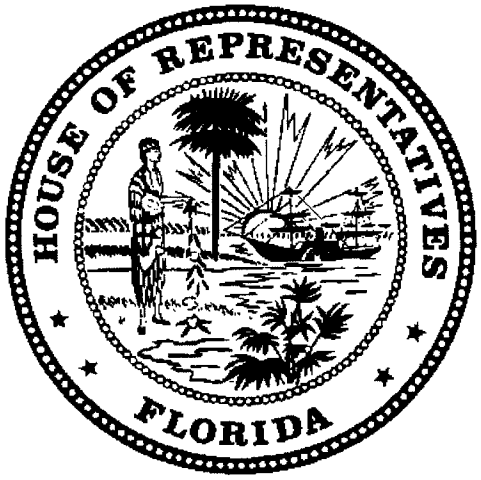


Committee on Health Quality

Tuesday, February 6, 2007
9:00 AM – 12:00 Noon
306 HOB

COMMITTEE MEETING PACKET

Marco Rubio
Speaker

Gayle Harrell
Chair

House of Representatives

Committee on Health Quality

AGENDA

February 6, 2007
9:00 AM – 12:00 PM
(306 HOB)

I. Opening Remarks

II. Patient Safety Corporation

- Presentation by OPPAGA regarding the progress of the Corporation in meeting its statutory requirements
- Presentation by the Florida Hospital Association regarding Code 15 reporting

III. Discussion of Constitutional Amendment 4, the Comprehensive Statewide Tobacco Education and Prevention Program

- Presentation by the Department of Health regarding the existing tobacco education and prevention program
- Presentation by Paul Hull of the American Cancer Society regarding recommendations for implementation of the constitutional amendment

IV. Demonstration of FloridaCompareCare.com and MyFloridaRX.com by the Agency for Health Care Administration

V. Closing Remarks & Adjournment

Patient Safety Corporation

OPPAGA
Corporation Statutory Requirements

Patient Safety Corporation Has Made Progress; Needs to Continue Developing Its Infrastructure

A Presentation to the
House Committee on Health Quality

February 6, 2007

Jennifer Johnson, Senior Legislative Analyst

Florida Legislature Office of Program Policy Analysis & Government Accountability

Presentation Overview

- Florida Patient Safety Corporation purpose and statutory duties
- Progress as of December 2006
- Recommendations for continued progress

Florida Patient Safety Corporation (FPSC)

To promote a culture of patient safety and serve as a learning organization dedicated to assisting health care providers in the state to improve the quality and safety of health care and reduce harm to patients

FPSC Statutory Duties

- Secure staff
- Collect, analyze, and evaluate patient safety and quality data, medical malpractice closed claims, and adverse incident data
- Establish a voluntary and anonymous near-miss patient safety reporting system
- Provide an interactive evidenced-based medical library
- Develop undergraduate and graduate patient safety core competencies
- Develop programs to educate the public about its role in promoting patient safety
- Work with state agencies to develop electronic health records
- Provide recommendations for interagency coordination of patient safety in the state

Medical Errors

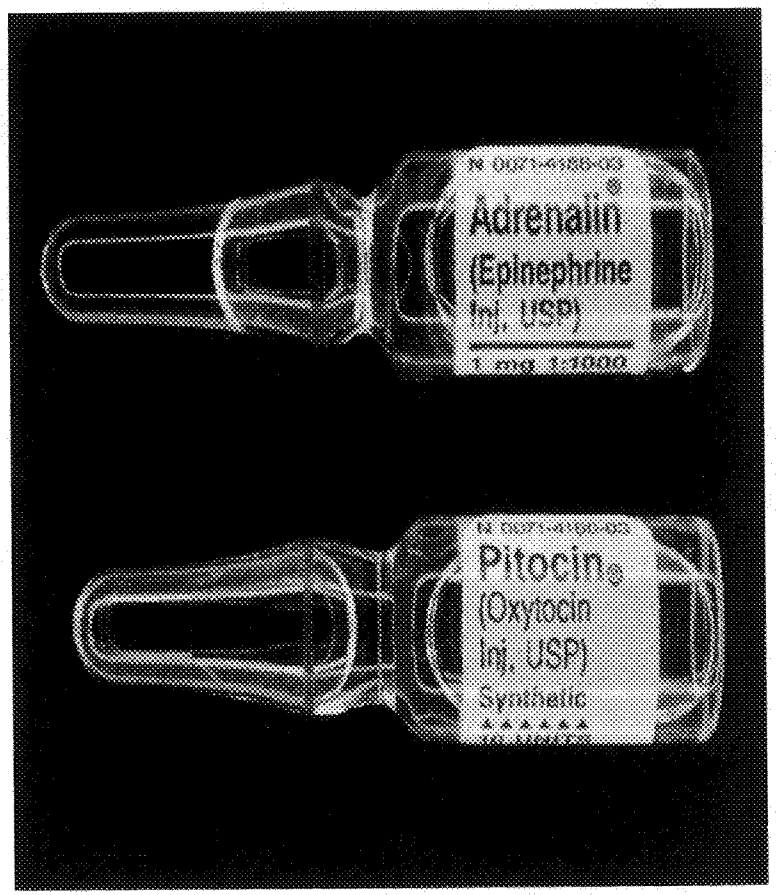
- Adverse incident – causes serious harm or death
- Near-miss event – potentially harmful event that was prevented by chance
- Medical errors often occur due to system failures in health care environment.

Medical Errors: Administering Wrong Medication

Epinephrine is accidentally placed in the Oxytocin bin.

Technician, reaching for Oxytocin, retrieves the Epinephrine. Because vials closely resemble one another, the technician does not realize the mistake.

Result: patient has a heart attack.



Florida Patient Safety Corporation

- Governed by a board of directors
- Required to:
  - Establish advisory committees
  - Report annually to the Legislature
  - Work with stakeholders
  - Seek external funding

FPSC Appropriations

Fiscal Year	Appropriation (General Revenue)
2004-2005	$650,000
2005-2006[a]	$750,000
2006-2007[a]	$750,000

[a] Recurring appropriation

Fiscal Year 2005-2006 Expenditures

Expenditure Category	Amount
Near-Miss Reporting System Three-Year Pilot Project	$605,635[a]
Research Project with the University of South Florida patient safety center	200,000[b]
Corporation staff (executive director and general counsel)	148,733
Administrative expenses (e.g., accounting, board travel expenses, and website development)	74,123
Total	$1.03 million

[a] The total contract amount for the near-miss reporting system is $1.2 million. The corporation will pay the remaining $594,365 in Fiscal Years 2006-07 and 2007-08.

[b] The contract amount for the research project totaled $300,000. The remaining $100,000 was paid in the first quarter of Fiscal Year 2006-07.

FPSC Has Made Progress Toward Statutory Duties and Responsibilities

- Taken steps to establish itself as an organization and address other responsibilities
  - Hired executive director and general counsel
  - Launched FPSC website
  - Met legislative reporting requirements

FPSC Has Made Progress Toward Its Statutory Duties and Responsibilities

- Piloted near-miss reporting system and developed proposal to study adverse incident data
  - June 2005 - contract for near-miss reporting system
    - ➢ November 2006 - fifteen facilities participating
  - October 2006 - proposal to establish database for adverse incident data

FPSC Has Made Progress Toward Its Statutory Duties and Responsibilities

- Taken initial steps to provide patient safety education to providers and public
  - Preliminary plan for evidence-based medicine library
  - Patient safety resources on website
  - Patient Safety Awareness Week

Recommendations for FPSC Continued Progress

- Employ full-time staff with patient safety expertise
  - Identify patient safety issues
  - Develop and implement activities
  - Seek funding alternatives
- Develop an annual work plan
  - Identify priorities and track progress

Recommendations for FPSC Continued Progress

- Establish working partnerships with stakeholders
  - Reduce duplication and garner support
- Acquire grant and private-sector funding
  - Reduce or eliminate the need for state funding

For Additional Information

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Bigos.Yvonne@oppaga.fl.gov

Jennifer Johnson, Senior Legislative Analyst
488-1023
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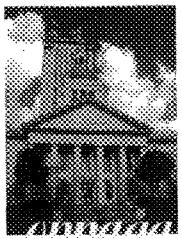
Kim Shafer, Senior Legislative Analyst
487-2978
Shafer.Kim@oppaga.fl.gov

Report available online at:
www.oppaga.state.fl.us/reports/health/r06-76s.html

Thank you



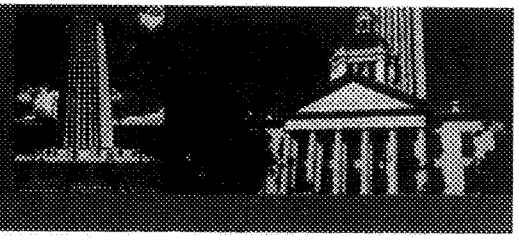
Office of Program Policy Analysis & Government Accountability

OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources.

FHA
Code 15 Reporting

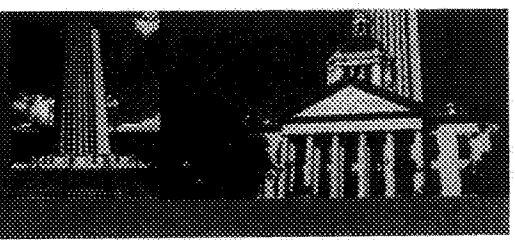
FL House of Representatives
Health Quality
Code 15 Presentation

Kathy Holzer, CHE, FACHE
Vice President of Health Policy
Florida Hospital Association



Brief History

- Initial collection 1975
- Current collection 1985
- Response to the medical malpractice crisis
- Theory few "bad apples"
- Reporting would identify the bad apples
- Licensing boards would punish bad apples

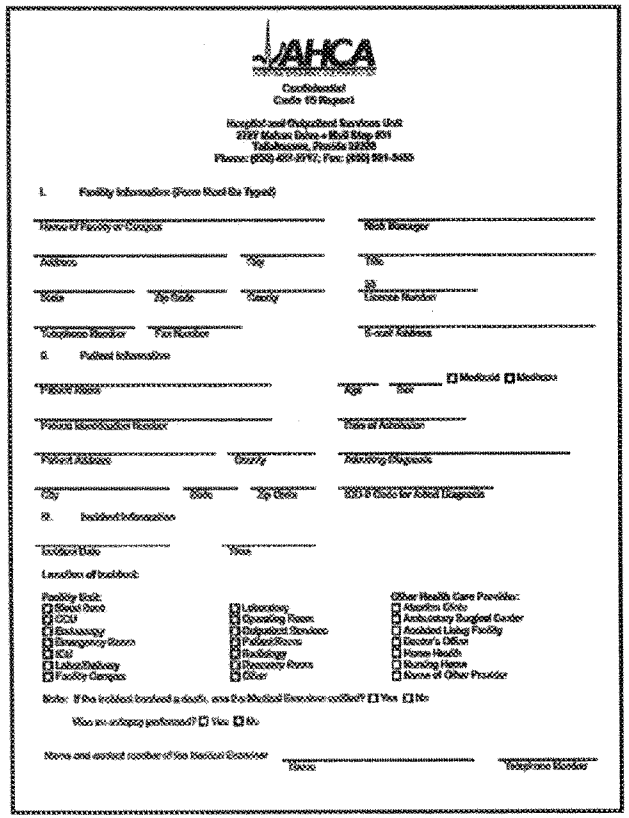


Definition

"**Adverse Event**" – means an event over which health care personnel ***could exercise control*** and which is associated in whole or in part with medical intervention, . . ."

FHA Florida Hospital Association

Code 15 Report



AHCA

Confidential
Code 15 Report

Bureau of Licensure and Certification Services Unit
2727 Mahan Drive • Mail Stop #31
Tallahassee, Florida 32308
Phone: (850) 487-2717; Fax: (850) 921-3455

I. Facility Information (Please Print Or Type)

Name of Facility or Campus | Nick Manager
Address | City | Title
State | Zip Code | County | ID License Number
Telephone Number | Fax Number | E-mail Address

II. Patient Information

Patient Name | Age | Sex | ☐ Medicaid ☐ Medicare
Patient Identification Number | Date of Admission
Patient Address | County | Admitting Diagnosis
City | State | Zip Code | ICD-9 Code for Admit Diagnosis

III. Incident Information

Incident Date | Time

Location of Incident:

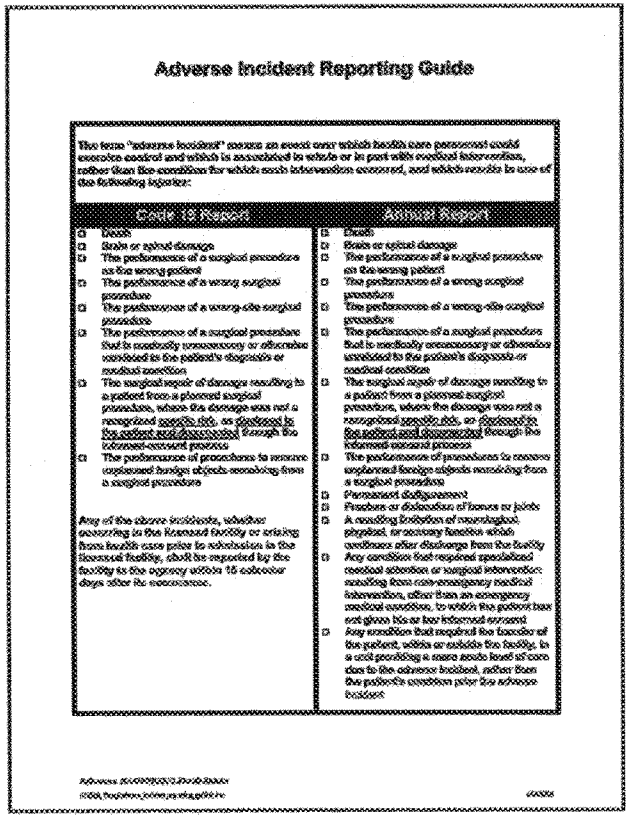
Facility Unit:
☐ Blood Bank
☐ CCU
☐ Endoscopy
☐ Emergency Room
☐ ICU
☐ Labor/Delivery
☐ Facility Campus
☐ Laboratory
☐ Operating Room
☐ Outpatient Services
☐ Patient Room
☐ Radiology
☐ Recovery Room
☐ Other

Other Health Care Provider:
☐ Abortion Clinic
☐ Ambulatory Surgical Center
☐ Assisted Living Facility
☐ Doctor's Office
☐ Home Health
☐ Nursing Home
☐ Name of Other Provider

Note: If the incident involved a death, was the Medical Examiner notified? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No

Name and contact number of the Medical Examiner | Date | Telephone Number



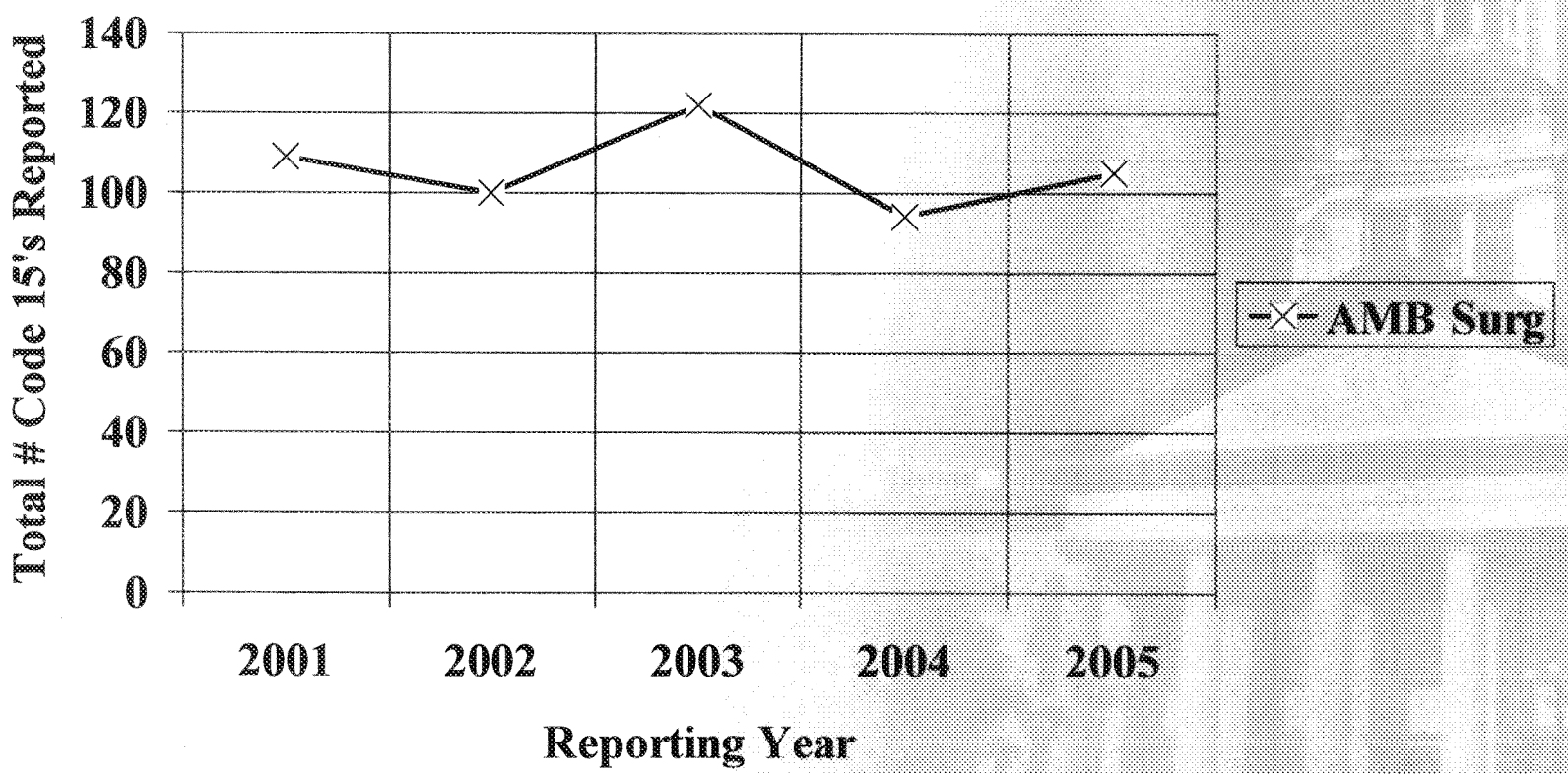
Adverse Incident Reporting Guide

The term "adverse incident" means an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which results in one of the following injuries:

Code 15 Report	Annual Report
☐ Death	☐ Death
☐ Brain or spinal damage	☐ Brain or spinal damage
☐ The performance of a surgical procedure on the wrong patient	☐ The performance of a surgical procedure on the wrong patient
☐ The performance of a wrong surgical procedure	☐ The performance of a wrong surgical procedure
☐ The performance of a wrong-site surgical procedure	☐ The performance of a wrong-site surgical procedure
☐ The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition	☐ The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition
☐ The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process	☐ The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process
☐ The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure	☐ The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure
	☐ Permanent disfigurement
	☐ Fracture or dislocation of bones or joints
	☐ A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility
Any of the above incidents, whether occurring in the licensed facility or arising from health care prior to admission to the licensed facility, shall be reported by the facility to the agency within 15 calendar days after the occurrence.	☐ Any condition that required specialized medical attention or surgical intervention resulting from non-emergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent
	☐ Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident

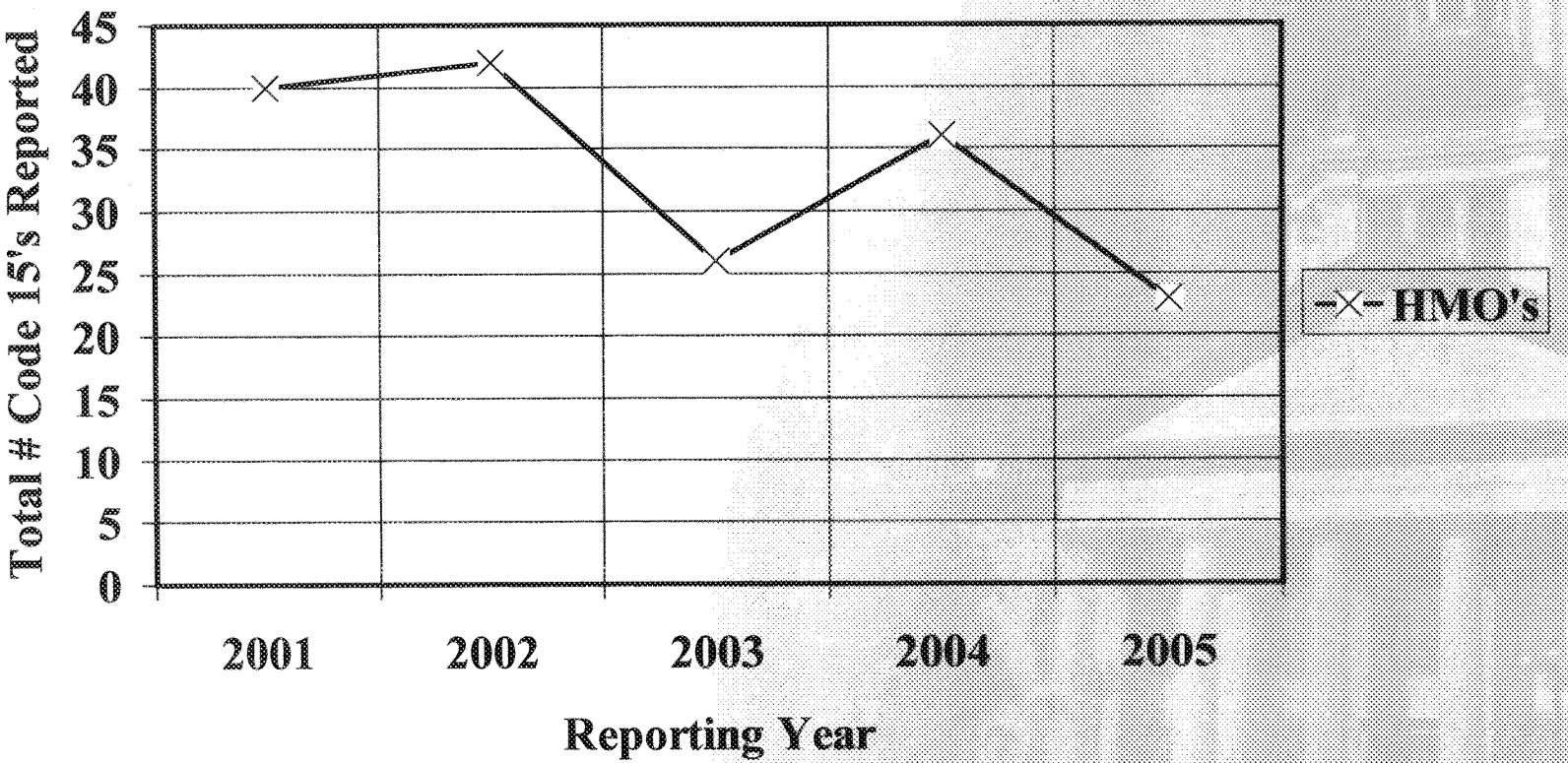
FHA Florida Hospital Association

Ambulatory Surgical Ctr's Reporting Trend



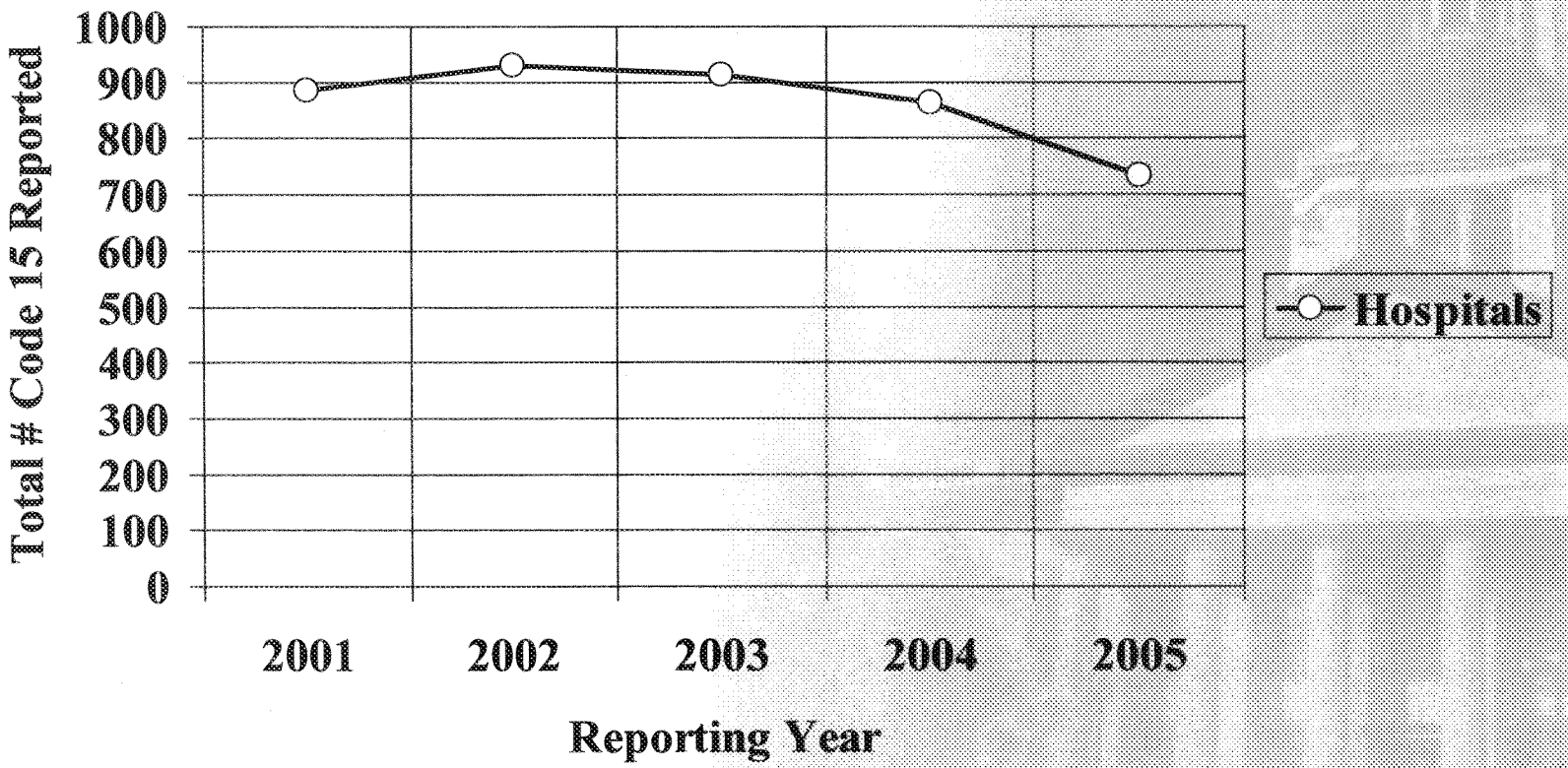
FHA Florida Hospital Association

HMO Reporting Trend



FHA Florida Hospital Association

Hospital Reporting Trend



FHA Florida Hospital Association

RECOMMENDATIONS

- Abandon the person model of causation
- Clear definitions
- Confidentiality and/or anonymity for reporters
- Separate the reporting system from the regulatory system
- Meaningful data analysis
- Make reporting valuable

FHA FLORIDA HOSPITAL ASSOCIATION

For More Information…

www.FHA.ORG

Phone – 850-222-9800

Email – Kholzer@fha.org

FHA Florida Hospital Association

Discussion of Constitutional Amendment 4, the Comprehensive Statewide Tobacco Education and Prevention Program

DOH TOBACCO PREVENTION PROGRAM

February 6, 2007

ALAN ROWAN, Dr PH, DIRECTOR
DIVISION OF HEALTH ACCESS & TOBACCO
DEPARTMENT OF HEALTH

TODAY'S PRESENTATION

- Health Effects of Tobacco Use
- Health Care Costs Due to Tobacco Use
- Tobacco Use Prevalence Statistics
- History of DOH Tobacco Prevention Program
- Current DOH Tobacco Prevention Program
- CDC Best Practices
- Program Goals and Amendment 4 Proposal

HEALTH EFFECTS OF TOBACCO USE

- Tobacco use is the leading cause of preventable disease and death.
- Smokers have a higher risk for various cancers, cardiovascular disease, and respiratory disease.
- The adverse health effects of smoking account for nearly 1 in 5 deaths (CDC, 2004).

HEALTH EFFECTS OF EXPOSURE TO SECONDHAND SMOKE

- In 2006, the Surgeon General concluded that there is no safe exposure to secondhand smoke.
- Some health effects are temporary, others are permanent.
- Causal links were found between exposure to secondhand smoke and heart disease, lung cancer and other respiratory illnesses.

HEALTH EFFECTS OF EXPOSURE TO SECONDHAND SMOKE

- Nonsmokers who are exposed to secondhand smoke at home or work increase their risk of developing heart disease by 25-30 percent.

- Infants and children are especially vulnerable to the poisons in secondhand smoke which can cause asthma.

COSTS ATTRIBUTABLE TO SMOKING IN FLORIDA

- For 2005, CDC estimates that costs attributable to smoking in Florida totaled $11.0 billion. These costs include:
  - $4.9 billion in medical expenditures attributable to smoking.
  - $6.1 billion in lost productivity due to premature deaths from smoking.
- The above costs do not include deaths due to burns or secondhand smoke.

COSTS TO MEDICAID FOR TOBACCO USE

- The most recent study of tobacco-related costs in the Medicaid program was published in 1998. The study analyzed 1993 medical expenditure data for all 50 states.

- This study found that in 1993:

  - 15.6% of Medicaid expenditures in Florida were attributable to smoking.

  - Medicaid costs in Florida attributable to smoking totaled $517 million.

PER CAPITA HEALTH CARE COSTS DUE TO TOBACCO USE

- Smokers have 31% higher per capita health expenditures than never smokers (Solberg, et al., 2006).

  $ 8,291 per year for current smokers

  $ 6,329 per year for never smokers

  $1,962 per year difference

  Above data is for persons 19 years of age and older in the year 2000.

TOBACCO USE STATISTICS

- Approximately 89 percent of smokers start before high school graduation.

- 75% of all teenagers who smoke have parents who smoke (JAMA, 1992).

- Factors associated with tobacco use by youth include: low socioeconomic status; use and approval of tobacco use by peers or siblings; smoking by parents; accessibility; availability; and price (CDC, 2006).

TOBACCO USE STATISTICS

- 70% of adult smokers want to quit (NIH, 2006).

- Smokers typically make many attempts before successfully quitting; 5% succeed in any given year (NIH, 2006)

- 52% of ever smokers have successfully quit (CDC, 2005).

FLORIDA SMOKING PREVALENCE RATES

- Between 1998 and 2006, youth smoking prevalence declined by:
  - 64.3 percent for middle school students
  - 43.4 percent for high school students
- Between 1998 and 2006, the adult prevalence rate remained constant at around 22 percent.

NUMBERS OF SMOKERS IN FLORIDA

- 2,320,400 persons 18 and older currently smoke (2006 FLATS).
- 119,400 HS students in public schools smoked within past 30 days (2006 FYTS).
- 39,647 middle school students in public schools smoked within past 30 days (2006 FYTS).

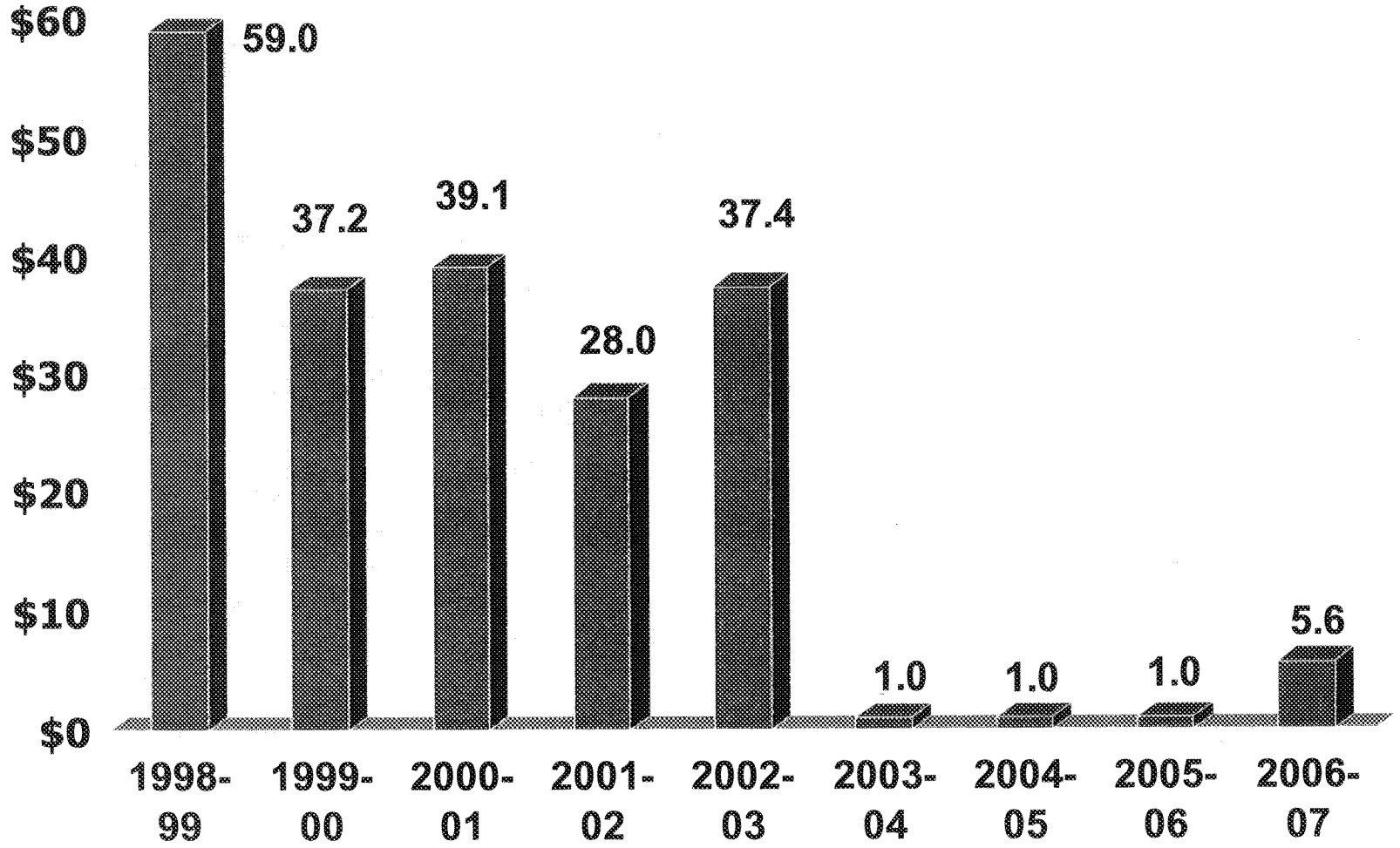
HISTORY

- In 1997 a "Settlement Agreement" between the State of Florida and tobacco companies ended a lawsuit to recover Medicaid costs for tobacco-related illnesses.

- The agreement provides a permanent source of funding from five tobacco companies: Philip Morris, R.J. Reynolds, Brown & Williamson, Lorillard, and the United States Tobacco Company.

- In FY 1997-1998 the Youth Tobacco Pilot Program was created through proviso language.

HISTORICAL FUNDING
DOH Tobacco Prevention Program
FY 1998-99 to FY 2006-07
(in millions of dollars)



CURRENT PROGRAM

- CDC Best Practices are being followed in the current $5.6 million DOH program.
- 39 of DOH's 67 county health departments now have initial "core" funding for a comprehensive tobacco prevention program.
- Tobacco Prevention Specialist positions are responsible for creating local comprehensive tobacco prevention programs in these 39 counties.

CURRENT PROGRAM

- The remaining 28 county health departments (CHDs) received funds for the "tobacco prevention" component of DOH's chronic disease prevention program.
- One CHD has received funds for an asthma prevention pilot program.
- The Florida cessation Quitline is being supported.

Amendment 4

- Amendment 4 requires a comprehensive tobacco prevention program based on CDC "Best Practices" with the following minimum requirements:
  - Advertising campaign to discourage tobacco use and educate people about the health hazards of tobacco (one third of total annual appropriation required).
  - Evidence-based curricula and programs to educate youth about tobacco, the health hazards of tobacco, and programs that help youth develop skills to refuse tobacco and to stop using tobacco.

Amendment 4 - Continued

- Community-based partnerships that discourage the use of tobacco and educate people, especially youth, about the health hazards of tobacco, with an emphasis on prevention and cessation.

- Enforcement of laws, regulations and policies against the sale or other provision of tobacco to minors, and the possession of tobacco by minors.

- Publicly-reported annual evaluations to ensure that funds are spent properly and to measure effectiveness.

PRESENTATION OF CDC BEST PRACTICES

Terry F. Pechacek, Ph.D.
Associate Director for Science
Office on Smoking and Health
Centers for Disease Control and Prevention
Atlanta, Georgia

CDC "Best Practices"

- Community programs to reduce tobacco use (educational and advocacy programs).
- Chronic disease programs such as asthma, diabetes and cardiovascular disease prevention, to reduce the burden of tobacco-related diseases.
- School programs (curricula and tobacco-free policies).
- Enforcement

CDC "Best Practices" (continued)

- Statewide programs (technical assistance to local programs).
- Marketing, using print and broadcast media.
- Cessation programs.
- Program surveillance and evaluation.
- Administration and management.

DOH

COMPREHENSIVE TOBACCO PREVENTION PROGRAM PROPOSAL

CONTINUED

ALAN ROWAN, Dr PH, DIRECTOR
DIVISION OF HEALTH ACCESS & TOBACCO
DEPARTMENT OF HEALTH

Program Goals

DOH'S Goals

- Prevent young people from becoming addicted.
- Reduce adult smoking through cessation.
- Reduce exposure to secondhand smoke.
- Reduce tobacco related disparities.

Importance to Public Health

- Make long term improvements in the health of Floridians by reducing:

  1. lung and many other cancers
  2. cardiovascular disease (heart disease & stroke)
  3. respiratory disease
  4. other medical problems

- Realize long term health care cost savings due to reductions in persons needing treatment for tobacco related illnesses.

DOH Amendment 4 Strategy

CDC Best Practice – Community Programs to Reduce Tobacco Use

- Each of the 67 CHDs will have "core" funding for a comprehensive tobacco prevention program based CDC Best Practices.
- Create community tobacco prevention partnerships in all counties for youth prevention, cessation, secondhand smoke education, school programs and disparities.
  - CHDs contract with community based organizations.
  - Evidence-based practices will be used.

DOH Amendment 4 Strategy

CDC Best Practice – Chronic Disease Prevention

- Support "tobacco" component of DOH's chronic disease prevention "tobacco, physical activity, nutrition" health education programs.
- Implement evidence-based chronic disease prevention programs.
- Implement secondhand smoke educational programs to reduce the prevalence of asthma.

DOH Amendment 4 Strategy

CDC Best Practice – School Programs

- Support policy development to implement smoke-free policies at schools.
- Support after-school "tobacco free" programs.
- Center of Excellence on school programs will provide technical assistance statewide.

DOH Amendment 4 Strategy

CDC Best Practice – Statewide Programs

- "Centers of Excellence" will be created in select CHDs for: (1) cessation; (2) youth prevention; (3) secondhand smoke education; and (4) school programs.
  - Centers will provide training and technical assistance to CHDs and others statewide.
  - Include universities, hospitals, other health providers and community organizations.

DOH Amendment 4 Strategy

CDC Best Practice – Media Campaigns

- Use TV, radio and print media in the CDC Media Resource Center.
- Focus on youth prevention, adult cessation and secondhand smoke education.
- Target advertising campaigns to youth, adults, pregnant women and rural residents.
- Develop several "campaign themes" each year.
- Coordinate media campaigns with community partnership activities at the local level.

DOH Amendment 4 Strategy

CDC Best Practice – Cessation

- Increase use of the cessation telephone (800) Quitline.
- Support clinical cessation programs in CHDs and community organizations.
- Target services to pregnant women and to women in family planning programs.
- Make available nicotine replacement therapy (patches, nicotine gum).

DOH Amendment 4 Strategy

CDC Best Practices – Evaluation and Administration

- Enhance data collection in the Youth Tobacco Survey, the Adult Tobacco Survey and in the Pregnancy Risk Assessment Survey.
- Conduct rigorous evaluations of program implementation to identify strengths and weaknesses.
- Ensure program accountability through continuous monitoring of program operations and outcomes.

PUBLIC SUPPORT

- A majority of voters support tobacco prevention.
  - 72 % of voters in 2002 approved Amendment 6 which prohibits smoking in enclosed indoor workplaces, including restaurants.
  - 61% of voters in 2006 approved Amendment 4 to provide funds for tobacco prevention and cessation.
- There is substantial interest among Florida's youth in opposing tobacco.
- According to the 2006 Florida Adult Tobacco Survey, 86.3% of Floridians support the Florida Clean Indoor Air Act.

American Cancer Society
Recommendations

Amendment 4 Implementation
Tobacco Prevention and Education Program

BACKGROUND AND RECOMMENDATIONS

Presenter:
Paul Hull, Vice President of Advocacy and Public Policy
American Cancer Society, Florida Division, Inc.

American Cancer Society

American Heart Association
Fighting Heart Disease and Stroke

AMERICAN LUNG ASSOCIATION of Florida, Inc.

Campaign for Tobacco-Free Kids

Intent and Purpose

- Amendment 4 was placed on the 2006 ballot so Florida voters could ensure adequate funding for a *comprehensive*, *statewide* tobacco education and prevention program.

- The intent was to use tobacco settlement money and utilize the Centers for Disease Control best practices to primarily target youth and other at-risk Floridians.

Why Amendment 4 was needed

- Nearly 300,000 children living in Florida today will eventually die prematurely from tobacco use. (Source: Campaign For Tobacco Free Kids)
- Big Tobacco spends more than one billion dollars per year in our state marketing cigarettes to a new generation of smokers. (Source: Federal Trade Commission)
- Funding for the state's proven effective youth tobacco prevention efforts was cut dramatically. (Source: General Appropriations Acts)

What Amendment 4 Does

- Amendment 4 requires the state to again fund a comprehensive, statewide tobacco education and prevention program.
- It requires annually 15 percent of Florida's 2005 tobacco settlement payment receipts, adjusted annually for inflation, to be used for the program.
- Amendment 4 protects Floridians, especially youth, from addiction, disease and other health hazards associated with tobacco use.

Who supported Amendment 4

- Nearly 860,000 Floridians signed the petition to place the measure on the ballot.
- A supermajority of Floridians (60.9%) supported the passage.
- Health groups, child welfare organizations, medical professionals, elected officials, and civic leaders actively supported Amendment 4.

American Cancer Society

American Heart Association. Fighting Heart Disease and Stroke

AMERICAN LUNG ASSOCIATION. of Florida, Inc.

Campaign for Tobacco-Free Kids

Background

- 1997: Florida won a landmark legal settlement with Big Tobacco. Per the agreement, the state began using a portion of the proceeds for a program dedicated to educating youth about the dangers of tobacco use.

- RESULT: Unprecedented success and a model for the nation. In just four years, middle school smoking rates dropped by 50% and high school smoking rates dropped by 35% – the equivalent of 119,000 youth who would otherwise be expected to become regular lifelong smokers.

Background

- 2003 - 2005: Program's appropriation was cut from $39 million to $1 million.
- Industry marketing expenditures in Florida surged to nearly $1 billion a year – 1,000 times the amount spent on youth anti-tobacco education.
- Dramatic declines in youth smoking have ended. The gains made by the program are at risk, as are youth who have little to counter the tobacco companies' marketing.

Where we are we today

- The people have spoken and the state must restore its commitment to tobacco education and prevention.

- Now it is up to the Florida Legislature and the Executive Branch to implement Amendment 4, per the will of the people.

Overarching Recommendations

We respectfully request that the Legislature adhere to these tenets with ANY implementation approach:

- Incorporate all of the components in the constitutional prescription
- Avail the state of other options per CDC Best Practices, as appropriate
- Emphasize youth
- Legislate strong ACCOUNTABILITY and OVERSIGHT measures

Constitutional Prescription

The components of a successful program as proven by Florida's own success:

- An advertising campaign to discourage the use of tobacco and to educate people, especially youth, about the health hazards of tobacco (minimum of one-third of allocation)
- Evidence-based curricula and programs
- Local community-based partnerships
- Enforcement of laws, regulations, and policies against the sale of tobacco to minors
- Publicly-reported annual evaluations to ensure that moneys appropriated are spent properly

Other CDC Best Practices

The program could also include:

- Cessation programs, including a toll-free telephone quit line and community programs targeting adults and youth
- Programs to address disparities that are targeted to groups that have a higher morbidity or mortality rate due to tobacco use, or exposure to secondhand smoke, and are at greater risk to initiate tobacco use

Emphasis should be on YOUTH

Given that 90% of adult smokers start in their teens, huge long-term public health gains can be attained by:

- Targeting minors (peer to peer) through each component of the program
- Ensuring that ads are demographically tested and based on social marketing best practices
- Giving youth an opportunity to take leadership roles, as appropriate
- Providing specific attention to college-age population, as well

ACCOUNTABILITY is paramount

Given the substantial annual appropriation, Florida's taxpayers deserve strong <u>ACCOUNTABILITY</u> through:

- An oversight board
- A competitive grant process with expert review
- Inter-agency coordination
- A statutory cap on certain costs
- Annual reports, with specific outcome measures

American Cancer Society

American Heart Association. Fighting Heart Disease and Stroke

AMERICAN LUNG ASSOCIATION. of Florida, Inc.

Campaign for Tobacco-Free Kids

Specific Provisions: Oversight Board

- Should be created in law under designated lead official
- Should oversee grant process for program contract awards
- Suggested membership of designees from affected agencies and appointees with area expertise
- Should require regular public meetings

Specific Provisions: Grant Process

- Should model King Biomedical Research Program (s. 215.5602, F.S.)
- Recommended award lists from board should go to designated lead official for final approval
- County Health Departments should bid for program grants, as well
- Encourage universities or university consortia to bid on advertising component

Specific Provisions: Coordination

- Program should, in law, contemplate and facilitate multiple agencies that could implement various components
- A lead entity should be specified

Specific Provisions: Cost Containment

- Program administrative costs should be capped at 5%
- Limitations could be imposed on certain expenditures, e.g.:
  - Food at meetings
  - Commissions on media placement

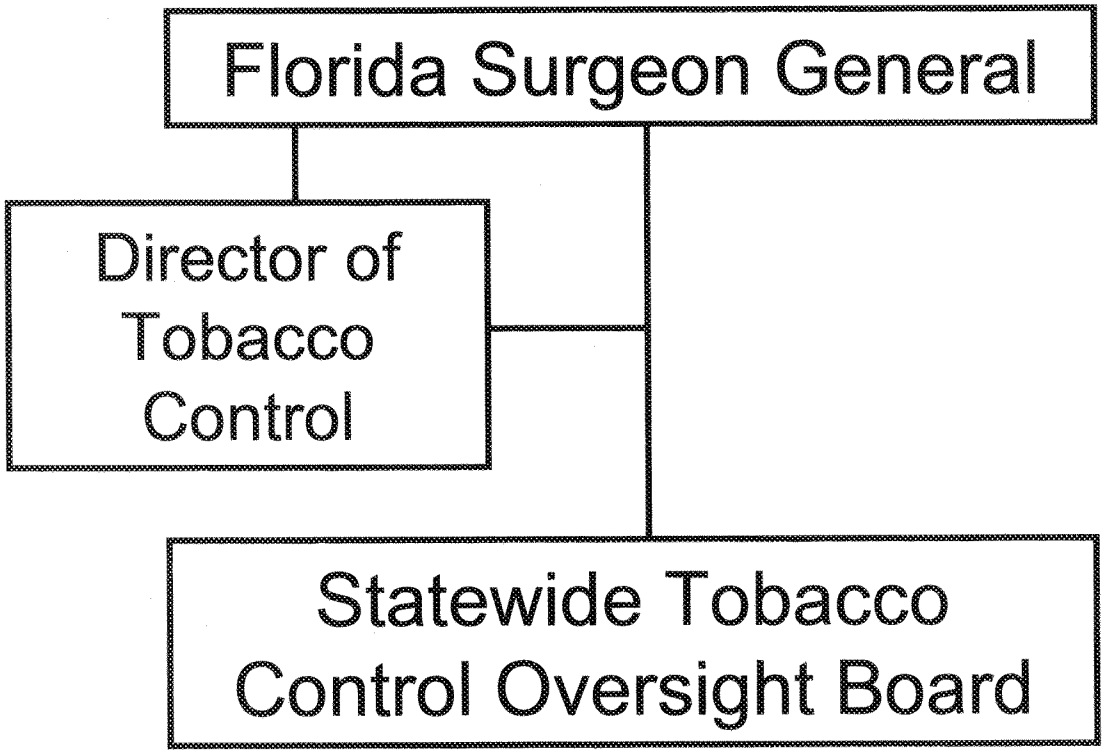
Specific Provisions: Annual Report

- Should be required to be submitted by December 1 annually
- Should contain specific outcome measures indicating effectiveness of each component and make recommendations for re-alignment of allocations, as necessary, within the parameters of the constitutional amendment

Two Possible Models

- Assign the constitutionally-required program to Florida Surgeon General in statute
- Expand role of Drug Czar to include tobacco control function

Surgeon General Model



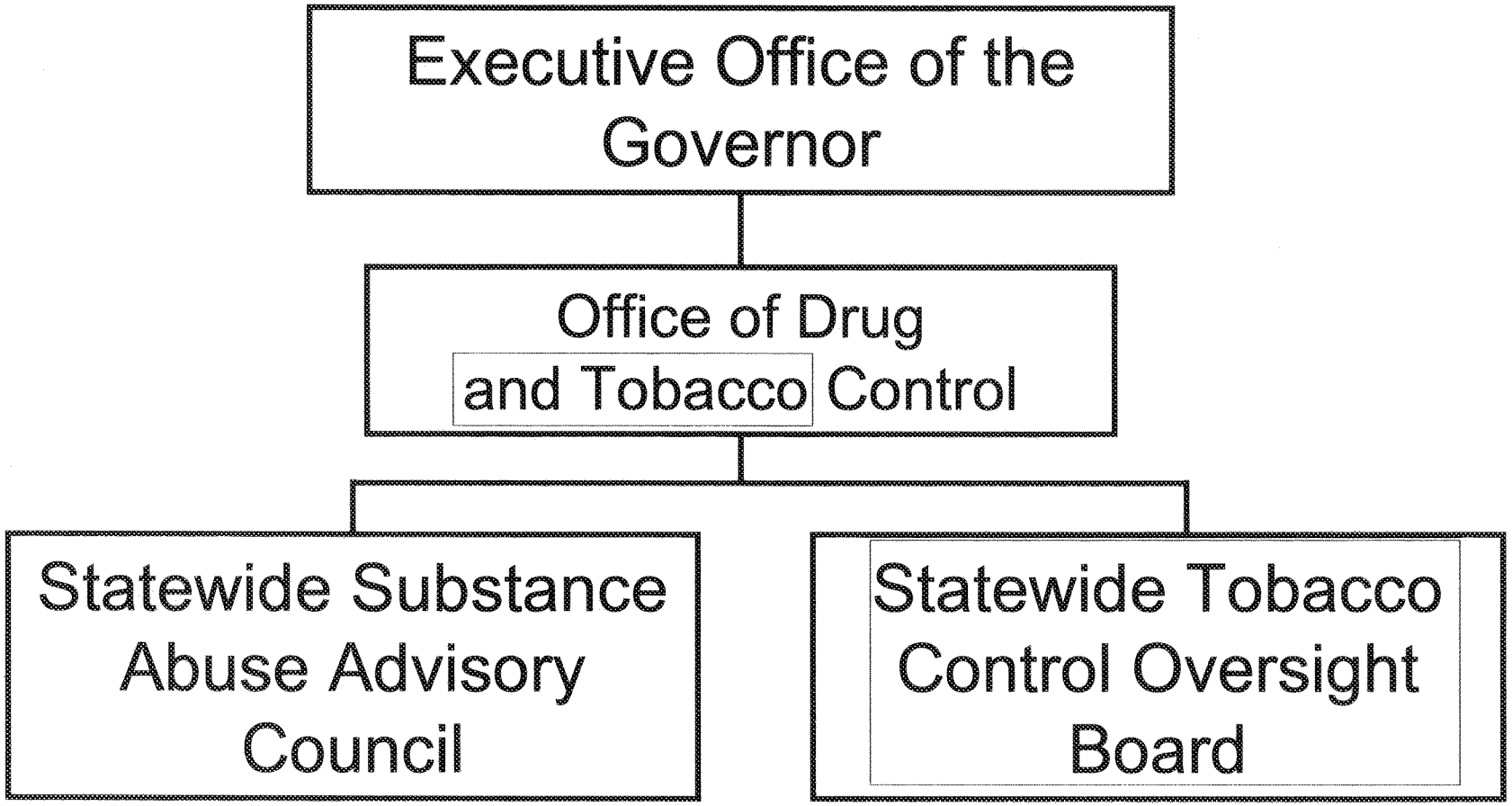
American Cancer Society

American Heart Association
Fighting Heart Disease and Stroke

AMERICAN LUNG ASSOCIATION of Florida, Inc.

Campaign for Tobacco-Free Kids

Office of Drug and Tobacco Control Model



Amendment 4 Implementation

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THANK YOU

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