant to s. 381.0025(2), F.S., any person who interferes with, hinders, or opposes any employee of the department in the discharge of his or her duties pursuant to the provisions of chapter 391 (general public health provisions), chapter 386 (part I: sanitary nuisances; part II: indoor air/tobacco smoke), chapter 513 (mobile home and recreational vehicle parks), or chapter 514 (public swimming and bathing facilities), or who impersonates an employee of the department, is guilty of a misdemeanor of the second degree.

Finally, pursuant to s. 381.0025(3), F.S., any person who maliciously disseminates any false rumor or report concerning the existence of any infectious or contagious disease is guilty of a misdemeanor of the second degree.

The bill repeals s. 381.0025(1) and (3), F.S. The bill amends s. 381.0025(2), F.S., to cross reference DOH's authority to declare public health emergencies pursuant to s. 381.00315, F.S., and narrows the reference to part I of chapter 386, F.S. Moreover, the bill removes language making it a second degree misdemeanor for impersonating a DOH employee.

School Health Services Program

Section 381.0056, F.S., authorizes the School Health Services Act (act). The act in s. 381.0056(11), F.S., specifies that school health programs that are funded by health care districts or health care entity must be supplementary and consistent with the requirements of the act.

The bill repeals s. 381.0056(11), F.S., as it is unclear why funding provided by health care districts or health care entities must be supplementary to state funding.

Epidemiologic Research Studies and Public Health Reporting

Section 381.0032(1), F.S., states that DOH may conduct studies concerning the epidemiology of diseases of public health significance, such as HIV and other diseases in Florida. The studies may not duplicate national studies, but are to be designed to provide special insight and understanding into Florida-specific problems given this state's unique climate and geography, demographic mix, and high rate of immigration. Furthermore s. 381.0032(2), F.S., provides that the studies are to emphasize practical applications and utility in the control of disease of public health significance, such as chronic diseases caused by infectious agents, host factors, or toxic substances. The studies should use state and local public health workers as field team members, reviewers, and co-authors to the maximum extent possible. The studies are to be directed by the State Health Officer or his or her designee. Pursuant to s. 381.0032(3), F.S., DOH is directed to work with various colleges and universities to include the College of Public Health at the University of South Florida when it deems appropriate and necessary.

The bill repeals s. 381.0032, F.S., but transfers the authority to conduct epidemiologic studies to s. 381.0031(1), F.S., which provides DOH the authority to report communicable diseases of public health significance. The bill creates a new s. 381.0031(1), F.S., which adds more narrow and streamlined language from s. 381.0032, F.S., which removes unnecessary language by stating that DOH may conduct studies concerning the epidemiology of communicable diseases of public health significance affecting the people in Florida.

Section 381.0031, F.S., provides that any health care practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance is required to

[39] Second degree misdemeanor is punishable

immediately report the fact to the DOH. The DOH is required to periodically issue a list of infectious or noninfectious diseases it determines to be a threat to public health. A health care practitioner is required to submit a report to DOH on each case and all diseases that are included on this list

The bill further amends s. 381.0031, F.S., limiting the ability of DOH to deem infectious and non-infectious diseases of public health significance to infectious diseases only. This will limit the breadth of diseases that health care practitioners are required to report and decreases DOH authority to determine non-infectious disease that are a public health significance.

HIV/AIDS Prevention Campaign Positions

The bill amends s. 381.0046(2), F.S., to remove specific references to the number of positions DOH is required to establish to implement a statewide HIV/AIDS prevention campaign. The bill also removes language specifying the reporting hierarchy for staff, which is unnecessary.

Environmental Health Laboratories

Section 381.00591, F.S., states that DOH may apply for and become a National Environmental Laboratory Accreditation Program accrediting authority. DOH, as an accrediting entity, may adopt rules to implement standards of the National Environmental Laboratory Accreditation Program, including requirements for proficiency testing providers to include rules pertaining to fees, application procedures, standards applicable to environmental or public water supply laboratories, and compliance.

The bill amends s. 381.00591, F.S., to simplify the language authorizing DOH to become a National Laboratory Accreditation Program accreditation body and removes the rule-making authority.

Section 403.863, F.S., outlines the state public water supply laboratory certification program. The bill amends s. 403.863, F.S., requiring DOH to contract with the American Environmental Laboratory Association to perform the evaluation and review of laboratory certification applications, and laboratory inspections. The bill makes conforming changes to s. 403.863, Florida Statutes.

Fees for Tattoo Profession

In 2010[40], the Legislature began regulation of the tattoo artists and tattoo establishments. As part of the created regulatory structure, fees were authorized to support the cost of regulation. In s. 381.00781(2), F.S., allowed DOH to annually adjust the maximum fees authorized 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.

The bill repeals s. 381.00781(2), F.S., removing the ability for fees to increase over time.

Environmental Health Professionals

Section 381.0101, F.S., provides for the regulation for environmental health professions to include definitions of certified and environmental health profession. The definition of “certified” is a person who has displayed competency to perform evaluations of environmental or sanitary conditions through examination. The definition of “environmental health professional” is 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 health professionals may be either field, supervisory, or administrative staff members.[41]

[40] Chapter 2010-220, L.O.F.
[41] Section 381.0101(2)(d), F.S.

Section 381.0101(3), F.S. provides that no person 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.

The bill repeals s. 381.0101(3), F.S, which provides the definition of certified and streamlines the definition of environmental health professional.

Statewide Pharmacy

Section 381.0203, F.S, authorized DOH to contract on a statewide basis for the purchase of drugs, as to be used by state agencies and CHDs. DOH is directed to establish and maintain:[42]

- A central pharmacy to support pharmaceutical services provided by the CHDs, including pharmaceutical repackaging, dispensing, and the purchase and distribution of immunizations and other pharmaceuticals.
- Regulation of drugs, cosmetics, and household products pursuant to chapter 499.
- Consultation to CHDs.

Moreover, this section also establishes eligibility for a contraception distribution program (program) to be operated through the licensed pharmacies of CHDs. To be eligible for participation in the program a woman must:[43]

- Be a client of the department or the Department of Children and Family Services.
- Be of childbearing age with undesired fertility.
- Have an income between 150 and 200 percent of the federal poverty level.
- Have no Medicaid benefits or applicable health insurance benefits.
- Have had a medical examination by a licensed health care provider within the past 6 months.
- Have a valid prescription for contraceptives that are available through the contraceptive distribution program.
- Consent to the release of necessary medical information to the CHD.
- Fees charged for the contraceptives under the program must cover the cost of purchasing and providing contraceptives to women participating in the program.

Section 381.0051, F.S., creates the comprehensive family planning act that requires DOH to provide women medically recognized methods of contraception. Under s. 154.01(2)(c), F.S., the CHDs are required to provide primary care services, which includes family planning. As noted above, the statewide pharmacy is required to support pharmaceutical services provided by the CHDs, which would include contraceptives.

The bill deletes the contraceptive distribution program found in s. 381.0203(2)(d), F.S.; streamlining the provision by deleting unnecessary language. The contraceptive distribution program will continue to operate; deleting this language will have no impact on the program.

Patient's Bill of Rights

Section 381.0261, F.S., creates the Patient's Bill of Rights. Currently, AHCA is directed to print and make continuously available a summary of the Florida Patient's Bill of Rights and Responsibilities 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. In adopting and making available to patients the summary of the Florida Patient's Bill of Rights and Responsibilities, health care providers and health care facilities are not limited to the format in which the AHCA prints and distributes the summary.

[42] Section 381.0203(2), F.S.
[43] Section 381.0203(2)(d), F.S.

According to AHCA, the Patient's Bill of Rights may be accessed on their website. AHCA does not print or distribute this document.[44]

The bill amends s. 381.0261, F.S., providing DOH publish on its internet website a summary of the Patient's Bill of Rights and removing AHCA's oversight of this provision.

Rules for Migrant Farm Workers

Section 381.0086(1), F.S., required DOH to adopt rules necessary to protect the health and safety of migrant farmworkers and other migrant labor camp or residential migrant housing occupants, including rules governing field sanitation facilities. The rules are to include definitions of terms, provisions relating to plan review of the construction of new, expanded, or remodeled camps or residential migrant housing, sites, buildings and structures, personal hygiene facilities, lighting, sewage disposal, safety, minimum living space per occupant, bedding, food equipment, food storage and preparation, insect and rodent control, garbage, heating equipment, water supply, maintenance and operation of the camp, housing, or roads, and such other matters as the department finds to be appropriate or necessary to protect the life and health of the occupants.

The bill amends s. 381.0086(1), F.S., to clarify that DOH is required to adopt rules to create standards for personal hygiene facilities and removes the requirement to adopt rules regulating lighting and roads.

Community Hospital Education Act

The bill amends s. 381.0403(3), F.S., providing that funding for the program for interns and residents through the statewide graduate medical education program will be appropriated in the General Appropriations Act.

Nursing Student Loan Forgiveness Program

The bill amends ss. 1009.66, and 1009.67, F.S., the Nursing Student Loan Forgiveness Program and Nursing scholarship program, to transfer the programs and the associated trust fund from the DOH to the Department of Education.

The Nursing Student Loan Forgiveness Program, the Nursing Scholarship Program, the Nursing Student Loan Forgiveness Trust Funds and 1 FTE will be transferred to the Department of Education effective July 1, 2012. This is a DOH recommendation and part of their 2012 legislative package.

Repealed Statutes

Eminent Domain

"Eminent domain" may be described as the fundamental power of the sovereign to take private property for a public use without the owner's consent. The power of eminent domain is absolute, except as limited by the Federal and State Constitutions, and all private property is subject to the superior power of the government to take private property by eminent domain.

The U.S. Constitution places two general constraints on the use of eminent domain: The taking must be for a "public use" and government must pay the owner "just compensation" for the taken property.[45] Even though the U.S. Constitution requires private property to be taken for a "public use", the U.S. Supreme Court long ago rejected any requirement that condemned property be put into use for the general public. Instead, the Court embraced what the Court characterizes as a broader and more natural interpretation of public use as "public purpose".

[44] Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.
[45] U.S. Const. amend. V.

The Florida Constitution prohibits takings of private property unless the taking is for a "public purpose" and the property owner is paid "full compensation." The Florida Supreme Court recognized long ago that the taking of private property is one of the most harsh proceedings known to the law, that "private ownership and possession of property was one of the great rights preserved in our constitution and for which our forefathers fought and died; it must be jealously preserved within the reasonable limits prescribed pursuant to ch. 73, F.S."[46]

Section 381.0013, F.S., provides the DOH the power of eminent domain to acquire private property that DOH may use and occupy. This section, is not limited to acquiring property due to public health significance, instead provides DOH carte blanche authority to take private property.

The bill repeals s. 381.0013, F.S., which provides DOH unnecessary general authority to take private property.

Ordinances

Section 381.0014, F.S., provides that the rules adopted concerning public health by the DOH supersede all rules enacted by other state departments, boards or commissions, or ordinances and regulations enacted by municipalities, except that this chapter does not alter or supersede any of the provisions set forth in chapter 502 or any rule adopted under that chapter.

The bill repeals s. 381.0014, F.S.

Presumptions

Section 381.0015, F.S., provides that the rules adopted concerning public health by the DOH supersede all rules enacted by other state departments, boards or commissions, or ordinances and regulations enacted by municipalities, except that this chapter does not alter or supersede any of the provisions set forth in chapter 502, F.S. Chapter 502, F.S., regulates milk, milk products, and frozen desserts. According to DOH, it is unknown how this section of law is used.[47]

The bill repeals s. 381.0015, F.S., as this is too broad of authority and the use is unknown.

Real Property

Section 381.0017, F.S., provides DOH the authority to purchase, lease, or otherwise acquire land and buildings and take a deed thereto in the name of the state, for the use and benefit of the DOH when the acquisition is necessary to the efficient accomplishment of public health. According to DOH, this section is obsolete. The DOH does not take deeds to buildings, and all lands reside with the Department of Environmental Protection.

The bill repeals s. 381.0017, F.S., as the provision is obsolete.

Hepatitis A Awareness Program

Currently, there are two separate statutory provisions that grant DOH similar authority. Section 381.00325, F.S., requires DOH to develop a Hepatitis A Awareness Program. The purpose of the program is to provide education and information to the public regarding the availability of the Hepatitis A vaccine. Section 381.0011(7), F.S., requires DOH to provide information to the public regarding the prevention, control, and cure of diseases and illnesses. Under this authority, the Division of Disease Control, within DOH, currently maintains a Hepatitis Awareness Program web page that provides necessary information regarding vaccines and educational tools for Hepatitis A, B and C.

The bill repeals s. 381.00325, F.S., as the provision is duplicative.

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[46] *Peavy-Wilson Lumber Co. v. Brevard County*, 159 Fla. 311, 31 So.2d 483 (Fla. 1947).
Baycol, Inc. v. Downtown Development Authority of City of Fort Lauderdale, 315 So.2d 451 (Fla. 1975).

[47] Email correspondence with DOH staff January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

Healthy Lifestyle Promotion

In 2004[48], the Legislature created s. 381.0054, F.S., requiring DOH to promote healthy lifestyles to reduce the prevalence of excess weight gain and obesity in Florida by implementing appropriate physical activity and nutrition programs. Pursuant to s. 381.0054(3), F.S., the program was to be implemented contingent upon an appropriation in the GAA. According to DOH, the program never received a specific appropriation.[49]

The bill repeals s. 381.0054, F.S., as the program is unfunded.

Primary and Preventive Health Services

Section 381.005(2), F.S., was enacted in 1991.[50] It directs hospitals licensed by AHCA pursuant to chapter 395, F.S., to implement a program to offer an immunization program against influenza and pneumococcal bacteria to patients over 65.[51] According to AHCA, they have no authority to enforce this requirement.[52]

The bill repeals s. 381.005(2), F.S., as the provision is out-of-date and not under the purview of DOH.

Technical and Support Services

Section 381.0201, F.S., requires DOH to establish certain technical and support programs to enable CHDs and other public or private agencies to carry out the public health mission. These programs shall include, but not be limited to, laboratory, pharmacy, vital statistics, and emergency medical services.

The bill repeals s. 381.0201, Florida Statutes.

Florida Health Service Corps

This section of law was enacted in 1992,[53] and is modeled on the National Health Services Corps,[54] offering loan repayment and scholarships for health professionals in return for service in public health care programs or underserved areas. This program has not been funded since 1996.[55]

The bill repeals s. 381.0302, F.S., as the program is unfunded.

Office of Women's Health Strategy

In 2004[56], the Legislature created the Office of Women's Health Strategy.[57] The strategy is administered by a Women's Health Officer and is intended to focus on the unique health care needs of women. The Officer of Women's Health Strategy is tasked with:[58]

- Ensuring state policies and programs are responsive to sex and gender differences and women's health needs;
- Organizing an interagency Committee for Women's Health with DOH, the Agency for Health Care Administration, the Department of Education, the Department of Elderly Affairs, the

[48] Chapter 2004-338, L.O.F.
[49] Email correspondence with DOH staff, dated January 29, 2012, on file with the Health & Human Services Quality Subcommittee staff.
[50] Chapter. 91-297, s. 18, L.O.F.
[51] Section 381.005(2), F.S.
[52] Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.
[53] Chapter 92-33, s. 111, L.O.F.
[54] *See*, http://nhsc.hrsa.gov/ (site last visited February 2, 2012).
[55] Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.
[56] Chapter 2004-350, LO.F.
[57] Section 381.04015, F.S.
[58] Section 381.04015(4), F.S.

Department of Corrections, the Office of Insurance Regulation and the Department of Juvenile Justice in order to integrate women's health into current state programs;
- Collecting and reviewing health data and trends to assess the health status of women;
- Reviewing the state's insurance code as it relates to women's health issues;
- Working with medical school curriculum committees to integrate women's health issues into course requirements and promote clinical practice guidelines;
- Organizing statewide Women's Health Month activities;
- Coordinating a Governor's statewide conference on women's health;
- Promoting research, treatment, and collaboration on women's health issues at universities and medical centers in the state;
- Promoting employer incentives for wellness programs targeting women's health programs;
- Serving as the primary state resource for women's health information;
- Developing a statewide women's health plan emphasizing collaborative approaches to meeting the health needs of women;
- Promoting clinical practice guidelines specific to women;
- Serving as the state's liaison with other states and federal agencies and programs to develop best practices in women's health;
- Developing a statewide, web-based clearinghouse on women's health issues and resources; and
- Promoting public awareness campaigns and education on the health needs of women.

The Women's Health Officer provides an annual report to the Governor and presiding officers of the Legislature that includes recommended policy changes for implementing the strategy.[59] According to the National Conference on State Legislatures, at least 18 states have created either offices or commissions dedicated to women's health, while three states—Florida, Illinois and Maine—have designated a women's health officer or coordinator.[60]

The bill repeals s. 381.04015, F.S., the Women's Health Officer, which overlaps with other programs within DOH; therefore is duplicative. The bill makes conforming changes to s. 20.43(2)(b), F.S.

Managed Care and Publicly Funded Primary Care Program Coordination Act

In 1996[61], the Legislature enacted the Managed Care and Publicly Funded Primary Care Program Coordination (act).[62] The purpose of the act is to ensure that publicly funded health providers are reimbursed by managed care plans when certain health care services are provided that are needed to protect and improve public health. Under the act, managed care plans and the Medipass program are required to pay claims initiated by any public provider, to the extent that they provide coverage for:[63]

- The diagnosis and treatment of sexually transmitted diseases and other communicable diseases;
- The provision of immunizations;
- Family planning services and related pharmaceuticals; and
- School health services rendered on an urgent basis.

The act requires public providers to contact managed care plans before providing health care services to their subscribers. Public providers must also provide managed care plans with the results of the office visit and must be reimbursed by managed care plans at the negotiated rate. If a rate has not been negotiated, the reimbursement rate is the lesser of either the rate charged by the public provider or the Medicaid fee-for-service reimbursement rate.[64] CHDs are reimbursed by managed care plans, and the Medipass program for clients of the Department of Children and Family Services who receive

[59] Section 381.04015(2)(p), F.S.
[60] "Laws and Initiatives on Women's Health," National Conference of State Legislatures, *available at*: http://www.ncsl.org/default.aspx?tabid=14377 (last viewed on March 17, 2010).
[61] Chapter 96-199, L.O.F.
[62] Section 381.0407, F.S.
[63] *Id*.
[64] *Id.*

emergency shelter medical screenings. The act also requires reimbursement in the event of a vaccine-preventable disease emergency to CHDs by providers for the cost of the administration of vaccines, provided such action is necessary to end the emergency.[65] The act requires AHCA, in consultation with DOH, to encourage agreements between Medicaid-financed managed care plans and public providers for the authorization of payment for maternity case management, well-child care, and prenatal care.[66]

In 2011[67], the Legislature enacted significant reforms to the Medicaid program, establishing a statewide, integrated managed care program for all covered services.

The bill repeals s. 381.0407, F.S., on October 1, 2014 as the provision is preempted by the 2011 Medicaid reforms.

Hepatitis B or HIV Carriers

Section 381.045, F.S., authorizes DOH to establish procedures to handle, counsel, and provide other services to health care professionals licensed or certified under chapter 401, chapter 467, part IV of chapter 468, and chapter 483 who are infected with hepatitis B or the human immunodeficiency virus.

The bill repeals s. 381.045, F.S., as the language is unnecessary.

AHCA Survey of State Hospital Facilities

Section 381.0605, F.S., designates AHCA as the sole agency of the state to carry out the purposes and administration of the Federal Hospital and Medical Facilities Amendments (Hill-Burton Act) of 1964.[68] Section 381.0605, F.S., also authorizes the Governor to provide for carrying out such purposes in accordance with the standards prescribed by the Surgeon General of the United States.

According to AHCA, the current certificate of need program meets this requirement, although the federal funds to support this program have long since stopped.[69]

The bill repeals s. 381.0605, F.S., as AHCA does not need the authority.

Community Health Pilot

This section of law was enacted in 1999[70] to develop community health pilot projects in rural and urban low-income areas. Specifically, this section of law created pilot projects in:

- Pinellas County, for the Greenwood Health Center in Clearwater;
- Escambia County, for the low income communities in the Palafox Redevelopment Area;
- In Hillsborough, Pasco, Pinellas and Manatee Counties, for the Urban League of Pinellas County;
- In Palm Beach County, for the low income communities within the City of Riveria;
- In the City of St. Petersburg, for the low-income communities within the Challenge 2001 Area; and
- Broward County, for the communities surrounding Miles Health Center in Ft. Lauderdale.

The department is authorized, to the extent that is possible, to assist pilot projects to enhance synergies and reduce duplication of efforts.[71] These pilot programs do not exist. The DOH states that

[65] *Id.*
[66] *Id.*
[67] Chapter 2011-134, L.O.F.
[68] 42 U.S.C. 29 – Sec. 291
[69] Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.
[70] Chapter. 99-356, ss. 11-12, L.O.F.
[71] Section 381.103, F.S.

they were unable to find any information on these two provisions and the Division of Family Health Services did not implement the pilot programs.[72]

The bill repeals ss. 381.102 and 381.103, F.S., as these pilot projects do not currently exist.

AHCA Background Screening

Section 381.60225, F.S., was created by chapter 98-171, L.O.F., to provide the following background screening requirements for licensure by AHCA:

- AHCA must require background screening of the managing employee, agency, or entity;
- The applicant must comply with the procedures for level 2 background screening;
- AHCA may require background screening of any individual who is an applicant if they have probable cause to believe the applicant has been convicted of a crime and/or committed any other crime prohibited under the level 2 standards for screening;
- Each applicant must submit with its application to AHCA a description of any exclusions, permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs;
- Each applicant must submit with its application to AHCA a description of any conviction of an offense prohibited under the level 2 standards by a member of the boards of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant; and
- Any organization, agency, or entity that has been found guilty of any offense prohibited under the level 2 standards for screening may not be certified by AHCA.

The bill repeals s. 381.60225, F.S. AHCA has sufficient authority under the Core Licensure Act, part II of chapter 408, F.S., and s. 381.60225 F.S., is unnecessary.[73]

Healthy Communities, Healthy People Program

In 1992, the Legislature enacted the Healthy Communities, Healthy People Act.[74] The act directed the department to use existing resources to educate Floridians as to risk factors and behaviors that can lead to chronic diseases. The purpose of this is to enhance the knowledge, skills, motivation, and opportunities for individuals, organizations, health care providers, small businesses, health insurers, and communities to develop and maintain healthy lifestyles.[75] This program is implemented through the CHDs, and is funded by a federal block grant.

Although DOH has been required since 1992[76] to develop and implement a Healthy Communities, Healthy People program, it has not established a separate formal program to do so.[77] Instead, the department is addressing the statute's intent through nine of its individual subprograms authorized in other laws. Most of these efforts are delivered through the Bureau of Chronic Disease Prevention and Health Promotion.[78]

The bill repeals ss. 381.732-381.734, F.S. The program was never implemented and the intent is being achieved through other statutory directives.

Nursing Home Survey for Brain and Spinal Cord Injury Program

[72] Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.
[73] Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.
[74] Chapter 92-33, L.O.F.
[75] Section 381.734(1), F.S.
[76] Chapter 92-33, L.O.F.
[77] Office of Program Policy Analysis & Government Accountability, Healthy Communities, Health People Activities Effectively Monitored, But Assessment Could Improve (2005-10), *available at*: http://www.oppaga.state.fl.us/Summary.aspx?reportNum=05-10 (last viewed January 27, 2012).
[78] Office of Program Policy Analysis & Government Accountability, Healthy Communities, Health People Activities Effectively Monitored, But Assessment Could Improve (2005-10), *available at*: http://www.oppaga.state.fl.us/Summary.aspx?reportNum=05-10 (last viewed January 27, 2012).

The Brain and Spinal Cord Injury Program administers a statewide coordinated system of care to serve persons who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries.[79]

In 1976[80], the Legislature required DOH to conduct annual surveys of nursing homes in the state to determine the number of persons 55 years of age and under who reside in such homes due to brain or spinal cord injuries and were evaluated to determine if they would benefit from rehabilitation program.[81] At that time, persons who had sustained a brain or spinal cord injury were sent to nursing homes from acute care settings.

Today, individuals who are injured are referred to the Brain and Spinal Cord Injury Program Central Registry. If a person is placed in a nursing home they are provided services for one-year to determine if they will improve and are a candidate for community reintegration and may receive services through the Nursing Home Transition Initiative and the TBI/SCI Home and Community-Based Medicaid Waiver. Currently, DOH states there is no funding allocated to conduct the survey and recommends repealing the program.

The bill repeals s. 381.77, F.S., as it is out-dated and unnecessary.

Long-term Community-based Supports

Section 381.795, F.S., authorizes DOH to establish, contingent upon specific appropriations, a program of long-term community-based supports and services for individuals who have sustained traumatic brain or spinal cord injuries and who may be subject to inappropriate residential and institutional placement as a direct result of such injuries. Currently, eligible individuals who have sustained a brain or spinal cord injury receive services through the Home and Community-based Medicaid Waiver. According to DOH, no specific appropriation has ever been appropriated to implement this program. DOH recommends repeal.[82]

The bill repeals s. 381.795, Florida Statutes.

Florida Center to Eradicate Disease

The Florida Center for Universal Research to Eradicate Disease (FLCURED) was created by the 2004 Legislature. The legislation followed a Senate Interim Report that found a need for improved coordination, information sharing and reduced duplication within Florida's medical research enterprise. To accomplish these goals, FLCURED holds an annual biomedical research summit, hosts a website and produces an annual report. FLCURED is operated within the Florida State University College of Medicine and is sponsored by the department. FLCURED has a 16 member Advisory Council that guides FLCURED's activities and recommends policies regarding biomedical research to the legislature.

The bill repeals s. 381.855, F.S., the FLCURED and eliminates the center, and the center's goal, purpose, responsibilities and advisory council. This is a DOH recommendation and part of their 2012 legislative package. The bill amends s. 381.922, F.S., William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program and eliminates language allowing up to $250,000 to be provided for the Florida Center for Universal Research to Eradicate Disease to accomplish the goals of the Bill Bankhead and David Coley Cancer Research program.

[79] Section 381.76, F.S.
[80] Chapter 76-201, L.O.F.
[81] Section 381.77, F.S.
[82] Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

Osteoporosis Prevention and Education Program

This section of law was enacted in 1996,[83] and directs the department to establish, promote and maintain an osteoporosis education and prevention program in the state. The program has not been funded since Fiscal Year 2008-2009. DOH recommends repeal.[84]

The bill repeals s. 381.87, F.S., as the section is obsolete.

Standards for Compressed Air

In 1999, section 381.895, F.S., was enacted and requires DOH to establish by rule the maximum allowable levels for contaminants in compressed air used for recreational sport diving.[85] These standards must take into consideration the levels of contaminants allowed by the Grade "E" Recreational Diving Standards of the Compressed Gas Association.[86]

Moreover, section 381.895(3), F.S., requires any compressed air provider receiving compensation for providing compressed air for recreational sport diving to have the air tested quarterly by specified accredited laboratories.[87] In addition, the compressed air provider must provide DOH a copy of the quarterly test result and DOH is required to maintain a record of all results.[88] The compressed air provider must post a certificate certifying that the compressed air meets the standards for contaminate levels.[89] The certificate must be posted in a conspicuous location where it can readily be seen by any person purchasing air.[90] It is a second degree misdemeanor[91] if:

- A compressed air provider does not receive a valid certificate that certifies that the compressed air meets the standards for contaminate levels established by DOH; and
- The certificate is not posted in a conspicuous location.[92]

The following entities are exempt from these requirements:

- Individuals who provide compressed air for their own use;
- Any governmental entity that owns its own compressed air source, which is used for work related to the governmental entity; or
- Any foreign registered vessel that uses a compressor to compress air for its own work-related purposes.[93]

Since enactment, the provision has been amended once to delete the January 1, 2000, implementation date.[94] Florida is the only state that has a law governing the regulation of compressed air standards in recreational diving.[95]

Currently, DOH maintains a database that contains thirteen years of test results from approximately 250 compressed air providers located throughout the state.[96] According to DOH, since 1999 none of

[83] Chapter 96-282, s. 1, L.O.F.
[84] Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.
[85] This includes any compressed air that may be provided as part of a dive package of equipment rental, or dive boat charter.
[86] Section 381.895(1), F.S.
[87] The laboratory must be accredited by either the American Industrial Hygiene Association or the American Association for Laboratory Accreditation
[88] Section 381.895(3),(4), F.S.
[89] Section 381.895(3), F.S.
[90] *Id.*
[91] A person who has been convicted of a second degree misdemeanor may be sentenced for a definite term of imprisonment not exceeding 60 days and a fine of up to $500. *See* ss. 775.082(4) and 775.083(1), F.S.
[92] Section 381.895(5), F.S.
[93] Section 381.895(2), F.S.
[94] Chapter 2002-1, L.O.F.
[95] Westlaw search for state statutory provisions requiring compressed air standards for recreational diving.

the submitted reports[97] show any evidence of contamination.[98] Additionally, there have been no reports of injury, illness, or death associated with contaminated compressed air.[99]

DOH recommended repeal of section 381.895, F.S., in its 2008 legislative package. When the provision was enacted, DOH did not receive an appropriation to support the database, enforcement, or rule promulgation.

The dive industry considers it a self-regulating body[100] and has mechanisms in place to ensure customers have quality compressed air.[101] According to professional organizations in the field, repealing this provision in Florida will not have an impact on current business practices. Currently, dive shops are required to monitor air quality to maintain certification or membership in worldwide recreational dive associations. Consumers will still be required to have their tanks inspected by dive shops or instructors, as this is an industry-mandated requirement.[102]

There are three major organizations that engage in recreational diving training and certification: Professional Association of Diving Instructors (PADI), National Association of Underwater Instructors (NAUI), and Scuba Schools International (SSI).[103] According to NAUI, these three organizations represent 90 percent of the recreational diving market for training certification and professional association memberships worldwide. Many recreational dive operations hold certifications and/or memberships with all three organizations. This practice tends to make them more marketable to consumers who are seeking certain types of dive certifications.[104]

According to the Professional Association of Diving Instructors (PADI)[105], members of their organization are required to constantly maintain Compressed Gas Association, Grade "E" Recreational Diving Compressed Air Standards. If a member does not meet these standards their membership is revoked. PADI posts a list of all expelled members online.[106] According to PADI, many dive operations are starting to utilize constant air quality monitoring devices, which self-monitor compressed air quality and just need to be calibrated every 90 days.[107]

The National Association of Underwater Instructors (NAUI)[108], requires certified businesses to provide medical grade compressed air, which NAUI considers a community standard. Dive operations that receive certification from NAUI are required to have their air checked and tested by an accredited nationally recognized lab every two years and the test results must be posted and available for consumers to view. According to NAUI, they have sales representatives that interact with dive shop owners multiple times a year. When NAUI salesmen are on site they are required to check compliance

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[96] Per email correspondence with DOH staff on file with the Health & Human Services Access Subcommittee staff (October 21, 2011).
[97] As of November 3, 2011, the DOH has received approximately a total of 3,395 reports.
[98] Department of Health, Bill Analysis, Economic Statement and Fiscal Note of House Bill 4037 (October 10, 2011).
[99] *Id.*
[100] "PADI has worked very hard over the years to keep the scuba diving industry as free from legislation as possible." *See* Professional Association of Diving Instructors, History of PADI, available at: http://www.padi.com/scuba/about-padi/PADI-history/default.aspx (last viewed October 21, 2011).
[101] Department of Health, Bill Analysis, Economic Statement and Fiscal Note of House Bill 4037 (October 10, 2011); telephone conversation with staff with the Professional Association of Diving Instructors and the National Association of Underwater Instructors (October 21, 2011).
[102] Per telephone conversation with staff with the Professional Association of Diving Instructors and the National Association of Underwater Instructors (October 21, 2011).
[103] *Id.*
[104] *Id.*
[105] PADI represents approximately 125 dive operations located throughout Florida.
[106] Professional Association of Diving Instructors, Quality Management: Consumer Alerts, *available* at: http://www.padi.com/scuba/about-padi/quality-management/consumer-alerts/default.aspx (last viewed October 21, 2011).
[107] Per email correspondence with Professional Association of Diving Instructors staff on file with Health & Human Services Access Subcommittee staff (October 21, 2011).
[108] NAUI represents approximately 120 dive operations located throughout Florida.

with NAUI policies. If a dive operator is not in compliance it will lose their NAUI certification. NAUI posts a list of all suspended and revoked certifications online.[109]

The bill repeals section 381.895, F.S., which requires DOH to set standards for compressed air, requires rule-making, requires testing of compressed air by providers, and reporting of test results to DOH.

Health Information Systems Council

The Florida Health Information Systems Council (Council) was created in the Department of Health by the Information Resource Management Reform Act of 1997.[110] The purpose of the Council is to coordinate, and provide for, the identification, collection, standardization, and sharing of health-related data among federal, state, local, and private entities.[111] Members of the Council include:

- The State Surgeon General;
- The Executive Director of the Department of Veterans' Affairs;
- The Secretary of Children and Family Services;
- The Secretary of Health Care Administration;
- The Secretary of Corrections;
- The Attorney General;
- The Executive Director of the Corrections Medical Authority;
- One member representing a small CHD and one member representing a large CHD, both appointed by the Governor;
- A representative from the Florida Association of Counties;
- The Chief Financial Officer;
- A representative from the Florida Health Kids Corporation;
- A representative from a school of public health chosen by the Commissioner of Education;
- The Commissioner of Education;
- The Secretary of Elder Affairs; and
- The Secretary of Juvenile Justice.

Representatives from the federal government may also serve on the Council, but do not have voting rights.[112] The Council is required to meet at least quarterly, but may also meet at the call of its chair, at the request of a majority of the membership, or at the request of a department.[113]

According to DOH, the Council has continued to meet as required, but takes no official action.[114] The last meeting of the Council at which any official action was taken occurred on October 22, 2003.[115] At that meeting, the Council adopted revisions to its Strategic Plan for FY 2004-05 through 2008-09.[116] However, none of the recommendations contained in the Plan have been implemented over the last 8 years. Lastly, the Council has not received any recent funding, nor have any appointments to the Council been made in the last two years.[117]

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[109] National Association of Underwater Instructors Worldwide, Quality and Ethics: Revoked and Suspended Memberships, *available* at: http://www.naui.org/quality_assurance.aspx (last viewed October 21, 2011).
[110] Chapter 97-286, L.O.F.
[111] Section 381.90(2), F.S.
[112] Section 381.90(3), F.S.
[113] Section 381.90(5), F.S.
[114] Telephone conference between Department of Health legislative affairs staff and Health and Human Services Quality Subcommittee staff.
[115] Florida Department of Health, Florida Health Information Systems Council, *Meeting Minutes, October 22, 2003*, available at http://www.doh.state.fl.us/floridahisc/Meetings/102203mts.html (last viewed on January 21, 2012).
[116] Department of Health, Florida Health Information Systems Council, *Strategic Plan-Fiscal Years 2004-05 through 2008-09*, May 15, 2003 (revised October 22, 2003), available at http://www.doh.state.fl.us/floridahisc/Plan/FHISCSP_2003_approved_revision_10_22_2003.pdf (last viewed January 22, 2012).
[117] Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.

The bill repeals s. 381.90, F.S., because the Council is defunct.

Arthritis Prevention and Education.

The department has a cooperative agreement with the Centers for Disease Control and Prevention (CDC) for a project titled "Implementation of Arthritis Evidence-Based Self-Management and Physical Activity" commonly referred to as the "Arthritis Program".

The program serves the purpose outlined in s. 385.210, F.S., including creating a statewide program to evaluate surveillance data, increase public and provider awareness about the impact of arthritis on the state, and facilitate evidence-based programs to prevent, reduce and manage the impact of arthritis on an individual. The cooperative agreement ends June 29, 2012. The program has worked with several large partners, including the Department of Elderly Affairs, Health Foundation of South Florida, the Veterans Administration, and Florida Hospital to establish self-sustaining chronic disease self management programs, at the community level, which help prevent the onset of or complications due to chronic diseases.

Effective July 1, 2012, this program would no longer be authorized and DOH will not apply for CDC funding for this program in 2012. According to DOH, these programs have been structured to be sustainable after the grant funding ends.[118]

Public Sector Physician Advisory Committee

Section 458.346, F.S., creates a Public Sector Physician Advisory Committee which shall review and make recommendations to the Board of Medicine on all matters relating to public sector physicians that come before the board.

The bill repeals s. 458.346, F.S., as the language is unnecessary. DOH recommends repeal.

Legislative Findings and Intent

The bill deletes or amends legislative findings or intent language for the following areas:

- Section 381.0037, F.S., relating to findings and intent for the AIDS program.
- Section 381.004(1), F.S., relating to HIV testing.
- Section 381.0051(2), F.S., relating to family planning.
- Section 381.0056(2), F.S., relating to the school health services program.
- Section 381.0057(1), F.S., relating to funding for school health services.
- Section 381.0062(1), F.S., relating to supervision, private and certain public water systems.
- Section 381.0098(1), F.S., relating to biomedical waste.
- Section 381.0101(1), F.S., relating to environmental health professionals.
- Section 381.0301(1)-(2), F.S., relating to education and resource development.
- Section 381.0403(2), F.S., relating to the Community Hospital Education Act.
- Section 381.4018(2), F.S., relating to physician workforce assessment and development.
- Section 381.7352(1), F.S., relating to legislative intent and findings for the Closing the Gap Act.
- S. 381.853(1), F.S., relating to the Florida Center for Brain Tumor Research.
- S. 381.91(1)(a), F.S., relating to the Jessie Trice Cancer Prevention Program.

The amendments to legislative intent language have no substantive policy impact on the programs.

Unused Rulemaking Authority

The bill amends several section of law to remove unused rulemaking authority. The bill repeals the following provisions:

[118] Florida Department of Health, Bill Analysis, Economic Statement and Fiscal Note for HB 1263, February 2, 2012.

- Section 381.0052(5), F.S., related to dental health;
- Section 381.0053(4), F.S., related to the comprehensive nutrition program;
- Section 381.00593(8), F.S., related to the public school volunteer healthcare practitioner program;
- Section 381.765(3), F.S., related to retention of title and disposal of equipment;
- Section 401.243(4), F.S., related to the injury prevention program;
- Section 401.245(5), F.S., related to the Emergency Medical Services Advisory Council;
- Section 401.271(2), F.S., related to certification of emergency medical technicians and paramedics who are on active duty with the Armed Forces, and their spouses;
- Section 402.45(9), F.S., related to the community resource mother or father program;
- Section 462.19(2), F.S., related to renewal of licenses and inactive status for naturopaths;
- Section 464.208(4), F.S., related to background screening information for nurse licensure; and
- Section 466.00775, F.S., related to the Board of Dentistry.

According to DOH, no rules have been adopted which use these specific sections of authority.[119] The repeal of rulemaking authority has no substantive impact on these programs.

Trust Funds

The bill repeals two trust funds: the Drugs, Devices, and Cosmetics Trust Fund[120] and the Nursing Student Loan Forgiveness Trust Fund[121]. The Drugs, Devices and Cosmetics Trust Fund is no longer necessary as DOH not longer manages the program (responsibilities were transferred to the Department of Business and Professional Regulation). The bill transfers the Nursing Student Loan Forgiveness Program to the Department of Education, thus, trust fund will no longer be necessary after the transfer.

Other Provisions

The bill removes various obsolete dates.[122] The bill deletes requirements for programs to submit recommendations to the legislature, as they do not need specific authority to submit legislative proposals.[123]

The bill deletes specific authority for the State Surgeon General to convene an ad hoc committee, pursuant to s. 381.7353(3), F.S., as he or she does not need specific statutory authority to convene such a committee.

The bill removes language requiring a specific appropriation by the legislature to support the Office of Rural Health[124] and the Florida Center for Nursing[125]. Legislature does not need statutory directive to spend money. The repeals will have no effect on either program.

Finally, the bill corrects references to the Shands Cancer Hospital.

B. SECTION DIRECTORY:

Section 1: Amending s. 20.43, F.S., relating to Department of Health;
Section 2: Amending s. 20.435, F.S., relating to Department of Health; trust funds;

[119] Department of Health Memorandum, "Unused Rulemaking Authority", February 1, 2012, on file with Health & Human Services Quality Subcommittee staff.
[120] Section 20.435(13), F.S.
[121] Section 20.435(17), F.S.
[122] *See* sections 381.0034, 381.0403,(3), 381.06015(7), and 381.7356, F.S.
[123] *See* section 381.0303, F.S.
[124] Section 381.0405,(7), F.S.
[125] Section 464.0197, F.S.

Section 3: Amending s. 154.001, F.S., relating to system of coordinated county health department services; legislative intent;
Section 4: Amending s. 154.01, F.S., relating to county health department delivery system;
Section 5: Repealing s. 154.03, F.S., relating to cooperation with Department of Health and United States Government;
Section 6: Amending s. 154.04, F.S., relating to personnel of county health departments; duties; compensation;
Section 7: Amending s. 154.05, F.S., relating to cooperation and agreements between counties;
Section 8: Amending s. 154.06, F.S., relating to fees and services rendered; authority;
Section 9: Amending s. 154.067, F.S., relating to child abuse and neglect cases; duties;
Section 10: Creating an unnumbered section of law; relating to decentralization of public health services;
Section 11: Amending s. 215.5602, F.S., relating to James and Esther King Biomedical Research Program;
Section 12: Amending s. 381.001, F.S., relating to legislative intent;
Section 13: Amending s. 381.0011, F.S., relating to duties and powers of the Department of Health;
Section 14: Repealing s. 381.0013, F.S., relating to eminent domain;
Section 15: Repealing s. 381.0014, F.S., relating to regulations and ordinances superseded;
Section 16: Repealing s. 381.0015, F.S., relating to presumptions;
Section 17: Amending s. 381.0016, F.S., relating to municipal regulations and ordinances;
Section 18: Repealing s. 381.0017, F.S., relating to purchase, lease, and sale of real property;
Section 19: Amending s. 381.0025, F.S., relating to penalties;
Section 20: Amending s. 381.003, F.S., relating to communicable disease and AIDS prevention and control;
Section 21: Amending s. 381.0031, F.S., relating to report of diseases of public health significance to department;
Section 22: Amending s. 381.00315, F.S., relating to public health advisories; public health emergencies;
Section 23: Repealing s. 381.0032, F.S., relating to epidemiological research;
Section 24: Repealing s. 381.00325, F.S., relating to Hepatitis A awareness program;
Section 25: Amending s. 381.0034, F.S., relating to requirement for instruction on HIV and AIDS;
Section 26: Repealing s. 381.0037, F.S., relating to findings; intent;
Section 27: Amending s. 381.004, F.S., relating to HIV testing;
Section 28: Amending s. 381.0046, F.S., relating to statewide HIV and AIDS prevention campaign;
Section 29: Amending s. 381.005, F.S., relating to primary and preventive health services;
Section 30: Amending s. 381.0051, F.S., relating to family planning;
Section 31: Amending s. 381.0052, F.S., relating to dental health;
Section 32: Amending s. 381.0053, F.S., relating to comprehensive nutrition program;
Section 33: Repealing s. 381.0054, F.S., relating to healthy lifestyles promotion;
Section 34: Amending s. 381.0056, F.S., relating to school health services program;
Section 35: Amending s. 381.0057, F.S., relating to funding for school health services;
Section 36: Amending s. 381.00591, F.S., relating to Department of Health; National Environmental Laboratory accreditation; application; rules;
Section 37: Amending s. 381.00593, F.S., relating to public school volunteer health care practitioner program;
Section 38: Amending s. 381.0062, F.S., relating to supervision; private and certain public water systems;
Section 39: Amending s. 381.0065, F.S., relating to onsite sewage treatment and disposal systems; regulation;
Section 40: Creating s. 381.00651, F.S., relating to periodic evaluation and assessment of onsite sewage treatment and disposal systems;
Section 41: Repealing s. 381.00656, F.S., relating to grant program for repair of onsite sewage treatment disposal systems;
Section 42: Amending s. 381.0066, F.S., relating to onsite sewage treatment and disposal systems; fees;
Section 43: Amending s. 381.0068, F.S., relating to technical review and advisory panel;
Section 44: Amending s. 381.00781, F.S., relating to fees; disposition;
Section 45: Amending s. 381.0086, F.S., relating to rules; variances; penalties;
Section 46: Amending s. 381.0098, F.S., relating to biomedical waste;
Section 47: Amending s. 381.0101, F.S., relating to environmental health professionals;
Section 48: Amending s. 381.0201, F.S., relating to technical and support services;

Section 49: Amending s. 381.0203, F.S., relating to pharmacy services;
Section 50: Amending s. 381.0261, F.S., relating to summary of patient's bill of rights; distribution; penalty;
Section 51: Amending s. 381.0301, F.S., relating to education and resource development;
Section 52: Repealing s. 381.0302, F.S., relating to Florida Health Services Corps;
Section 53: Amending s. 381.0303, F.S., relating to special needs shelters;
Section 54: Repealing s. 381.04015, F.S., relating to Women's Health Strategy; legislative intent; duties of Officer of Women's Health Strategy; other state agency duties;
Section 55: Amending s. 381.0403, F.S., relating to the Community Hospital Education Act;
Section 56: Amending s. 381.0405, F.S., relating to Office of Rural Health;
Section 57: Amending s. 381.0406, F.S., relating to rural health networks;
Section 58: Repealing s. 381.0407, F.S., effective October 1, 2014, relating to managed care and publicly funded primary care program coordination;
Section 59: Repealing s. 381.045, F.S., relating to Hepatitis B or HIV carriers;
Section 60: Amending s. 381.06015, F.S., relating to Public Cord Blood Tissue Bank;
Section 61: Repealing s. 381.0605, F.S., relating to survey of state hospital facilities; Agency for Health Care Administration;
Section 62: Repealing s. 381.102, F.S., relating to community health pilot projects;
Section 63: Repealing s. 381.103, F.S., relating to community health pilot projects; duties of department;
Section 64: Amending s. 381.4018, F.S., relating to physician workforce assessment and development;
Section 65: Repealing s. 381.60225, F.S., relating to background screening;
Section 66: Repealing s. 381.732, F.S., relating to short title; Healthy Communities, Healthy People Act;
Section 67: Repealing s. 381.733, F.S., relating to definitions relating to Healthy Communities, Healthy Act;
Section 68: Repealing s. 381.734, F.S., relating to Healthy Communities, Healthy People Program;
Section 69: Amending s. 381.7352, F.S., relating to legislative findings and intent;
Section 70: Amending s. 381.7353, F.S., relating to reducing racial and ethnic health disparities: Closing the Gap grant program; administration; department duties;
Section 71: Amending s. 381.7356, F.S., relating to local matching funds; grant awards;
Section 72: Amending s. 381.765, F.S., relating to retention of title to and disposal of equipment;
Section 73: Repealing s. 381.77, F.S., relating to nursing home residents, age 55 and under; annual survey;
Section 74: Repealing s. 381.795, F.S., relating to long-term community-based supports;
Section 75: Amending s. 381.853, F.S., relating to Florida Center for Brain Tumor Research;
Section 76: Repealing s. 381.855, F.S., relating to Florida Center for Universal Research to Eradicate Disease;
Section 77: Repealing s. 381.87, F.S., relating to osteoporosis prevention and education program;
Section 78: Repealing s. 381.895, F.S., relating to standards for compressed air used for recreational diving;
Section 79: Repealing s. 381.90, F.S., relating to Health Information Systems Council; legislative intent; creation, appointment, duties;
Section 80: Amending s. 381.91, F.S., relating to Jessie Trice Cancer Prevention Program;
Section 81: Amending s. 381.922, F.S., relating to William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program;
Section 82: Repealing s. 385.210, F.S., relating to arthritis prevention and education;
Section 83: Amending s. 391.016, F.S., relating to legislative intent;
Section 84: Amending s. 391.021, F.S., relating to definitions;
Section 85: Amending s. 391.025, F.S., relating to applicability and scope;
Section 86: Amending s. 391.026, F.S., relating to powers and duties of the department;
Section 87: Amending s. 391.028, F.S., relating to administration;
Section 88: Amending s. 391.029, F.S., relating to program eligibility;
Section 89: Amending s. 391.0315, F.S., relating to benefits;
Section 90: Amending s. 392.51, F.S., relating to findings and intent;
Section 91: Amending s. 392.61, F.S., relating to community tuberculosis control programs;
Section 92: Amending s. 392.62, F.S., relating to hospitalization and placement programs;
Section 93: Creating an unnumbered section of law; relating to the closure of A.G. Holley State Hospital;
Section 94: Amending s. 401.243, F.S., relating to injury prevention;

Section 95: Amending s. 401.245, F.S., relating to Emergency Medical Services Advisory Council;
Section 96: Amending s. 401.271, F.S., relating to 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;
Section 97: Amending s. 402.45, F.S., relating to community resource mother or father program;
Section 98: Amending s. 403.863, F.S., relating to state public water supply laboratory certification program;
Section 99: Amending s. 400.914, F.S., relating to rules establishing standards;
Section 100: Amending s. 409.256, F.S., relating to administrative proceeding to establish paternity or paternity and child support; order to appear for genetic testing;
Section 101: Repealing s. 458.346, F.S., relating to Public Sector Physician Advisory Committee;
Section 102: Amending s. 462.19, F.S., relating to renewal of license; inactive status;
Section 103: Repealing s. 464.0197, F.S., relating to Florida Center for Nursing; state budget support;
Section 104: Amending s. 464.208, F.S., relating to background screening information; rulemaking authority;
Section 105: Amending s. 466.00775, F.S., relating to rulemaking;
Section 106: Amending s. 514.011, F.S., relating to definitions;
Section 107: Amending s. 514.021, F.S., relating to department authorization;
Section 108: Amending s. 514.023, F.S., relating to sampling of beach waters; health advisories;
Section 109: Amending s. 514.025, F.S., relating to assignment of authority to county health departments;
Section 110: Amending s. 514.03, F.S., relating to construction plans approval necessary to construct, develop, or modify public swimming pools or bathing places;
Section 111: Amending s. 514.031, F.S., relating to permit necessary to operate public swimming pool or bathing place;
Section 112: Amending s. 514.033, F.S., relating to creation of fee schedules authorized;
Section 113: Amending s. 514.05, F.S., relating to denial, suspension, or revocation of permit; administrative fines;
Section 114: Amending s. 514.06, F.S., relating to injunction to restrain violations;
Section 115: Amending s. 633.115, F.S., relating to Fire and Emergency Incident Information Reporting Program; duties; fire reports;
Section 116: Amending s. 1009.66, F.S., relating to Nursing Student Loan Forgiveness Program;
Section 117: Amending s. 1009.67, F.S., relating to nursing scholarship program;
Section 118: Creating an unnumbered section of law; relating to type two transfer from Department of Health to Department of Education of certain programs and materials;
Section 119: Creating an unnumbered section of law; relating to a plan to improve efficiency of Division of Medical Quality Assurance;
Section 120: Amending s. 154.503, F.S., relating to Primary Care for Children and Families Challenge Grant Program; creation; administration;
Section 121: Amending s. 381.0041, F.S., relating to donation and transfer of human tissue; testing requirements;
Section 122: Amending s. 384.25, F.S., relating to reporting required;
Section 123: Amending s. 392.56, F.S., relating to hospitalization, placement, and residential isolation;
Section 124: Amending s. 456.032, F.S., relating to Hepatitis B or HIV carriers;
Section 125: Amending s. 768.28, F.S., relating to waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs;
Section 126: Amending s. 775.0877, F.S., relating to criminal transmission of HIV; procedures; penalties;
Section 127: Providing an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

Onsite Sewage

The projected revenues would have been $3.12 million for Fiscal Year 2011-2012, based on a July 1, 2011, implementation date for the onsite sewage treatment and disposal system evaluation program. These projected revenues would have offset the costs to the DOH to administer the evaluation program, including providing assistance to low income families for septic systems needing repair. However, the bill eliminates the requirement to implement the statewide septic tank evaluation and grant programs, and therefore results in no fiscal impact to the DOH.

The bill also decreases the amount of revenue the department will receive as a result of the reduction of the annual operating permit fees for waterless, incinerating, or organic waste composting toilets from a range of $50 to $150 to a range of $15 to $30. The amount is unknown, but expected to be insignificant.

A.G. Holley State Hospital

Eventual closure of the A.G. Holley State Hospital will make possible the sale of public land upon which it is sited, however the anticipated revenue is unknown.

2. Expenditures:

Public Health Decentralization

The bill is likely to result in a nonrecurring increase in expenditures for leave payments for employees that will transition from state employees to county employees as a result of decentralizing the public health system. Current estimates, based on a snapshot of current employees employed by CHDs, indicate that approximately $44.5 million would be the total amount payable to these transitioning employees. Of this amount, it is estimated that $24.9 million will be from the General Revenue Fund, $1.3 million from state trust funds, and $18.3 million from local county funds. The local county share may or may not be available to pay for leave payouts. In the event the local counties cannot contribute to this payout, the funding will need to come from the General Revenue Fund. There may be a savings in state expenditures in future years due to reduction in retirement and state health insurance costs as a result of the decentralization.

A.G. Holley State Hospital

The bill is likely to result in a savings due to the closure of A.G. Holley State Hospital. Currently, the annual operating costs for A.G. Holley is approximately $10 million in federal and state funds, however the cost of a contract for the operation of a program to care for TB patients and the funding that would be realigned to operate participating facilities is unknown. Significant fiscal impacts that are known are as follows:

- Savings as a result of elimination of 158.0 FTE due to reduction in retirement and state health insurance costs.
- Savings in operating, maintenance, and repair costs.
- Expenditures related to the payout of leave accruals is approximately $833,984 from the General Revenue Fund, which can be absorbed within current department resources.
- The current Medicaid State Plan provides an exemption for A.G. Holley to the 45-day inpatient reimbursement limitation for Medicaid eligible
- A.G. Holley currently receives Disproportionate Share funding of $2.4 million, which is not addressed. It is unknown if this funding can be transferred to the participating facilities for the care and treatment of inpatient TB patients.

Onsite Sewage

The department identifies potential expenditures related to the Environmental Health Database that the individual counties or municipalities will use to track onsite systems in Florida. It is unknown if any counties or how many counties will adopt an onsite sewage evaluation program that would

require county use of the department's centralized database. The department notes potential costs associated with IT infrastructure and staff needs, however, these costs are insignificant and can be absorbed within existing department resources.

The bill also requires the Department of Environmental Protection, upon being notified that a county or municipality has adopted a septic system evaluation and assessment program, to notify the county or municipality of the potential availability of Clean Water Act or Clean Water State Revolving Fund grants. The DEP must provide this service within existing resources. If a county or municipality requests, the DEP must provide guidance in the application process and provide technical assistance on how to establish a low-interest revolving loan program. The fiscal impact to DEP is estimated to be minimal and could be handled with existing staff and resources.

Children's Medical Services

The bill does not alter the current CMS structure or functions, but allows DOH, if it chooses, to operate the Children's Medical Services network through a contract network manager. While this section of the bill is permissive, the DOH has indicated in its analysis that if it chooses to pursue, the impact would be as follows:

- Eliminate 1,003.5 staff (FTE, OPS and contract staff) in the CMS area offices. The associated salary is $36.4 million and a leave payout would be approximately $2.4 million, with approximately 47% from the General Revenue Fund and 53% from trust funds.
- Eliminate an undetermined number of program staff (FTE, OPS, and contract) at DOH central office. Costs would include associated salary plus leave payouts.
- Undetermined savings from leases and state-owned buildings.
- Undetermined savings related to administrative costs to operate provider service networks.

DOH Divisions

The bill reduces state and federal expenditures by $472,086 as a result of reducing the number of DOH divisions from eleven to eight.

Arthritis Prevention and Education Program

The bill eliminates the Arthritis Prevention and Education Program, thereby reducing 6.0 FTE and $444,935 in federal funding.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   The bill provides the ability for counties to charge fees for services rendered by the CHDs.

2. Expenditures:

   The fees that the counties collect for services are to be expended solely for the purpose of providing health care services and facilities within the county or counties. Additionally, there may be an impact related to increased health insurance and retirement costs for those who transition from state employees to county employees.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None identified.

D. FISCAL COMMENTS:

The department may require an appropriation for Fiscal Year 2012-2013 to implement the provisions of this bill; however the amount is indeterminate. These costs may be associated with the block granting allocation formula.

With the reorganization of the department, the state may realize additional savings and efficiencies, particularly with the decentralization of the public health system. The exact savings are indeterminate.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   Not applicable. This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

The DOH has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES