



Health & Human Services Quality Subcommittee

Meeting Packet

**Monday, February 6, 2012
3:30 PM – 5:30 PM
Reed Hall (102 HOB)**

**Dean Cannon
Speaker**

**John Wood
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health & Human Services Quality Subcommittee

Start Date and Time: Monday, February 06, 2012 03:30 pm
End Date and Time: Monday, February 06, 2012 05:30 pm
Location: Reed Hall (102 HOB)
Duration: 2.00 hrs

Consideration of the following proposed committee substitute(s):

PCS for HB 1263 -- Department of Health

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Friday, February 3, 2012.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Friday, February 3, 2012.

NOTICE FINALIZED on 02/02/2012 16:16 by Villar.Melissa

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCS for HB 1263 Department of Health
SPONSOR(S): Health & Human Services Quality Subcommittee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Health & Human Services Quality Subcommittee		Holt	Calamas

SUMMARY ANALYSIS

The Proposed Committee Substitute for House Bill 1263 revises the purposes and structure of the Department of Health (DOH), eliminating or renaming several divisions. The PCS makes substantive changes to five programs: county health departments (CHDs), Children's Medical Services (CMS), tuberculosis control, regulation of public bathing places, and the nursing student loan forgiveness program.

The PCS 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 July 1, 2013.

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

The PCS 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.

In addition, the PCS 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 PCS makes numerous statutory amendments to conform to changes in the bill, and establishes varying effective dates.

The PCS will have an indeterminate fiscal impact on state and local governments. (See Fiscal Comments).

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

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: pcs1263.HSQS

DATE: 2/3/2012

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 Health¹—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 statutory mission comprises 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 that 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 fund and is authorized to spend a total of \$2.8 billion." Fiscal Year 2011-2012, the General Appropriations Act funded 17,107.5 FTE.⁶

In 2010⁷, the Legislature transferred the drug, device, and cosmetic (DDC) program to the Department of Business and Professional Regulation.⁸ 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 2010⁹, 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 programs within the division;
- Specified the purpose of each division and programs;
- 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;
 - 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;

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.

- o A determination of whether the cost to administer exceeds the revenues collected.

Starting 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 is 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
- 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.

Healthcare Professions

Section 20.43, F.S., provides a detailed list of all the boards and professions that are established under and the responsibility of MQA. 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).

This definition does not include emergency medical technicians, paramedics¹¹, thus these two professions are not governed by ch. 456, F.S, and are not within MQA. The bill puts Emergency Medical Technicians (EMTs) and paramedics under the responsibility of MQA and includes the two professions within the definition of health care practitioner. 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.

¹⁰ Chapter 2010-161, L.O.F.

¹¹ EMT and paramedics are governed by part III of ch. 401, F.S.

- 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 transfers these provisions to s. 381.00315, F.S., to the provisions that authorize DOH to issue public health advisories.

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:

<u>Payer Source</u>	<u>Patients</u>	<u>Percent</u>
Medicaid	244,968	38.6%
Medicare	4,716	0.8%
Other 3 rd Party	54,707	8.6%
<u>Uninsured</u>	<u>329,753</u>	<u>52.0%</u>
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. Oftentimes the smaller CHDs in the rural counties are 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.

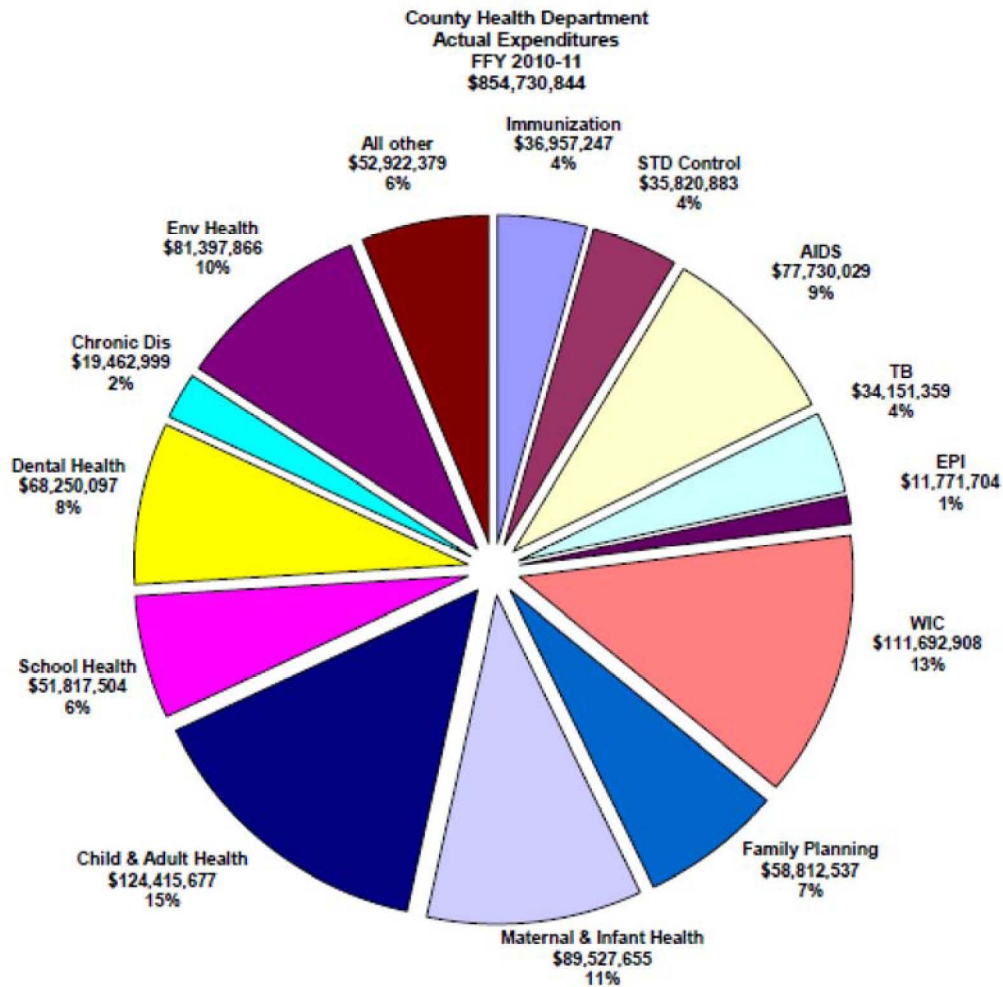
Larger CHDs in more urbanized counties typically have a greater relative investment in infectious disease control, case management services for the most at-risk residents, preparedness, and community coordination and networking activities. Many large CHDs do not have a major sick care operation because 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., decentralizing 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 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 provides that 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, county health departments are directed by the bill to adopt a child abuse reporting protocol, by July 1, 2013.

The bill authorizes multiple counties to enter into interlocal agreements to provide establish shared CHDs. 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 July 1, 2012. Further, DOH is directed to provide monthly reports to the Legislature until the transition is fully implemented by July 1, 2013.

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. The functions, duties and responsibilities will be merged with the CMS Network. 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 the family income down to eligible financial levels may receive services through the CMS Network safety net which is supported by General Revenue funds.

Children with special health care needs are those children whose serious or chronic physical or developmental conditions require extensive preventative and maintenance care beyond that required by typically healthy children. The CMS Network provides services through 22 CMS regional 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 if DOH 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 cleans up reorganizing language and deleting unnecessary words. The bill states that CMS director provide for a decentralized operational system utilizing DOH staff and contract providers as necessary, and 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.

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

- 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. Within the last several years, it has been brought to the Legislature’s attention that CMS was extending services to siblings who may not fall within the definition of a child with special health care needs.¹² Also there have been discussions about what constitutes a chronic condition, such as asthma.

The bill simplifies the eligibility process and specifies that eligibility is based on the diagnosis of one or more chronic and serious medical conditions and 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 requires 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.¹³ 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 1952.¹⁴ 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.¹⁵ A.G. Holley operates a complete X-ray department, bronchoscopy suite, dental office, optometric clinic, and pharmacy.

¹² Children’s Medical Services, Presentation to the House Health Regulation Committee, February 2010.

¹³ United States Census Bureau, Hospitals-Summary Characteristics, *available at*: <http://www.census.gov/compendia/statab/2007/tables/07s0162.xls> (last viewed March 30, 2010).

¹⁴ 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, 2010).

¹⁵ *Id.*

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.

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.¹⁶

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 2010¹⁷, the Legislature, directed DOH to develop a plan that exclusively uses private and nonstate public hospitals to provide treatment to cure, hospitalization, and isolation.

The bill removes 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 AG Holley. The plan must include specific steps to end voluntary admissions, transfer patient to alternate facilities, communicate with families, providers, other affected parties, 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 implanted 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.

¹⁶ "Tuberculosis Hospitalization in Other States," OPPAGA Research Memorandum (March 11, 2010).

¹⁷ Chapter 2010-161, L.O.F.

Onsite Sewage

DOH estimates there are approximately 2.67 million septic tanks in use statewide.¹⁸ 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.¹⁹ 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.²⁰

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.²¹ 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.²² According to the report, three Florida counties, Charlotte, Escambia and Santa Rosa, have implemented mandatory septic tank inspections at a cost of \$83 to \$215 per inspection.²³

In 2010²⁴, the Legislature created a septic system evaluation program. The evaluation was to begin January 1, 2011, with full program implementation by January 1, 2016.²⁵ The evaluation program:

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

The bill repeals the 2010 adopted state wide 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 \$15-30 from \$30-150.

¹⁸ Florida Department of Health, Bureau of Onsite Sewage, Home, *available at*: <http://www.myfloridaeh.com/ostds/index.html> (last visited January 13, 2012).

¹⁹ Sections 381.0064-381.0068, F.S.

²⁰ Florida Department of Health, Bureau of Onsite Sewage, OSTDS Description, *available at*: <http://www.myfloridaeh.com/ostds/OSTDSdescription.html> (last visited January 13, 2012).

²¹ Chapter 2008-152, L.O.F.

²² Florida Department 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 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).

²³ 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/pdffiles/forms/MSIP.pdf> (last visited January 13, 2012).

²⁴ Chapter 2010-205, L.O.F.

²⁵ 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.

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

This section of law was enacted in 1977,²⁶ directing the Department of Environmental Protection (DEP), and DOH to jointly develop a state laboratory certification program for the Florida Safe Drinking Water Act,²⁷ or private entities that conduct a water analysis business. DOH is delegated rule-making authority to administer this section of law, although, DEP approves or denies certifications of laboratories.²⁸

The bill also authorizes in s. 381, 0059, F.S., for the DOH to be an accrediting authority in the National Environmental Laboratory Accreditation Program. The bill in s. 403.863, F.S., directs the DOH to contract with the American Environmental Laboratory Association to perform the evaluation and review of laboratory certification applications, and laboratory inspections.

According to DOH, this change will allow DOH-certified environmental and public water supply laboratories to be nationally recognized, permitting to conduct business in other participating states without the added expenses of redundant and costly certification processes imposed by other states.

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."²⁹

²⁶ Chapter 77-337, L.O.F.

²⁷ The Florida Safe Drinking Water Act is within the purview of DEP, and is codified at ss. 403.850-864, F.S.

²⁸ Section 403.963(3), F.S.

²⁹ Section 514.011(2), F.S.

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.”³⁰

Florida has more than 27,000 public pools of varying size.³¹ Also, DOH has currently issued permits to 180 fresh water bathing places.³² The map below shows the location of permitted fresh water bathing places within the state; the majority of bathing places are located in the central and north central part of the state.

A permit is necessary to operate a public swimming pool or bathing place in Florida.³³ The DOH is charged with creating application documents for the permit, as well as reviewing and evaluating, approving or denying applications.³⁴ 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.³⁵ DOH rules specifically detail the construction plan or modification plan approval process.³⁶ 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.³⁷ The fee schedule is set out in statute and presented in further detail in rule.³⁸

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

³⁰ 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.

³¹ 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).

³² 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).

³³ Section 514.031, F.S.

³⁴ 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.

³⁵ Section 514.03, F.S.

³⁶ 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.

³⁷ 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.

³⁸ Section 514.033(2) and (3), F.S.; *see also* Rule 64E-9.015, F.A.C.

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.

Fees for Tattoo Profession

In 2010³⁹, the Legislature began regulation of the tattoo artists and tattoo establishments. As part of the created regulatory scheme, 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.⁴⁰

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.

³⁹ Chapter 2010-220, L.O.F.

⁴⁰ Section 381.0101(2)(d), F.S.

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.

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 this 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.

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:⁴¹

- 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:⁴²

- 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.

⁴¹ Section 381.0203(2), F.S.

⁴² Section 381.0203(2)(d), F.S.

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 made continuously available 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 a summary of the Florida Patient's Bill of Rights and Responsibilities. 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.

According to AHCA, the Patient's Bill of Rights may be accessed on their website. AHCA does not print or distribute this document.⁴³

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.

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.

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.⁴⁴ 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".

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

⁴³ Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.

⁴⁴ U.S. Const. amend. V.

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.”⁴⁵

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.⁴⁶ 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: 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.

Office of Women’s Health Strategy

In 2004⁴⁷, the Legislature created the Office of Women’s Health Strategy.⁴⁸ 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:⁴⁹

- 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 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;

⁴⁵ *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).

⁴⁶ Email correspondence with DOH staff January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

⁴⁷ Chapter 2004-350, L.O.F.

⁴⁸ Section 381.04015, F.S.

⁴⁹ Section 381.04015(4), F.S.

- 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.⁵⁰ 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.⁵¹

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.

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.

Managed Care and Publicly Funded Primary Care Program Coordination Act

In 1996⁵², the Legislature enacted the Managed Care and Publicly Funded Primary Care Program Coordination (act).⁵³ 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:⁵⁴

- 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

⁵⁰ Section 381.04015(2)(p), F.S.

⁵¹ "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).

⁵² Chapter 96-199, L.O.F.

⁵³ Section 381.0407, F.S.

⁵⁴ *Id.*

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.⁵⁵ CHDs are reimbursed by managed care plans, and the Medipass program for clients of the Department of Children and Family Services who receive 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.⁵⁶ 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.⁵⁷

In 2011⁵⁸, 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.

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 1964.⁵⁹ 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.⁶⁰ The bill repeals s. 381.0605, F.S., as AHCA does not need the authority.

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 is unnecessary.⁶¹

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 1997.⁶² The purpose of the Council is to

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ Chapter 2011-134, L.O.F.

⁵⁹ 42 U.S.C. 29 – Sec. 291

⁶⁰ Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.

⁶¹ Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.

coordinate, and provide for, the identification, collection, standardization, and sharing of health-related data among federal, state, local, and private entities.⁶³ 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.⁶⁴ 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.⁶⁵

According to DOH, the Council has continued to meet as required, but takes no official action.⁶⁶ The last meeting of the Council at which any official action was taken occurred on October 22, 2003.⁶⁷ At that meeting, the Council adopted revisions to its Strategic Plan for FY 2004-05 through 2008-09.⁶⁸ 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.⁶⁹

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

Healthy Communities, Healthy People Program

In 1992, the Legislature enacted the Healthy Communities, Healthy People Act.⁷⁰ 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.⁷¹ This program is implemented through the CHDs, and is funded by a federal block grant.

⁶² Chapter 97-286, L.O.F.

⁶³ Section 381.90(2), F.S.

⁶⁴ Section 381.90(3), F.S.

⁶⁵ Section 381.90(5), F.S.

⁶⁶ Telephone conference between Department of Health legislative affairs staff and Health and Human Services Quality Subcommittee staff.

⁶⁷ 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).

⁶⁸ 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).

⁶⁹ Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.

⁷⁰ Chapter 92-33, L.O.F.

⁷¹ Section 381.734(1), F.S.

Although DOH has been required since 1992⁷² to develop and implement a Healthy Communities, Healthy People program, it has not established a separate formal program to do so.⁷³ 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.⁷⁴

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

Nursing Home Survey for Brain and Spinal Cord Injury Program

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.⁷⁵

In 1976⁷⁶, 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.⁷⁷ 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.

Standards for Compressed Air

In 1999, section 381.895, F.S., was enacted and requires DOH ("DOH") to establish by rule the maximum allowable levels for contaminants in compressed air used for recreational sport diving.⁷⁸ These standards must take into consideration the levels of contaminants allowed by the Grade "E" Recreational Diving Standards of the Compressed Gas Association.⁷⁹

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.⁸⁰ 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.⁸¹ The compressed air provider must post a certificate certifying that the compressed air meets the standards for contaminate

⁷² Chapter 92-33, L.O.F.

⁷³ 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).

⁷⁴ 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).

⁷⁵ Section 381.76, F.S.

⁷⁶ Chapter 76-201, L.O.F.

⁷⁷ Section 381.77, F.S.

⁷⁸ This includes any compressed air that may be provided as part of a dive package of equipment rental, or dive boat charter.

⁷⁹ Section 381.895(1), F.S.

⁸⁰ The laboratory must be accredited by either the American Industrial Hygiene Association or the American Association for Laboratory Accreditation

⁸¹ Section 381.895(3),(4), F.S.

levels.⁸² The certificate must be posted in a conspicuous location where it can readily be seen by any person purchasing air.⁸³ It is a second degree misdemeanor⁸⁴ 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.⁸⁵

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.⁸⁶

Since enactment, the provision has been amended once to delete the January 1, 2000, implementation date.⁸⁷ Florida is the only state that has a law governing the regulation of compressed air standards in recreational diving.⁸⁸

Currently, DOH maintains a database that contains thirteen years of test results from approximately 250 compressed air providers located throughout the state.⁸⁹ According to DOH, since 1999 none of the submitted reports⁹⁰ show any evidence of contamination.⁹¹ Additionally, there have been no reports of injury, illness, or death associated with contaminated compressed air.⁹²

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 body⁹³ and has mechanisms in place to ensure customers have quality compressed air.⁹⁴ 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.⁹⁵

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).⁹⁶ According to NAUI, these three organizations

⁸² Section 381.895(3), F.S.

⁸³ *Id.*

⁸⁴ 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.

⁸⁵ Section 381.895(5), F.S.

⁸⁶ Section 381.895(2), F.S.

⁸⁷ Chapter 2002-1, L.O.F.

⁸⁸ Westlaw search for state statutory provisions requiring compressed air standards for recreational diving.

⁸⁹ Per email correspondence with DOH staff on file with the Health & Human Services Access Subcommittee staff (October 21, 2011).

⁹⁰ As of November 3, 2011, the DOH has received approximately a total of 3,395 reports.

⁹¹ Department of Health, Bill Analysis, Economic Statement and Fiscal Note of House Bill 4037 (October 10, 2011).

⁹² *Id.*

⁹³ "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).

⁹⁴ 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).

⁹⁵ Per telephone conversation with staff with the Professional Association of Diving Instructors and the National Association of Underwater Instructors (October 21, 2011).

⁹⁶ *Id.*

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.⁹⁷

According to the Professional Association of Diving Instructors (PADI)⁹⁸, 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.⁹⁹ 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.¹⁰⁰

The National Association of Underwater Instructors (NAUI)¹⁰¹, 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 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.¹⁰²

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.

Florida Health Service Corps

This section of law was enacted in 1992,¹⁰³ and is modeled on the National Health Services Corps,¹⁰⁴ 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 1996.¹⁰⁵

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

Education and Resource Development

Section 381.0301, F.S., requires the DOH to foster the recruitment, retention, and continuing education and training of health professionals and managers needed to administer the public health mission. This responsibility is to be conducted in cooperation with federal, state, and local agencies whose purpose is to prepare persons for service in public health, especially the Centers for Disease Control and Prevention, the State University System, Florida medical schools, and the College of Public Health of the University of South Florida.

The bill repeals s. 381.0301, F.S., as the language is unnecessary.

⁹⁷ *Id.*

⁹⁸ PADI represents approximately 125 dive operations located throughout Florida.

⁹⁹ 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).

¹⁰⁰ Per email correspondence with Professional Association of Diving Instructors staff on file with Health & Human Services Access Subcommittee staff (October 21, 2011).

¹⁰¹ NAUI represents approximately 120 dive operations located throughout Florida.

¹⁰² 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).

¹⁰³ Chapter 92-33, s. 111, L.O.F.

¹⁰⁴ See, <http://nhsc.hrsa.gov/> (site last visited February 2, 2012).

¹⁰⁵ Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

Community Health Pilot

This section of law was enacted in 1999¹⁰⁶ 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 Riviera;
- 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.¹⁰⁷ The pilot programs do not exist: DOH states that they were unable to find any information on these two provisions, and the Division of Family Health Services did not implement the pilot programs.¹⁰⁸

The bill repeals ss. 381.102 and 381.103, F.S., as

Epidemiological Research

This section of law was enacted in 1988,¹⁰⁹ authorizing the department to conduct epidemiological studies of diseases such as acquired immune deficiency syndrome (AIDS). Such studies are to understand the impact of Florida-specific issues, such as the state's climate, geography, demographic mix and immigration rates, on the epidemiology of such diseases. The department is authorized to utilize existing resources, and when necessary, the state university system.

The bill repeals s. 381.0032, F.S. The DOH does not need explicit statutory authority to conduct studies.

Primary and Preventive Health Services

Section 381.005(2), F.S., was enacted in 1991.¹¹⁰ It directs hospitals licensed by AHCA pursuant to ch. 395, F.S., to implement a program to offer an immunization program against influenza and pneumococcal bacteria to patients over 65.¹¹¹ According to AHCA, they have no authority to enforce this requirement.¹¹² The bill repeals s. 381.005, F.S.

Osteoporosis Prevention and Education Program

This section of law was enacted in 1996,¹¹³ 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.¹¹⁴

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

Area Health Education Centers

¹⁰⁶ Chapter. 99-356, ss. 11-12, L.O.F.

¹⁰⁷ Section 381.103, F.S.

¹⁰⁸ Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

¹⁰⁹ Chapter 88-230, s. 23, L.O.F.

¹¹⁰ Chapter. 91-297, s. 18, L.O.F.

¹¹¹ Section 381.005(2), F.S.

¹¹² Email correspondence with AHCA staff, January 21, 2012, on file with the Health & Human Services Quality Subcommittee staff.

¹¹³ Chapter 96-282, s. 1, L.O.F.

¹¹⁴ Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

Section 381.0402, F.S., authorizes the department, in cooperation with the state-approved medical schools in this state, to organize an area health education center network. The network shall be a catalyst for the primary care training of health professionals through increased opportunities for training in medically underserved areas.

The bill repeals s. 381.0402, F.S. The DOH recommends repeal.

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.

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.

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.¹¹⁵

The bill repeals s. 381.795, F.S.

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.

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, F.S.

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".

¹¹⁵ Email correspondence with DOH staff, January 28, 2012, on file with the Health & Human Service Quality Subcommittee staff.

The program serves the purpose outlined in s. 385.210, 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.¹¹⁶

Funding Agreements

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.¹¹⁷ This section of law was enacted in 1931,¹¹⁸ providing that county commissioners may enter into agreements with DOH as to public health funding in the county, from either the department or other sources. These funds are to be paid to the CFO to form part of the full-time county health department trust fund.

The bill repeals s. 154.03, F.S., as the provision is obsolete.

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, F.S., relating to HIV testing.
- Section 381.0051, F.S., relating to Family planning.
- Section 381.0056, F.S., relating to the School health services program.
- Section 381.0057, F.S., relating to Funding for school health services.
- Section 381.0062, F.S., relating to Supervision, private and certain public water systems.
- Section 381.0098, F.S., relating to Biomedical waste.
- Section 381.0101, F.S., relating to Environmental health professionals.
- Section 381.0301, F.S., relating to Education and Resource Development.
- Section 381.0403, F.S., relating to the Community Hospital Education Act.
- Section 381.4018, F.S., relating to Physician workforce assessment and development.
- Section 381.7352, F.S., relating to Legislative intent and findings for the Closing the Gap Act.
- S. 381.853, F.S., relating to the Florida Center for Brain Tumor Research.
- S. 381.91, 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:

- Section 381.0052(5), F.S., related to dental health;
- Section 381.0053(4), F.S., related to the comprehensive nutrition program;

¹¹⁶ Florida Department of Health, Bill Analysis, Economic Statement and Fiscal Note for HB 1263, February 2, 2012.

¹¹⁷ Section 154.03, F.S.

¹¹⁸ Chapter. 14906, s, 3, L.O.F., (1931).

- 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 and the Nursing Student Loan Forgiveness Trust Fund. DOH no longer manages these trust funds. The Drugs, Devices and Cosmetics Trust Fund is no longer necessary (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. The bill deletes requirements for programs submit recommendations to the legislature; as they do not need specific authority to submit legislative proposals.

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 Health¹²⁰ and the Florida Center for Nursing¹²¹. Legislature does not need statutory directive to spend money. The repeals will have no effect on either program.

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;
- 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;

¹¹⁹ Department of Health Memorandum, "Unused Rulemaking Authority", Feb. 1, 2012, on file with Subcommittee staff.

¹²⁰ Section 381.0405,(7), F.S.

¹²¹ Section 464.0197, F.S.

- 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:** Repealing s. 381.0402, F.S., relating to area health education center network;
- Section 56:** Amending s. 381.0403, F.S., relating to the Community Hospital Education Act;

- Section 57:** Amending s. 381.0405, F.S., relating to Office of Rural Health;
- Section 58:** Amending s. 381.0406, F.S., relating to rural health networks;
- Section 59:** Repealing s. 381.0407, F.S., effective October 1, 2014, relating to managed care and publicly funded primary care program coordination;
- Section 60:** Repealing s. 381.045, F.S., relating to Hepatitis B or HIV carriers;
- Section 61:** Amending s. 381.06015, F.S., relating to Public Cord Blood Tissue Bank;
- Section 62:** Repealing s. 381.0605, F.S., relating to survey of state hospital facilities; Agency for Health Care Administration;
- Section 63:** Repealing s. 381.102, F.S., relating to community health pilot projects;
- Section 64:** Repealing s. 381.103, F.S., relating to community health pilot projects; duties of department;
- 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:** Providing for various effective dates.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The bill will decrease the amount of revenue the department will receive as a result of the reduction of the annual operating fee for waterless, incinerating or organic waste composting toilets from \$30-\$150 to \$15-\$30. The amount is unknown, but expected to be insignificant.

2. Expenditures:

The bill may 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. However, this may result in state expenditure savings in future years due to reduction in retirement and state health insurance costs. Additional savings in operating, maintenance, and repair costs will occur from the closure of the A.G. Holley State Hospital. Finally, there may be some savings as a result of repealing duplicative and unnecessary programs. The total impact of the legislation is expected to result in overall savings, but the exact amount is indeterminate.

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 but are expected to be significant.

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

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1 A bill to be entitled
 2 An act relating to the Department of Health; amending
 3 s. 20.43, F.S.; revising the purpose of the
 4 Department; revising duties of the State Surgeon
 5 General; eliminating the Officer of Women's Health
 6 Strategy; revising divisions within the department;
 7 amending s. 20.435, F.S.; redesignating the Medical
 8 Quality Assurance Trust Fund as the Health Care
 9 Regulation Trust Fund to conform to changes made by
 10 the act; eliminating the Florida Drug, Device, and
 11 Cosmetic Trust Fund and the Nursing Student Loan
 12 Forgiveness Trust Fund as trust funds of the
 13 department; amending s. 154.001, F.S.; requiring
 14 decentralization of the public health system;
 15 requiring centralization of statewide public health
 16 services to be provided by the Department; allowing
 17 the Department to delegate roles and responsibilities
 18 or use outside contractors to implement program and
 19 service activities; amending s. 154.01, F.S.;
 20 requiring the Department to contract with each county
 21 to establish and maintain a county health department;
 22 defining specific services to be provided by a county
 23 health department; establishing criteria for county
 24 public health contracts to be eligible for state block
 25 grants; requiring the Department to submit to the
 26 Legislature a list of construction or expansion needs
 27 in order of priority with annual budget request;
 28 specifying information to be included in list of

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29 construction or expansion needs; repealing s. 154.03,
30 F.S.; relating to cooperation with the Department and
31 the United States government as to expenditure of
32 funds to study disease and disease prevention;
33 amending s. 154.04, F.S.; permitting health
34 professionals working in a county health department to
35 function within scope of professional license and in
36 accordance with protocols established by county health
37 department; deleting conditions under which a
38 registered nurse or licensed physician can treat
39 patients in a county health department; deleting
40 rulemaking authority of the Department; making
41 personnel of county health department employees of the
42 county and subject to personnel rules and policies of
43 the county; amending s. 154.05, F.S.; permitting two
44 or more counties to combine and operate a county
45 health department upon establishing an interlocal
46 agreement; requiring interlocal agreement to specify
47 roles and responsibilities of each county; amending s.
48 154.06, F.S.; making fee schedules for public health
49 services rendered through a county health department
50 the responsibility of each county; deleting
51 requirement that fees collected for services be
52 credited to the County Health Department Trust Fund;
53 amending s. 154.067, F.S.; requiring each county to
54 adopt a protocol for evaluating, treating, and
55 reporting child abuse and neglect cases; creating an
56 unnumbered section of law; requiring the Department to

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57 | develop a transition plan to decentralize public
 58 | health services; requiring specific elements to be
 59 | included in the plan; requiring submission of the
 60 | plan to the Governor, President of the Senate, and
 61 | Speaker of the House of Representatives; amending s.
 62 | 215.5602, F.S.; conforming a cross reference; amending
 63 | s. 381.001, F.S.; deleting legislative intent; making
 64 | the Department responsible for state public health
 65 | system; requiring the Department to provide leadership
 66 | for a partnership involving federal, state, and local
 67 | government and private sector to accomplish public
 68 | health goals; amending s. 381.0011, F.S.; deleting
 69 | duties and powers of the Department; repealing s.
 70 | 381.0013, F.S.; regarding eminent domain; repealing s.
 71 | 381.0014, F.S.; regarding superseded regulations and
 72 | ordinances; repealing s. 381.0015, F.S.; regarding
 73 | presumptions; amending s. 381.0016, F.S.; allowing a
 74 | county to enact health regulations and ordinances
 75 | consistent with state law; repealing s. 381.0017,
 76 | F.S.; relating to the purchase, lease, and sale of
 77 | real property by the Department; amending s. 381.0025,
 78 | F.S.; deleting penalties for a violation of chapter
 79 | 381, F.S., a quarantine, or a rule; deleting
 80 | impersonation of an employee of the department as
 81 | violation of section; adding actions that interfere,
 82 | hinder, or oppose official duties of Department
 83 | employees constitute a second degree misdemeanor;
 84 | amending s. 381.003, F.S.; clarifying that the

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85 Department must provide communicable disease
 86 prevention and control programs for the prevention,
 87 control, and reporting of communicable diseases of
 88 public health significance; amending s. 381.0031,
 89 F.S.; permitting the department to conduct studies
 90 concerning epidemiology of communicable diseases of
 91 public health significance; deleting noninfectious
 92 diseases from the list of diseases determined to be a
 93 threat to public health; amending s. 381.00315, F.S.;
 94 requiring the Department to establish rules for
 95 conditions and procedures for imposing and releasing a
 96 quarantine; requiring specific provisions to be
 97 included in rules; providing the rules established
 98 under this section supersede all rules enacted by
 99 other state agencies, boards, or political
 100 subdivisions; making any violation of the rules
 101 established under the section, a quarantine, or
 102 requirement adopted pursuant to a declared public
 103 health emergency a second degree misdemeanor;
 104 repealing s. 381.0032, F.S.; relating to
 105 epidemiological research; repealing s. 381.00325,
 106 F.S.; eliminating the Hepatitis A awareness program;
 107 amending s. 381.0034, F.S.; deleting a qualifying date
 108 reference; repealing s. 381.0037, F.S.; deleting
 109 legislative findings and intent; amending s. 381.004,
 110 F.S.; deleting legislative intent; amending 381.0046,
 111 F.S.; redesignating the Bureau of HIV and AIDS as the
 112 Bureau of Communicable Diseases; requiring the

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113 Department to establish dedicated HIV and AIDS
 114 regional minority coordinators; deleting the
 115 requirement that the statewide director report to the
 116 chief of the Bureau of HIV and AIDS within the
 117 Department; amending s. 381.005, F.S.; deleting the
 118 requirement that hospitals implement a plan to offer
 119 immunizations for pneumococcal bacteria and influenza
 120 virus to all patients 65 years of age or older;
 121 amending s. 381.0051, F.S.; deleting legislative
 122 intent; amending s. 381.0052, F.S.; repealing unused
 123 rulemaking authority; amending s. 381.0053, F.S.;
 124 repealing unused rulemaking authority; repealing s.
 125 381.0054, F.S.; eliminating healthy lifestyles
 126 promotion by the Department; amending s. 381.0056,
 127 F.S.; deleting legislative findings; deleting the
 128 requirement that school health programs funded by
 129 health care districts or entities be supplementary to
 130 and consistent with the Act and other applicable
 131 statutes; amending s. 381.0057, F.S.; deleting
 132 legislative intent; amending s. 381.00591, F.S.;
 133 permitting the Department to apply for and become a
 134 National Environmental Laboratory Accreditation
 135 Program accreditation body; eliminating rulemaking
 136 authority of the Department to implement standards of
 137 the National Environmental Laboratory Accreditation
 138 Program; amending s. 381.00593, F.S.; repealing unused
 139 rulemaking authority; amending s. 381.0062, F.S.;
 140 deleting legislative intent; amending s. 381.0065,

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141 F.S.; deleting legislative intent; defining the term
 142 "bedroom"; conforming cross-references; providing for
 143 any permit issued and approved by the Department for
 144 the installation, modification, or repair of an onsite
 145 sewage treatment and disposal system to transfer with
 146 the title of the property; providing circumstances in
 147 which an onsite sewage treatment and disposal system
 148 is not considered abandoned; providing for the
 149 validity of an onsite sewage treatment and disposal
 150 system permit if rules change before final approval of
 151 the constructed system; providing that a system
 152 modification, replacement, or upgrade is not required
 153 unless a bedroom is added to a single-family home;
 154 deleting provisions requiring the Department to
 155 administer an evaluation and assessment program of
 156 onsite sewage treatment and disposal systems and
 157 requiring property owners to have such systems
 158 evaluated at least once every 5 years; deleting
 159 obsolete provisions; creating s. 381.00651, F.S.;
 160 requiring a county or municipality containing a first
 161 magnitude spring to adopt by ordinance, under certain
 162 circumstances, the program for the periodic evaluation
 163 and assessment of onsite sewage treatment and disposal
 164 systems; requiring the county or municipality to
 165 notify the Secretary of State of the ordinance;
 166 authorizing a county or municipality, in specified
 167 circumstances, to opt out of certain requirements by a
 168 specified date; authorizing a county or municipality

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169 to adopt or repeal, after a specified date, an
 170 ordinance creating an evaluation and assessment
 171 program; subject to notification of the Secretary of
 172 State; providing criteria for evaluations, qualified
 173 contractors, repair of systems; providing for certain
 174 procedures and exemptions in special circumstances;
 175 defining the term "system failure"; requiring that
 176 certain procedures be used for conducting tank and
 177 drainfield evaluations; providing for certain
 178 procedures in special circumstances; providing for
 179 assessment procedures; providing requirements for
 180 county health departments; requiring the county or
 181 municipality to develop a system for tracking the
 182 evaluations; providing criteria; requiring counties
 183 and municipalities to notify the Secretary of
 184 Environmental Protection and the Department that an
 185 evaluation program ordinance is adopted; requiring the
 186 Department of Environmental Protection to notify those
 187 counties or municipalities of the use of, and access
 188 to, certain state and federal program funds and to
 189 provide certain guidance and technical assistance upon
 190 request; prohibiting the adoption of certain rules by
 191 the Department; providing applicability; repealing s.
 192 381.00656, F.S., eliminating the grant program for
 193 assisting owners of onsite sewage treatment and
 194 disposal systems; amending s. 381.0066, F.S.; lowering
 195 the fees imposed by the department for certain
 196 permits; amending s. 381.0068, F.S.; deleting a date

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197 reference for establishing a technical review and
 198 advisory panel within the Department for assistance
 199 with rule adoption; deleting the authority of the
 200 chair of the panel to advise affected persons or the
 201 Legislature of the panel's position on legislation,
 202 proposed state policy, or other issue; amending s.
 203 381.00781, F.S.; eliminating authority of the
 204 Department to annually adjust maximum fees according
 205 to the Consumer Price Index; amending s. 381.0086,
 206 F.S.; removing lighting and maintenance and operation
 207 of camp, housing, or roads from the list of health
 208 and safety standards to be created by the Department;
 209 amending s. 381.0098, F.S.; deleting legislative
 210 intent; amending s. 381.0101, F.S.; deleting
 211 legislative intent; deleting definitions; providing
 212 for the Bureau Chief for Environmental Health to serve
 213 on an environmental health professionals advisory
 214 board; repealing s. 381.0201, F.S.; eliminating the
 215 requirement that the Department provide technical and
 216 support services to county health departments;
 217 amending s. 381.0203, F.S.; eliminating the regulation
 218 of drugs, cosmetics, and household products under
 219 chapter 499 from pharmacy services program;
 220 eliminating the contraception distribution program at
 221 county health departments; amending s. 381.0261, F.S.;
 222 requiring the Agency for Health Care Administration to
 223 publish a summary of the Florida Patient's Bill of
 224 Rights and Responsibilities on its internet website;

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225 deleting the requirement that the Agency for Health
 226 Care Administration print and make available to
 227 certain medical professionals a summary of the Florida
 228 Patient's Bill of Rights and Responsibilities;
 229 amending s. 381.0301, F.S.; deleting reference to the
 230 Centers for Disease Control and Prevention, the State
 231 University System, Florida medical schools, and the
 232 College of Public Health of the University of South
 233 Florida; deleting the requirement that the College of
 234 Public Health be consulted by state officials in the
 235 management of public health; repealing s. 381.0302,
 236 F.S.; eliminating the Florida Health Services Corps;
 237 amending s. 381.0303, F.S.; eliminating the
 238 requirement that the Special Needs Shelter Interagency
 239 Committee submit recommendations to the Legislature;
 240 repealing s. 381.04015, F.S.; eliminating the Women's
 241 Health Strategy Office and Officer of Women's Health
 242 Strategy; repealing s. 381.0402, F.S.; eliminating the
 243 Area Health Education Center network; amending s.
 244 381.0403, F.S.; deleting legislative findings and
 245 legislative intent; revising the mission of the
 246 program; requiring minimum funding for graduate
 247 education in family practice; deleting reference to an
 248 intent to establish a statewide graduate medical
 249 education program; amending s. 381.0405, F.S.;

250 deleting appropriation to the Office of Rural Health;
 251 amending s. 381.0406, F.S.; deleting unnecessary
 252 introductory language; repealing s. 381.0407, F.S.; on

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253 | October 1, 2014, eliminating the mandatory payment of
 254 | claims from public health care providers and county
 255 | health departments by managed care plans; repealing s.
 256 | 381.045, F.S.; eliminating Department authority to
 257 | provide services to certain health care providers
 258 | infected with Hepatitis B or HIV; amending s.
 259 | 381.06015, F.S.; deleting requirement that the
 260 | Department, the Agency for Health Care Administration,
 261 | and private consortium members seeking private or
 262 | federal funds to initiate actions of the Public Cord
 263 | Blood Tissue Bank in FY 2000-2001; repealing s.
 264 | 381.0605, F.S.; deleting designation of the Agency for
 265 | Health Care Administration as the state agency to
 266 | administer the Federal Hospital and Medical Facilities
 267 | Amendments of 1964; eliminating authority of the
 268 | Governor to provide for administration of the
 269 | Amendments; repealing s. 381.102, F.S.; eliminating
 270 | the community health pilot projects; repealing s.
 271 | 381.103, F.S.; eliminating the duties of the
 272 | Department to assist the community health pilot
 273 | projects; repealing s. 381.60225, F.S.; eliminating
 274 | background screening requirements for applicants for
 275 | certification; repealing s. 381.732, F.S.; deleting a
 276 | title; repealing s. 381.733, F.S.; deleting
 277 | definitions; repealing s. 381.734, F.S.; eliminating
 278 | the Healthy Communities, Healthy People Program;
 279 | amending s. 381.7352, F.S.; deleting legislative
 280 | findings; amending s. 381.7353, F.S.; removing the

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281 | authority of the State Surgeon General to appoint an
 282 | ad hoc committee to study certain aspects of racial
 283 | and ethnic health outcome disparities and make
 284 | recommendations; amending s. 381.7356, F.S.; deleting
 285 | a provision requiring dissemination of grant awards to
 286 | begin on a date certain; amending s. 381.765, F.S.;
 287 | repealing unused rulemaking authority; repealing s.
 288 | 381.77, F.S.; eliminating the annual survey of nursing
 289 | home residents age 55 and under; repealing s. 381.795,
 290 | F.S.; eliminating the requirement that the Department
 291 | establish a program of long-term community-based
 292 | supports and services for individuals with traumatic
 293 | brain or spinal cord injuries; amending s. 381.853,
 294 | F.S.; deleting legislative findings; repealing s.
 295 | 381.855, F.S., which established the Florida Center
 296 | for Universal Research to Eradicate Disease; repealing
 297 | s. 381.87, F.S.; eliminating the osteoporosis
 298 | prevention and education program; repealing s.
 299 | 381.895, F.S., which established standards for
 300 | compressed air used for recreational diving;
 301 | repealing s. 381.90, F.S.; eliminating the Health
 302 | Information Systems Council; amending s. 381.91, F.S.;
 303 | deleting legislative intent; amending 381.922, F.S.;
 304 | conforming a cross reference; repealing s. 385.210,
 305 | F.S., which created the Arthritis Prevention and
 306 | Education Act; amending s. 391.016, F.S., clarifying
 307 | the purposes and functions of the Children's Medical
 308 | Services program; requiring the coordination and

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309 maintenance of a medical home for participating
 310 children; requiring the establishment and maintenance
 311 of a provider service network for children with
 312 special health care needs and other eligible children;
 313 amending s. 391.021, F.S.; revising definitions;
 314 amending s. 391.025, F.S.; revising the components of
 315 the Children's Medical Services program; amending s.
 316 391.026, F.S.; revising the powers and duties of the
 317 Department in administering the Children's Medical
 318 Services network; amending s. 391.028, F.S.;

319 eliminating the central office and area offices of the
 320 Children's Medical Services program; authorizing the
 321 Director to appoint necessary staff and contract with
 322 providers to establish a decentralized operations
 323 system to provide certain program activities on a
 324 statewide basis; establishing criteria for contracting
 325 for statewide operation of program activities;
 326 requiring concurrence of the Governor and State
 327 Surgeon General; requiring competitive procurement;
 328 establishing criteria for a provider service network
 329 to be considered a qualified contractor; amending s.
 330 391.029, F.S.; clarifying eligibility for services
 331 under the Children's Medical Services program;
 332 clarifying who may receive services under the program;
 333 deleting requirement that the Department determine
 334 financial and medical eligibility for program;
 335 deleting requirement that the Department determine the
 336 financial ability of parents to pay for services;

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337 eliminating discretion of the Department to pay
 338 reasonable travel expenses; amending s. 391.0315,
 339 F.S.; deleting prohibition against a child eligible
 340 under Title XIX or XXI of the Social Security Act from
 341 receiving services under the program until the child
 342 is enrolled in Medicaid or a Title XXI program;
 343 amending s. 392.51, F.S.; removing legislative
 344 findings and intent; amending s. 392.61, F.S.;
 345 eliminating the requirement that the Department
 346 develop a methodology for distributing funds
 347 appropriated for community tuberculosis control
 348 programs; amending s. 392.62, F.S.; requiring a
 349 contractor to use licensed community hospitals and
 350 other facilities; removing authority of the Department
 351 to operate a licensed hospital to treat tuberculosis
 352 patients; requiring the tuberculosis control program
 353 to fund participating facilities; requiring facilities
 354 to meet specific conditions; creating an unnumbered
 355 section of law; requiring a transition plan for the
 356 closure of A.G. Holley State Hospital; specifying
 357 content of transition plan; requiring submission of
 358 the plan to Governor, President of the Senate, and
 359 Speaker of the House of Representative; requiring full
 360 implementation of the transition plan by a certain
 361 date; amending s. 401.243, F.S.; repealing unused
 362 rulemaking authority; amending s. 401.245, F.S.;
 363 repealing unused rulemaking authority; amending s.
 364 401.271, F.S.; repealing unused rulemaking authority;

F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

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365 | amending s. 402.45, F.S.; repealing unused rulemaking
366 | authority; amending s. 403.863, F.S.; directing the
367 | Department to contract with the American Environmental
368 | Laboratory Association to perform state public water
369 | supply laboratory certification application review and
370 | evaluation and inspection; adding certain actions to
371 | the list of acts constituting grounds for which
372 | disciplinary actions may be taken under the section;
373 | amending s. 400.914, F.S.; making conforming changes;
374 | s. 409.256, F.S.; making conforming changes; repealing
375 | s. 458.346, F.S., which created the Public Sector
376 | Physician Advisory Committee; amending s. 462.19,
377 | F.S.; repealing unused rulemaking authority; repealing
378 | s. 464.0197, F.S.; eliminating state budget support
379 | for the Florida Center for Nursing; amending s.
380 | 464.208, F.S.; repealing unused rulemaking authority;
381 | amending s. 466.00775, F.S.; repealing unused
382 | rulemaking authority; amending s. 514.011, F.S.;
383 | revising a definition; amending s. 514.021, F.S.;
384 | restricting rule authority of the Department; limiting
385 | scope of standards for public pools and public bathing
386 | places; prohibiting the Department from adopting by
387 | rule any regulation regarding the design, alteration
388 | or repair of a public pool or public bathing;
389 | eliminating authority of the Department to review
390 | plans, issue approvals, and enforce occupancy
391 | provisions of the Florida Building Code; amending s.
392 | 514.023, F.S.; adding public bathing places to the

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393 provisions allowing sampling of beach waters to
 394 determine water quality and allowing health advisories
 395 to be issued for elevated levels of bacteria in water;
 396 amending s. 514.025, F.S.; requiring county health
 397 departments to review applications and plans for
 398 construction or placement of public pools or bathing
 399 places; providing for the Department to review
 400 applications and plans if no qualified staff are
 401 employed at the county health department; confirming
 402 that county health departments are responsible to
 403 monitor water quality in public pools and bathing
 404 places; amending s. 514.03, F.S.; permitting local
 405 government or enforcement districts to determine
 406 compliance with general construction provisions of the
 407 Florida Building Code; permitting local government or
 408 enforcement districts to conduct plan reviews and
 409 inspections of public pools and bathing places to
 410 determine compliance; eliminating application process
 411 for review of building plans for public pool or
 412 bathing place by the Department; amending s. 514.031,
 413 F.S.; requiring a valid permit from the county health
 414 department to operate a public pool; revising list of
 415 documents that must accompany an application for
 416 permit to operate a public pool; providing the county
 417 health department with authority to review, approve,
 418 and deny application for permit to operate a public
 419 pool; amending s. 514.033, F.S.; deleting authority of
 420 the Department to establish a fee schedule; requiring

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421 fees collected by the Department or county health
 422 department to be deposited into the County Health
 423 Department Trust Fund; amending s. 514.05, F.S.;
 424 requiring all amounts collected to be deposited in the
 425 County Health Department Trust Fund; granting the
 426 county health department the authority to close a
 427 public pool that is not in compliance with chapter
 428 514, F.S., or applicable rules; amending s. 514.06,
 429 F.S.; deeming a public pool or bathing place to
 430 present a significant risk to public health by failing
 431 to meet water quality and safety to be a public
 432 nuisance; allowing for a public nuisance to be abated
 433 or enjoined; amending s. 633.115, F.S.; making
 434 conforming changes; amending s. 1009.66, F.S.;
 435 reassigning responsibility for the Nursing Student
 436 Loan Forgiveness Program from the Department to the
 437 Department of Education; amending s. 1009.67, F.S.;
 438 reassigning responsibility for the nursing scholarship
 439 program from the Department to the Department of
 440 Education; creating an unnumbered section of law;
 441 providing type two transfers of the programs;
 442 providing for transfer of a trust fund; providing
 443 applicability to contracts; authorizing transfer of
 444 funds and positions between departments; creating an
 445 unnumbered section of law; providing a directive to
 446 the Division of Statutory Revision to assist
 447 substantive committees to prepare conforming
 448 legislation; creating an unnumbered section of law;

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449 requiring the Department to create a plan to improve
 450 efficiency of the function of the Division of Medical
 451 Quality and Assurance; directing the Department to
 452 take certain actions in creating the plan; directing
 453 the Department to address particular topics in the
 454 plan; requiring all executive branch agencies to
 455 assist the Department in creating the plan; requesting
 456 all other state agencies to assist the Department in
 457 creating the plan; conforming cross-references;
 458 providing effective dates.

459
 460 Be It Enacted by the Legislature of the State of Florida:

461
 462 Section 1. Subsections (1), (2), and (3) of section 20.43,
 463 Florida Statutes, are amended to read:

464 20.43 Department of Health.—There is created a Department
 465 of Health.

466 (1) The purpose of the Department of Health is to protect
 467 and promote ~~and protect~~ the health of all residents and visitors
 468 in the state through organized state and community efforts,
 469 including cooperative agreements with counties. The department
 470 shall:

471 (a) Identify, diagnose, and conduct surveillance of
 472 diseases and health conditions in the state, accumulating health
 473 statistics necessary to establish trends ~~Prevent to the fullest~~
 474 ~~extent possible, the occurrence and progression of communicable~~
 475 ~~and noncommunicable diseases and disabilities.~~

476 (b) Implement interventions that prevent or limit the

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477 impact or spread of diseases and health conditions ~~Maintain a~~
 478 ~~constant surveillance of disease occurrence and accumulate~~
 479 ~~health statistics necessary to establish disease trends and to~~
 480 ~~design health programs.~~

481 (c) Collect, manage, and analyze vital statistics and
 482 other health data to inform the public and formulate public
 483 health policy and planning ~~Conduct special studies of the causes~~
 484 ~~of diseases and formulate preventive strategies.~~

485 (d) Maintain and coordinate preparedness for and responses
 486 to public health emergencies in the state ~~Promote the~~
 487 ~~maintenance and improvement of the environment as it affects~~
 488 ~~public health.~~

489 (e) Provide or ensure the provision of quality health and
 490 related services to identified populations in the state ~~Promote~~
 491 ~~the maintenance and improvement of health in the residents of~~
 492 ~~the state.~~

493 (f) Regulate environmental activities that have a direct
 494 impact on public health in the state ~~Provide leadership, in~~
 495 ~~cooperation with the public and private sectors, in establishing~~
 496 ~~statewide and community public health delivery systems.~~

497 (g) Regulate health practitioners for the preservation of
 498 the health, safety, and welfare of the public ~~Provide health~~
 499 ~~care and early intervention services to infants, toddlers,~~
 500 ~~children, adolescents, and high-risk perinatal patients who are~~
 501 ~~at risk for disabling conditions or have chronic illnesses.~~

502 ~~(h) Provide services to abused and neglected children~~
 503 ~~through child protection teams and sexual abuse treatment~~
 504 ~~programs.~~

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505 ~~(i) Develop working associations with all agencies and~~
506 ~~organizations involved and interested in health and health care~~
507 ~~delivery.~~

508 ~~(j) Analyze trends in the evolution of health systems, and~~
509 ~~identify and promote the use of innovative, cost-effective~~
510 ~~health delivery systems.~~

511 ~~(k) Serve as the statewide repository of all aggregate~~
512 ~~data accumulated by state agencies related to health care;~~
513 ~~analyze that data and issue periodic reports and policy~~
514 ~~statements, as appropriate; require that all aggregated data be~~
515 ~~kept in a manner that promotes easy utilization by the public,~~
516 ~~state agencies, and all other interested parties; provide~~
517 ~~technical assistance as required; and work cooperatively with~~
518 ~~the state's higher education programs to promote further study~~
519 ~~and analysis of health care systems and health care outcomes.~~

520 ~~(l) Include in the department's strategic plan developed~~
521 ~~under s. 186.021 an assessment of current health programs,~~
522 ~~systems, and costs; projections of future problems and~~
523 ~~opportunities; and recommended changes that are needed in the~~
524 ~~health care system to improve the public health.~~

525 ~~(m) Regulate health practitioners, to the extent~~
526 ~~authorized by the Legislature, as necessary for the preservation~~
527 ~~of the health, safety, and welfare of the public.~~

528 (2)(a) The head of the Department of Health is the State
529 Surgeon General and State Health Officer. The State Surgeon
530 General must be a physician licensed under chapter 458 or
531 chapter 459 who has advanced training or extensive experience in
532 public health administration. The State Surgeon General is

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533 appointed by the Governor subject to confirmation by the Senate.
 534 The State Surgeon General serves at the pleasure of the
 535 Governor. ~~The State Surgeon General shall serve as the leading~~
 536 ~~voice on wellness and disease prevention efforts, including the~~
 537 ~~promotion of healthful lifestyles, immunization practices,~~
 538 ~~health literacy, and the assessment and promotion of the~~
 539 ~~physician and health care workforce in order to meet the health~~
 540 ~~care needs of the state. The State Surgeon General shall focus~~
 541 ~~on advocating healthy lifestyles, developing public health~~
 542 ~~policy, and building collaborative partnerships with schools,~~
 543 ~~businesses, health care practitioners, community-based~~
 544 ~~organizations, and public and private institutions in order to~~
 545 ~~promote health literacy and optimum quality of life for all~~
 546 ~~Floridians.~~

547 ~~(b) The Officer of Women's Health Strategy is established~~
 548 ~~within the Department of Health and shall report directly to the~~
 549 ~~State Surgeon General.~~

550 (3) The following divisions of the Department of Health
 551 are established:

552 (a) Division of Administration.

553 (b) Division of Emergency Preparedness and Community
 554 Support Environmental Health.

555 (c) Division of Disease Control and Health Protection.

556 (d) Division of Community Health Promotion Family Health
 557 Services.

558 (e) Division of Children's Medical Services Network.

559 (f) Division of Public Health Statistics and Performance
 560 Management Emergency Medical Operations.

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561 (g) Division of Medical Quality Assurance, which is
 562 responsible for the following boards and professions established
 563 within the division:

- 564 1. The Board of Acupuncture, created under chapter 457.
- 565 2. The Board of Medicine, created under chapter 458.
- 566 3. The Board of Osteopathic Medicine, created under
 567 chapter 459.
- 568 4. The Board of Chiropractic Medicine, created under
 569 chapter 460.
- 570 5. The Board of Podiatric Medicine, created under chapter
 571 461.
- 572 6. Naturopathy, as provided under chapter 462.
- 573 7. The Board of Optometry, created under chapter 463.
- 574 8. The Board of Nursing, created under part I of chapter
 575 464.
- 576 9. Nursing assistants, as provided under part II of
 577 chapter 464.
- 578 10. The Board of Pharmacy, created under chapter 465.
- 579 11. The Board of Dentistry, created under chapter 466.
- 580 12. Midwifery, as provided under chapter 467.
- 581 13. The Board of Speech-Language Pathology and Audiology,
 582 created under part I of chapter 468.
- 583 14. The Board of Nursing Home Administrators, created
 584 under part II of chapter 468.
- 585 15. The Board of Occupational Therapy, created under part
 586 III of chapter 468.
- 587 16. Respiratory therapy, as provided under part V of
 588 chapter 468.

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- 589 17. Dietetics and nutrition practice, as provided under
 590 part X of chapter 468.
- 591 18. The Board of Athletic Training, created under part
 592 XIII of chapter 468.
- 593 19. The Board of Orthotists and Prosthetists, created
 594 under part XIV of chapter 468.
- 595 20. Electrolysis, as provided under chapter 478.
- 596 21. The Board of Massage Therapy, created under chapter
 597 480.
- 598 22. The Board of Clinical Laboratory Personnel, created
 599 under part III of chapter 483.
- 600 23. Medical physicists, as provided under part IV of
 601 chapter 483.
- 602 24. The Board of Opticianry, created under part I of
 603 chapter 484.
- 604 25. The Board of Hearing Aid Specialists, created under
 605 part II of chapter 484.
- 606 26. The Board of Physical Therapy Practice, created under
 607 chapter 486.
- 608 27. The Board of Psychology, created under chapter 490.
- 609 28. School psychologists, as provided under chapter 490.
- 610 29. The Board of Clinical Social Work, Marriage and Family
 611 Therapy, and Mental Health Counseling, created under chapter
 612 491.
- 613 30. Emergency medical technicians and paramedics, as
 614 provided under part III of chapter 401.
- 615 ~~(h) Division of Children's Medical Services Prevention and~~
 616 ~~Intervention.~~

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617 | ~~(i) Division of Information Technology.~~
 618 | ~~(j) Division of Health Access and Tobacco.~~
 619 | (h)~~(k)~~ Division of Disability Determinations.
 620 | Section 2. Subsections (13), and (17) of section 20.435,
 621 | Florida Statutes, are amended to read:
 622 | 20.435 Department of Health; trust funds.—The following
 623 | trust funds shall be administered by the Department of Health:
 624 | ~~(13) Florida Drug, Device, and Cosmetic Trust Fund.~~
 625 | ~~(a) Funds to be credited to and uses of the trust fund~~
 626 | ~~shall be administered in accordance with the provisions of~~
 627 | ~~chapter 499.~~
 628 | ~~(b) Notwithstanding the provisions of s. 216.301 and~~
 629 | ~~pursuant to s. 216.351, any balance in the trust fund at the end~~
 630 | ~~of any fiscal year shall remain in the trust fund at the end of~~
 631 | ~~the year and shall be available for carrying out the purposes of~~
 632 | ~~the trust fund.~~
 633 | ~~(17) Nursing Student Loan Forgiveness Trust Fund.~~
 634 | ~~(a) Funds to be credited to and uses of the trust fund~~
 635 | ~~shall be administered in accordance with the provisions of s.~~
 636 | ~~1009.66.~~
 637 | ~~(b) Notwithstanding the provisions of s. 216.301 and~~
 638 | ~~pursuant to s. 216.351, any balance in the trust fund at the end~~
 639 | ~~of any fiscal year shall remain in the trust fund at the end of~~
 640 | ~~the year and shall be available for carrying out the purposes of~~
 641 | ~~the trust fund.~~
 642 | Section 3. Section 154.001, Florida Statutes, is amended
 643 | to read:
 644 | 154.001 Decentralized public health system; centralized

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645 statewide public health services.~~System of coordinated county~~
 646 ~~health department services; legislative intent.-~~

647 (1) Florida's public health system shall be a
 648 decentralized, county-based system that ~~It is the intent of the~~
 649 ~~Legislature to~~ promotes, protects, maintains, and improves the
 650 health and safety of all citizens and visitors of this state.
 651 State block grants will be allocated on a per capita basis and
 652 provided to counties to support public health functions pursuant
 653 to s. 154.01. Centralized state services shall be limited to
 654 those public health functions that provide measurable
 655 improvements in efficiency, outcome, or cost-effectiveness when
 656 delivered through a unified, statewide operation. Locally
 657 defined public health needs and priorities of each county shall
 658 be specified in an annual contract between the state and each
 659 county. Counties shall be responsible for determining the most
 660 appropriate methods and manner of meeting local public health
 661 needs. ~~through a system of coordinated county health department~~
 662 ~~services. The Legislature recognizes the unique partnership~~
 663 ~~which necessarily exists between the state and its counties in~~
 664 ~~meeting the public health needs of the state. To strengthen this~~
 665 ~~partnership, the Legislature intends that the public health~~
 666 ~~needs of the several counties be provided through contractual~~
 667 ~~arrangements between the state and each county. The Legislature~~
 668 ~~also recognizes the importance of meeting the educational needs~~
 669 ~~of Florida's public health professionals.~~

670 (2) The Department of Health is directly responsible for
 671 the functions specified in this section, but may delegate
 672 particular roles and responsibilities or utilize outside

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673 contractors, as appropriate, in order to implement various
 674 program and service activities.
 675 (a) Laboratory services pursuant to s. 381.0202;
 676 (b) Pharmacy services pursuant to s. 381.0203;
 677 (c) Vital statistics pursuant to Chapter 382;
 678 (d) Children's medical services pursuant to Chapter 391;
 679 (e) Regional perinatal intensive care centers pursuant to
 680 ss. 383.17-383.19;
 681 (f) Child abuse death reviews pursuant to s. 383.402;
 682 (g) Establishment of statewide standards necessary for
 683 environmental health pursuant to s. 381.006;
 684 (h) Establishment of statewide standards for food service
 685 protection pursuant to s. 381.0072;
 686 (i) Comprehensive Statewide Tobacco Education and Use
 687 Prevention Program pursuant to s. 381.84;
 688 (j) Office of Rural Health pursuant to 381.0405;
 689 (k) Emergency medical services pursuant to Chapters 395
 690 and 401;
 691 (l) Migrant camps pursuant to s. 381.008-381.00897;
 692 (m) Medical quality assurance pursuant to s. 20.43(3)(g);
 693 (n) Biomedical research pursuant to s. 381.855 and
 694 s.381.922;
 695 (o) Tuberculosis control pursuant to s. 392.62; and
 696 (p) Emergency preparedness and disaster response pursuant
 697 to ss. 381.0303, 401.24, and chapter 252.

698 Section 4. Effective July 1, 2013, section 154.01, Florida
 699 Statutes, is amended to read:

700 154.01 County health department delivery system.-

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701 (1) ~~The purposes of several counties of the state may~~
 702 ~~cooperate with the Department of Health in the establishment and~~
 703 ~~maintenance of full-time county health departments in such~~
 704 ~~counties for~~ shall include the promotion of the public's health,
 705 the control and eradication of preventable diseases, and the
 706 provision of primary health care for special populations.

707 (2) The department shall contract with each of the 67
 708 counties or with multiple counties joined through interlocal
 709 agreement to establish and maintain county health departments
 710 serving each county. ~~A functional system of eCounty health~~
 711 ~~department services shall be defined in contract and established~~
 712 ~~with such resources as are available from federal, state, local,~~
 713 ~~or private sources to provide~~ which shall include the following
 714 ~~three levels categories of services and be funded as follows:~~

715 (a) "Environmental health services" are those services
 716 which are organized and operated to protect the health of the
 717 general public by monitoring and regulating activities in the
 718 environment which may contribute to the occurrence or
 719 transmission of disease. Examples of eEnvironmental health
 720 ~~services shall be supported by available federal, state, and~~
 721 ~~local funds and shall include those services mandated on a state~~
 722 ~~or federal level. Examples of environmental health services~~
 723 ~~include, but are not limited to,~~ food hygiene, safe drinking
 724 water supply, sewage and solid waste disposal, swimming pools,
 725 group care facilities, migrant labor camps, toxic material
 726 control, radiological health, occupational health, and
 727 entomology.

728 (b) "Communicable disease control services" are those

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729 services which protect the health of the general public through
 730 the detection, control, and eradication of diseases which are
 731 transmitted primarily by human beings. Examples of cCommunicable
 732 disease services shall be supported by available federal, state,
 733 and local funds and shall include those services mandated on a
 734 state or federal level. Such services include, but are not
 735 limited to, epidemiology, sexually transmissible disease
 736 detection and control, immunization, tuberculosis control, and
 737 maintenance of vital statistics.

738 (c) "Primary care services" are acute care and preventive
 739 services that are made available to well and sick persons who
 740 are unable to obtain such services due to lack of income or
 741 other barriers beyond their control. ~~These services are provided~~
 742 ~~to benefit individuals, improve the collective health of the~~
 743 ~~public, and prevent and control the spread of disease. Primary~~
 744 ~~health care services are provided at home, in group settings, or~~
 745 ~~in clinics. These services shall be supported by available~~
 746 ~~federal, state, and local funds and shall include services~~
 747 ~~mandated on a state or federal level. Examples of primary health~~
 748 care services include, ~~but are not limited to:~~ first contact
 749 acute care services; chronic disease detection and treatment;
 750 maternal and child health services; family planning; nutrition;
 751 school health; supplemental food assistance for women, infants,
 752 and children; home health; and dental services.

753 (3) ~~The Department of Health shall enter into contracts~~
 754 ~~with the several counties for the purposes of this part. All~~
 755 be eligible for state block grants, county public health
 756 contracts shall be ~~negotiated and~~ approved by the boards of

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757 county commissioners or other appropriate local governing bodies
 758 ~~on behalf of the department. In accordance with federal~~
 759 ~~guidelines, the state may utilize federal funds for county~~
 760 ~~health department services. A standard contract format shall be~~
 761 ~~developed and used by the department in contract negotiations.~~
 762 The contract shall include the three categories~~levels~~ of county
 763 health department services outlined in subsection (2) above and
 764 shall contain a section which stipulates, for the contract year:
 765 (a) All revenue sources, including federal, state, and
 766 local general revenue, fees, and other cash contributions, which
 767 shall be used by the county health department for county health
 768 department services;
 769 (b) The types of services to be provided in each
 770 category~~level~~ of service;
 771 (c) The estimated number of clients, where applicable, who
 772 will be served, by type of service;
 773 (d) The estimated number of services, where applicable,
 774 that will be provided, by type of service;
 775 (e) The estimated number of staff positions (full-time
 776 equivalent positions) who will work in each type of service
 777 area; and
 778 (f) The estimated expenditures for each type of service
 779 and for each level of service.
 780
 781 The contract shall also provide for financial and service
 782 reporting for each type of service according to standard service
 783 and reporting procedures established by the department.
 784 (4) The facilities and equipment available for use ~~and~~

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785 ~~maintenance of by a county health department facilities and~~
 786 ~~equipment shall be determined by each county, subject to the~~
 787 ~~provisions of the contract between the Department of Health and~~
 788 ~~the each county. However, the counties may retain ownership of~~
 789 ~~such facilities and equipment and the right to use such~~
 790 ~~facilities and equipment as the need arises, to the extent that~~
 791 ~~such use would not impose an unwarranted interference with the~~
 792 ~~operation of the county health department pursuant to the~~
 793 ~~provisions of the contract. In all cases, such facilities shall~~
 794 ~~be used primarily for purposes related to public health.~~
 795 Ownership of county health department facilities and equipment
 796 may be relinquished by a county to the Department of Health by
 797 mutual consent of the parties in the contract.

798 (5) To assist counties to ~~In order to provide for the~~
 799 ~~effective delivery of health services, in keeping with expanding~~
 800 ~~needs or modernization, the Legislature may authorize funding~~
 801 ~~for construction or expansion projects to county health~~
 802 ~~departments or other nonprofit primary health care providers who~~
 803 ~~are under contract with the department. The department shall~~
 804 ~~submit to the Legislature a list of construction or expansion~~
 805 ~~needs arranged in a recommended order of priority to the~~
 806 ~~Legislature in conjunction with each annual budget request. The~~
 807 ~~report of construction or expansion needs shall specify the~~
 808 ~~following information. The priority list shall be based on the~~
 809 ~~following criteria:~~

810 (a) The current capacity of the county health department
 811 facilities and the number of patients served in the most recent
 812 year for which data is available ~~The capacity of the health~~

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813 ~~facility to efficiently provide the full set of authorized~~
814 ~~services for the number of patients who can be served with~~
815 ~~available funds;~~

816 (b) The capacity of the health facility to meet the
817 anticipated growth in demand for service over the next 10 years;
818 and

819 (c) The adequacy of the facility to ensure patient and
820 staff safety, provide privacy during eligibility determination
821 and examination, and enable an efficient movement of patients
822 through service areas.

823 (6) (a) The department shall include the estimated cost of
824 the construction or renovation of each county health department
825 on the list. This cost must be based on a professional
826 assessment of the square footage needed to meet the demand for
827 service and the prevailing cost of construction in the county in
828 which the county health department is to be built, including the
829 cost of land, the cost for obtaining necessary permits, and the
830 cost of outfitting the facility. Funds appropriated for
831 construction and renovation of a county health department
832 facility may only be released by the department if the board of
833 county commissioners of the county for which funds have been
834 appropriated agrees that any county health department facility
835 which is constructed or renovated, in whole or in part, with
836 funds appropriated under this section will be used only for
837 county health department services, unless otherwise authorized
838 by the department, that the county will not charge rent for use
839 of the facility by the county health department, and that the
840 county will not attempt to sell such facility without the

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841 concurrence of the department.

842 (b) Any dispute arising under this subsection shall be
843 resolved pursuant to chapter 120.

844

845 Funds appropriated by the Legislature for county health
846 department construction or expansion projects shall be accounted
847 for separately in the County Health Department Trust Fund from
848 revenues appropriated for county health department services and
849 under the terms and conditions established by the Legislature.

850 Section 5. Effective July 1, 2013, section 154.03, Florida
851 Statutes, is repealed.

852 Section 6. Section 154.04, Florida Statutes, is amended to
853 read:

854 154.04 Personnel of county health departments; duties;
855 compensation.—

856 (1) (a) The personnel of a ~~minimum~~ county health department
857 shall consist, at a minimum, of a county health department
858 director or administrator and a full-time public health nurse, a
859 public health environmental specialist, and a clerk. ~~All such~~
860 ~~personnel shall be selected from those especially trained in~~
861 ~~public health administration and practice, so far as the same~~
862 ~~shall relate to the duties of their respective positions.~~

863 (b) The county health department director shall be a
864 physician licensed under chapter 458 or chapter 459 who is
865 trained in public health administration and shall be appointed
866 ~~by the State Surgeon General after the concurrence of the boards~~
867 ~~of county commissioners of the respective counties.~~ A county
868 health department administrator trained in public health

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869 administration may be appointed by ~~the State Surgeon General~~
870 ~~after the concurrence of~~ the boards of county commissioners of
871 the respective counties.

872 (c)1. Licensed health professionals working in a county
873 health department are authorized to function within the scope of
874 their individual licenses and under medical protocols
875 established in accordance with paragraph 2.~~A registered nurse or~~
876 ~~licensed physician assistant working in a county health~~
877 ~~department is authorized to assess a patient and order~~
878 ~~medications, provided that:~~

879 ~~— a. No licensed physician is on the premises;~~

880 ~~— b. The patient is assessed and medication ordered in~~
881 ~~accordance with rules promulgated by the department and pursuant~~
882 ~~to a protocol approved by a physician who supervises the patient~~
883 ~~care activities of the registered nurse or licensed physician~~
884 ~~assistant;~~

885 ~~— c. The patient is being assessed by the registered nurse~~
886 ~~or licensed physician assistant as a part of a program approved~~
887 ~~by the department; and~~

888 ~~— d. The medication ordered appears on a formulary approved~~
889 ~~by the department and is prepackaged and prelabeled with dosage~~
890 ~~instructions and distributed from a source authorized under~~
891 ~~chapter 499 to repackage and distribute drugs, which source is~~
892 ~~under the supervision of a consultant pharmacist employed by the~~
893 ~~department.~~

894 2. Each county health department shall adopt written
895 protocols which provide for supervision of the registered nurse
896 or licensed physician assistant by a physician licensed pursuant

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897 | to chapter 458 or chapter 459 and for the procedures by which
 898 | patients may be assessed, and medications ordered and delivered,
 899 | by the registered nurse or licensed physician assistant. Such
 900 | protocols shall be signed by the supervising physician, the
 901 | director of the county health department, and the registered
 902 | nurse or licensed physician assistant.

903 | 3. Each county health department shall maintain and have
 904 | available for inspection by representatives of the Department of
 905 | Health all medical records and patient care protocols, including
 906 | records of medications delivered to patients, in accordance with
 907 | rules of the department.

908 | ~~4. The Department of Health shall adopt rules which~~
 909 | ~~establish the conditions under which a registered nurse or~~
 910 | ~~licensed physician assistant may assess patients and order and~~
 911 | ~~deliver medications, based upon written protocols of supervision~~
 912 | ~~by a physician licensed pursuant to chapter 458 or chapter 459,~~
 913 | ~~and which establish the formulary from which medications may be~~
 914 | ~~ordered.~~

915 | ~~5. The department shall require that a consultant~~
 916 | ~~pharmacist conduct a periodic inspection of each county health~~
 917 | ~~department in meeting the requirements of this paragraph.~~

918 | 46. A county health department shallmay establish or
 919 | contract with peer review committees or organizations to review
 920 | the quality of communicable disease control and primary care
 921 | services provided by the county health department.

922 | (2) The personnel of the county health department shall be
 923 | employed by each respective county and subject to the personnel
 924 | rules and policies of that county.~~by the Department of Health.~~

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925 ~~The compensation of such personnel shall be determined under the~~
 926 ~~rules of the Department of Management Services. Such employees~~
 927 ~~shall engage in the prevention of disease and the promotion of~~
 928 ~~health under the supervision of the Department of Health.~~

929 Section 7. Effective July 1, 2013, section 154.05, Florida
 930 Statutes, is amended to read:

931 154.05 Cooperation and agreements between counties.—Two or
 932 more counties may combine for the operation of a in the
 933 ~~establishment and maintenance of a single full-time county~~
 934 ~~health department~~ when such counties establish an interlocal
 935 agreement. Such an agreement shall specify the roles and
 936 responsibilities of each county including the method of
 937 governance and executive direction, the manner by which each
 938 county's public health needs will be addressed, the inventory of
 939 necessary facilities, equipment, personnel, and any other
 940 infrastructure as may be needed. County interlocal agreements
 941 may be terminated only at the end of a contract year. The
 942 parties shall give written notice to the department no less than
 943 90 days prior to the termination.~~for the counties which combine~~
 944 ~~for that purpose; and, pursuant to such combination or~~
 945 ~~agreement, such counties may cooperate with one another and the~~
 946 ~~Department of Health and contribute to a joint fund in carrying~~
 947 ~~out the purpose and intent of this chapter. The duration and~~
 948 ~~nature of such agreement shall be evidenced by resolutions of~~
 949 ~~the boards of county commissioners of such counties and shall be~~
 950 ~~submitted to and approved by the department. In the event of any~~
 951 ~~such agreement, a full-time county health department shall be~~
 952 ~~established and maintained by the department in and for the~~

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953 ~~benefit of the counties which have entered into such an~~
 954 ~~agreement; and, in such case, the funds raised by taxation~~
 955 ~~pursuant to this chapter by each such county shall be paid to~~
 956 ~~the Chief Financial Officer for the account of the department~~
 957 ~~and shall be known as the full-time county health department~~
 958 ~~trust fund of the counties so cooperating. Such trust funds~~
 959 ~~shall be used and expended by the department for the purposes~~
 960 ~~specified in this chapter in each county which has entered into~~
 961 ~~such agreement. In case such an agreement is entered into~~
 962 ~~between two or more counties, the work contemplated by this~~
 963 ~~chapter shall be done by a single full-time county health~~
 964 ~~department in the counties so cooperating; and the nature,~~
 965 ~~extent, and location of such work shall be under the control and~~
 966 ~~direction of the department.~~

967 Section 8. Effective July 1, 2013, section 154.06, Florida
 968 Statutes, is amended to read:

969 154.06 Fees and services rendered; authority.—

970 (1) Except for fees established by the department for
 971 services pursuant to s. 154.002, ~~The Department of Health may~~
 972 ~~establish by rule fee schedules for public health services~~
 973 ~~rendered through the county health departments~~ shall be the
 974 responsibility of each county and. ~~Such rules may include~~
 975 ~~provisions for fee assessments, copayments, sliding fee scales,~~
 976 ~~fee waivers, and fee exemptions. In addition, the department~~
 977 ~~shall adopt by rule a uniform statewide fee schedule for all~~
 978 ~~regulatory activities performed through the environmental health~~
 979 ~~program. Each county may establish, and each county health~~
 980 ~~department may collect, fees for primary care services, provided~~

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981 ~~that a schedule of such fees is established by resolution of the~~
 982 ~~board of county commissioners or by rule of the department,~~
 983 ~~respectively. Fees for primary care services and communicable~~
 984 ~~disease control services may not be less than Medicaid~~
 985 ~~reimbursement rates unless otherwise required by federal or~~
 986 ~~state law or regulation.~~

987 (2) All funds collected under this section shall be
 988 expended solely for the purpose of providing health services and
 989 facilities within the county or counties served by the county
 990 health department. ~~Fees collected by county health departments~~
 991 ~~pursuant to department rules shall be deposited with the Chief~~
 992 ~~Financial Officer and credited to the County Health Department~~
 993 ~~Trust Fund. Fees collected by the county health department for~~
 994 ~~public health services or personal health services shall be~~
 995 ~~allocated to the state and the county based upon the pro rata~~
 996 ~~share of funding for each such service. The board of county~~
 997 ~~commissioners, if it has so contracted, shall provide for the~~
 998 ~~transmittal of funds collected for its pro rata share of~~
 999 ~~personal health services or primary care services rendered under~~
 1000 ~~the provisions of this section to the State Treasury for credit~~
 1001 ~~to the County Health Department Trust Fund, but in any event the~~
 1002 ~~proceeds from such fees may only be used to fund county health~~
 1003 ~~department services.~~

1004 (3) The foregoing provisions notwithstanding, any county
 1005 which charges fees for any services delivered through county
 1006 health departments prior to July 1, 1983, and which has pledged
 1007 or committed the fees yet to be collected toward the retirement
 1008 of outstanding obligations relating to county health department

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1009 facilities may be exempted from the provisions of subsection (1)
1010 until such commitment or obligation has been satisfied or
1011 discharged.

1012 Section 9. Effective July 1, 2013, section 154.067,
1013 Florida Statutes, is amended to read:

1014 154.067 Child abuse and neglect cases; duties.—~~The~~
1015 ~~Department of Health shall adopt a rule requiring e~~Every county
1016 health department, ~~as described in s. 154.01, to shall~~ adopt a
1017 protocol that, at a minimum, requires ~~the county health~~
1018 ~~department to:~~

1019 (1) ~~Incorporate in its health department policy a policy~~
1020 ~~that e~~Every staff member to acknowledge, in writing, ~~has~~ an
1021 affirmative duty to report, pursuant to chapter 39, any actual
1022 or suspected case of child abuse, abandonment, or neglect; and

1023 (2) ~~In any case involving suspected child abuse,~~
1024 ~~abandonment, or neglect, designate, at the request of the~~
1025 ~~department, Designation of a staff physician to act as a liaison~~
1026 between the county health department and the Department of
1027 Children and Family Services and the child protection team
1028 regarding investigations of ~~office that is investigating the~~
1029 suspected abuse, abandonment, or neglect, ~~and the child~~
1030 ~~protection team,~~ as defined in s. 39.01, ~~when the case is~~
1031 ~~referred to such a team.~~

1032 Section 10. The Department of Health shall develop a
1033 transition plan to decentralize public health services and
1034 submit the plan to the Governor, the President of the Senate,
1035 and the Speaker of the House of Representatives no later than
1036 July 1, 2012. The plan shall include specific steps to transfer

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1037 duties, resources and personnel to county health departments;
 1038 develop contracts with each county; communicate the process,
 1039 timeline, and effect of the organizational changes to
 1040 stakeholders and the general public; assess any fiscal impacts
 1041 of the transition; and provide monthly reports on transition
 1042 activities to the Legislature until full implementation on July
 1043 1, 2013.

1044 Section 11. Subsections (10) and (12) of section 215.5602,
 1045 Florida Statutes, are amended to read:

1046 215.5602 James and Esther King Biomedical Research
 1047 Program.—

1048 (10) The council shall submit an annual progress report on
 1049 the state of biomedical research in this state to ~~the Florida~~
 1050 ~~Center for Universal Research to Eradicate Disease and to the~~
 1051 Governor, the State Surgeon General, the President of the
 1052 Senate, and the Speaker of the House of Representatives by
 1053 February 1. The report must include:

1054 (a) A list of research projects supported by grants or
 1055 fellowships awarded under the program.

1056 (b) A list of recipients of program grants or fellowships.

1057 (c) A list of publications in peer reviewed journals
 1058 involving research supported by grants or fellowships awarded
 1059 under the program.

1060 (d) The total amount of biomedical research funding
 1061 currently flowing into the state.

1062 (e) New grants for biomedical research which were funded
 1063 based on research supported by grants or fellowships awarded
 1064 under the program.

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1065 (f) Progress in the prevention, diagnosis, treatment, and
 1066 cure of diseases related to tobacco use, including cancer,
 1067 cardiovascular disease, stroke, and pulmonary disease.

1068 (12) ~~From funds appropriated to accomplish the goals of~~
 1069 ~~this section, up to \$250,000 shall be available for the~~
 1070 ~~operating costs of the Florida Center for Universal Research to~~
 1071 ~~Eradicate Disease.~~ Beginning in the 2011-2012 fiscal year and
 1072 thereafter, \$25 million from the revenue deposited into the
 1073 Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7)
 1074 shall be reserved for research of tobacco-related or cancer-
 1075 related illnesses. Of the revenue deposited in the Health Care
 1076 Trust Fund pursuant to this section, \$25 million shall be
 1077 transferred to the Biomedical Research Trust Fund within the
 1078 Department of Health. Subject to annual appropriations in the
 1079 General Appropriations Act, \$5 million shall be appropriated to
 1080 the James and Esther King Biomedical Research Program, \$5
 1081 million shall be appropriated to the William G. "Bill" Bankhead,
 1082 Jr., and David Coley Cancer Research Program created under s.
 1083 381.922, \$5 million shall be appropriated to the H. Lee Moffitt
 1084 Cancer Center and Research Institute established under s.
 1085 1004.43, \$5 million shall be appropriated to the Sylvester
 1086 Comprehensive Cancer Center of the University of Miami, and \$5
 1087 million shall be appropriated to the University of Florida
 1088 Shands Cancer Center.

1089 Section 12. Section 381.001, Florida Statutes, is amended
 1090 to read:

1091 381.001 ~~Legislative intent;~~ Public health system.-
 1092 ~~(1) It is the intent of the Legislature that t~~The

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1093 Department of Health ~~be~~ is responsible for the state's public
 1094 health system which shall be designed to promote, protect, and
 1095 improve the health of all people in the state. ~~The mission of~~
 1096 ~~the state's public health system is to foster the conditions in~~
 1097 ~~which people can be healthy, by assessing state and community~~
 1098 ~~health needs and priorities through data collection,~~
 1099 ~~epidemiologic studies, and community participation; by~~
 1100 ~~developing comprehensive public health policies and objectives~~
 1101 ~~aimed at improving the health status of people in the state; and~~
 1102 ~~by ensuring essential health care and an environment which~~
 1103 ~~enhances the health of the individual and the community. The~~
 1104 ~~Legislature recognizes intends for the Department to~~ shall
 1105 provide leadership for ~~that the state's public health system~~
 1106 ~~must be founded on an active partnership~~ working toward shared
 1107 public health goals and between involving federal, state, and
 1108 local governments, ~~and between the public and private sectors,~~
 1109 ~~and, therefore, assessment, policy development, and service~~
 1110 ~~provision must be shared by all of these entities to achieve its~~
 1111 ~~mission.~~

1112 ~~(2) It is the intent of the Legislature that the~~
 1113 ~~department, in carrying out the mission of public health, focus~~
 1114 ~~attention on identifying, assessing, and controlling the~~
 1115 ~~presence and spread of communicable diseases; on monitoring and~~
 1116 ~~regulating factors in the environment which may impair the~~
 1117 ~~public's health, with particular attention to preventing~~
 1118 ~~contamination of drinking water, the air people breathe, and the~~
 1119 ~~food people consume; and ensuring availability of and access to~~
 1120 ~~preventive and primary health care, including, but not limited~~

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1121 ~~to, acute and episodic care, prenatal and postpartum care, child~~
 1122 ~~health, family planning, school health, chronic disease~~
 1123 ~~prevention, child and adult immunization, dental health,~~
 1124 ~~nutrition, and health education and promotion services.~~

1125 ~~(3) It is, furthermore, the intent of the Legislature that~~
 1126 ~~the public health system include comprehensive planning, data~~
 1127 ~~collection, technical support, and health resource development~~
 1128 ~~functions. These functions include, but are not limited to,~~
 1129 ~~state laboratory and pharmacy services, the state vital~~
 1130 ~~statistics system, the Florida Center for Health Information and~~
 1131 ~~Policy Analysis, emergency medical services coordination and~~
 1132 ~~support, and recruitment, retention, and development of~~
 1133 ~~preventive and primary health care professionals and managers.~~

1134 ~~(4) It is, furthermore, the intent of the Legislature that~~
 1135 ~~the department shall provide public health services through the~~
 1136 ~~67 county health departments in partnership with county~~
 1137 ~~governments, as specified in part I of chapter 154, and in so~~
 1138 ~~doing make every attempt possible to solicit the support and~~
 1139 ~~involvement of private and not-for-profit health care agencies~~
 1140 ~~in fulfilling the public health mission.~~

1141 Section 13. Section 381.0011, Florida Statutes, is amended
 1142 to read:

1143 381.0011 Duties and powers of the Department of Health.—It
 1144 is the duty of the Department of Health to:

1145 (1) Assess the public health status and needs of the state
 1146 ~~through statewide data collection and other appropriate means,~~
 1147 ~~with special attention to future needs that may result from~~
 1148 ~~population growth, technological advancements, new societal~~

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1149 ~~priorities, or other changes.~~

1150 ~~(2) Formulate general policies affecting the public health~~

1151 ~~of the state.~~

1152 (2)~~(3)~~ Administer and enforce laws and rules relating to

1153 sanitation, control of communicable diseases, illnesses and

1154 hazards to health among humans and from animals to humans, and

1155 the general health of the people of the state.

1156 (3)~~(4)~~ ~~Cooperate with and accept assistance from~~

1157 Coordinate with federal, state, and local officials for the

1158 prevention and suppression of communicable and other diseases,

1159 illnesses, injuries, and hazards to human health.

1160 ~~(5) Declare, enforce, modify, and abolish quarantine of~~

1161 ~~persons, animals, and premises as the circumstances indicate for~~

1162 ~~controlling communicable diseases or providing protection from~~

1163 ~~unsafe conditions that pose a threat to public health, except as~~

1164 ~~provided in ss. 384.28 and 392.545-392.60.~~

1165 ~~(a) The department shall adopt rules to specify the~~

1166 ~~conditions and procedures for imposing and releasing a~~

1167 ~~quarantine. The rules must include provisions related to:~~

1168 ~~—— 1. The closure of premises.~~

1169 ~~—— 2. The movement of persons or animals exposed to or~~

1170 ~~infected with a communicable disease.~~

1171 ~~—— 3. The tests or treatment, including vaccination, for~~

1172 ~~communicable disease required prior to employment or admission~~

1173 ~~to the premises or to comply with a quarantine.~~

1174 ~~—— 4. Testing or destruction of animals with or suspected of~~

1175 ~~having a disease transmissible to humans.~~

1176 ~~—— 5. Access by the department to quarantined premises.~~

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1177 ~~6. The disinfection of quarantined animals, persons, or~~
 1178 ~~premises.~~

1179 ~~7. Methods of quarantine.~~

1180 ~~(b) Any health regulation that restricts travel or trade~~
 1181 ~~within the state may not be adopted or enforced in this state~~
 1182 ~~except by authority of the department.~~

1183 (4)~~(6)~~ Provide for a thorough investigation and study of
 1184 the incidence, causes, modes of propagation and transmission,
 1185 and means of prevention, control, and cure of diseases,
 1186 illnesses, and hazards to human health.

1187 (5)~~(7)~~ Provide for the dissemination of information to the
 1188 public relative to the prevention, control, and cure of
 1189 diseases, illnesses, and hazards to human health. ~~The department~~
 1190 ~~shall conduct a workshop before issuing any health alert or~~
 1191 ~~advisory relating to food-borne illness or communicable disease~~
 1192 ~~in public lodging or food service establishments in order to~~
 1193 ~~inform persons, trade associations, and businesses of the risk~~
 1194 ~~to public health and to seek the input of affected persons,~~
 1195 ~~trade associations, and businesses on the best methods of~~
 1196 ~~informing and protecting the public, except in an emergency, in~~
 1197 ~~which case the workshop must be held within 14 days after the~~
 1198 ~~issuance of the emergency alert or advisory.~~

1199 (6)~~(8)~~ Act as registrar of vital statistics.

1200 ~~(9) Cooperate with and assist federal health officials in~~
 1201 ~~enforcing public health laws and regulations.~~

1202 ~~(10) Cooperate with other departments, local officials,~~
 1203 ~~and private boards and organizations for the improvement and~~
 1204 ~~preservation of the public health.~~

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1205 ~~(11) Maintain a statewide injury prevention program.~~
 1206 ~~(12) Adopt rules pursuant to ss. 120.536(1) and 120.54 to~~
 1207 ~~implement the provisions of law conferring duties upon it. This~~
 1208 ~~subsection does not authorize the department to require a permit~~
 1209 ~~or license unless such requirement is specifically provided by~~
 1210 ~~law.~~

1211 (7)~~(13)~~ Manage and coordinate emergency preparedness and
 1212 disaster response functions to: investigate and control the
 1213 spread of disease; coordinate the availability and staffing of
 1214 special needs shelters; support patient evacuation; ensure the
 1215 safety of food and drugs; provide critical incident stress
 1216 debriefing; and provide surveillance and control of
 1217 radiological, chemical, biological, and other environmental
 1218 hazards.

1219 ~~(14) Perform any other duties prescribed by law.~~

1220 Section 14. Section 381.0013, Florida Statutes, is
 1221 repealed.

1222 Section 15. Section 381.0014, Florida Statutes, is
 1223 repealed.

1224 Section 16. Section 381.0015, Florida Statutes, is
 1225 repealed.

1226 Section 17. Section 381.0016, Florida Statutes, is amended
 1227 to read:

1228 381.0016 County and municipal regulations and ordinances.—
 1229 Any county or municipality may enact, in a manner prescribed by
 1230 law, health regulations and ordinances not inconsistent with
 1231 state public health laws and rules adopted by the department.

1232 Section 18. Section 381.0017, Florida Statutes, is

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1233 repealed.
 1234 Section 19. Section 381.0025, Florida Statutes, is amended
 1235 to read:
 1236 381.0025 Penalties.—
 1237 ~~(1) Any person who violates any of the provisions of this~~
 1238 ~~chapter, any quarantine, or any rule adopted by the department~~
 1239 ~~under the provisions of this chapter is guilty of a misdemeanor~~
 1240 ~~of the second degree, punishable as provided in s. 775.082 or s.~~
 1241 ~~775.083.~~
 1242 (2) Any person who interferes with, hinders, or opposes
 1243 any employee of the department in the discharge of his or her
 1244 duties pursuant to the provisions of s. 381.00315~~this chapter,~~
 1245 part I of chapter 386, chapter 513, or chapter 514,~~or who~~
 1246 ~~impersonates an employee of the department,~~ is guilty of a
 1247 misdemeanor of the second degree, punishable as provided in s.
 1248 775.082 or s. 775.083.
 1249 ~~(3) Any person who maliciously disseminates any false~~
 1250 ~~rumor or report concerning the existence of any infectious or~~
 1251 ~~contagious disease is guilty of a misdemeanor of the second~~
 1252 ~~degree, punishable as provided in s. 775.082 or s. 775.083.~~
 1253 Section 20. Subsection (1) of section 381.003, Florida
 1254 Statutes, is amended to read:
 1255 381.003 Communicable disease and AIDS prevention and
 1256 control.—
 1257 (1) The department shall conduct a communicable disease
 1258 prevention and control program as part of fulfilling its public
 1259 health mission. A communicable disease is any disease caused by
 1260 transmission of a specific infectious agent, or its toxic

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1261 products, from an infected person, an infected animal, or the
 1262 environment to a susceptible host, either directly or
 1263 indirectly. The communicable disease program must include, but
 1264 need not be limited to:

1265 (a) Programs for the prevention and control of
 1266 tuberculosis in accordance with chapter 392.

1267 (b) Programs for the prevention and control of human
 1268 immunodeficiency virus infection and acquired immune deficiency
 1269 syndrome in accordance with chapter 384 and this chapter.

1270 (c) Programs for the prevention and control of sexually
 1271 transmissible diseases in accordance with chapter 384.

1272 (d) Programs for the prevention, control, and reporting of
 1273 communicable diseases of public health significance as provided
 1274 for in this chapter.

1275 (e) Programs for the prevention and control of vaccine-
 1276 preventable diseases, including programs to immunize school
 1277 children as required by s. 1003.22(3)-(11) and the development
 1278 of an automated, electronic, and centralized database or
 1279 registry of immunizations. The department shall ensure that all
 1280 children in this state are immunized against vaccine-preventable
 1281 diseases. The immunization registry shall allow the department
 1282 to enhance current immunization activities for the purpose of
 1283 improving the immunization of all children in this state.

1284 1. Except as provided in subparagraph 2., the department
 1285 shall include all children born in this state in the
 1286 immunization registry by using the birth records from the Office
 1287 of Vital Statistics. The department shall add other children to
 1288 the registry as immunization services are provided.

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1289 2. The parent or guardian of a child may refuse to have
 1290 the child included in the immunization registry by signing a
 1291 form obtained from the department, or from the health care
 1292 practitioner or entity that provides the immunization, which
 1293 indicates that the parent or guardian does not wish to have the
 1294 child included in the immunization registry. The decision to not
 1295 participate in the immunization registry must be noted in the
 1296 registry.

1297 3. The immunization registry shall allow for immunization
 1298 records to be electronically transferred to entities that are
 1299 required by law to have such records, including schools,
 1300 licensed child care facilities, and any other entity that is
 1301 required by law to obtain proof of a child's immunizations.

1302 4. Any health care practitioner licensed under chapter
 1303 458, chapter 459, or chapter 464 in this state who complies with
 1304 rules adopted by the department to access the immunization
 1305 registry may, through the immunization registry, directly access
 1306 immunization records and update a child's immunization history
 1307 or exchange immunization information with another authorized
 1308 practitioner, entity, or agency involved in a child's care. The
 1309 information included in the immunization registry must include
 1310 the child's name, date of birth, address, and any other unique
 1311 identifier necessary to correctly identify the child; the
 1312 immunization record, including the date, type of administered
 1313 vaccine, and vaccine lot number; and the presence or absence of
 1314 any adverse reaction or contraindication related to the
 1315 immunization. Information received by the department for the
 1316 immunization registry retains its status as confidential medical

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1317 information and the department must maintain the confidentiality
 1318 of that information as otherwise required by law. A health care
 1319 practitioner or other agency that obtains information from the
 1320 immunization registry must maintain the confidentiality of any
 1321 medical records in accordance with s. 456.057 or as otherwise
 1322 required by law.

1323 Section 21. Section 381.0031, Florida Statutes, is amended
 1324 to read:

1325 381.0031 Epidemiological research; Rreport of diseases of
 1326 public health significance to department.-

1327 (1) The department may conduct studies concerning the
 1328 epidemiology of communicable diseases of public health
 1329 significance affecting people in Florida.

1330 (2) Any practitioner licensed in this state to practice
 1331 medicine, osteopathic medicine, chiropractic medicine,
 1332 naturopathy, or veterinary medicine; any hospital licensed under
 1333 part I of chapter 395; or any laboratory licensed under chapter
 1334 483 that diagnoses or suspects the existence of a communicable
 1335 disease of public health significance shall immediately report
 1336 the fact to the Department of Health.

1337 (~~3~~) Periodically the department shall issue a list of
 1338 infectious ~~or noninfectious~~ diseases determined by it to be a
 1339 threat to public health and therefore of significance to public
 1340 health and shall furnish a copy of the list to the practitioners
 1341 listed in subsection (~~2~~).

1342 (~~4~~) Reports required by this section must be in
 1343 accordance with methods specified by rule of the department.

1344 (~~5~~) Information submitted in reports required by this

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1345 section is confidential, exempt from the provisions of s.
 1346 119.07(1), and is to be made public only when necessary to
 1347 public health. A report so submitted is not a violation of the
 1348 confidential relationship between practitioner and patient.

1349 ~~(65)~~ The department may obtain and inspect copies of
 1350 medical records, records of laboratory tests, and other medical-
 1351 related information for reported cases of communicable diseases
 1352 of public health significance described in subsection (2). The
 1353 department shall examine the records of a person who has a
 1354 communicable disease of public health significance only for
 1355 purposes of preventing and eliminating outbreaks of disease and
 1356 making epidemiological investigations of reported cases of
 1357 communicable diseases of public health significance,
 1358 notwithstanding any other law to the contrary. Health care
 1359 practitioners, licensed health care facilities, and laboratories
 1360 shall allow the department to inspect and obtain copies of such
 1361 medical records and medical-related information, notwithstanding
 1362 any other law to the contrary. Release of medical records and
 1363 medical-related information to the department by a health care
 1364 practitioner, licensed health care facility, or laboratory, or
 1365 by an authorized employee or agent thereof, does not constitute
 1366 a violation of the confidentiality of patient records. A health
 1367 care practitioner, health care facility, or laboratory, or any
 1368 employee or agent thereof, may not be held liable in any manner
 1369 for damages and is not subject to criminal penalties for
 1370 providing patient records to the department as authorized by
 1371 this section.

1372 ~~(76)~~ The department may adopt rules related to reporting

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1373 communicable diseases of significance to public health, which
 1374 must specify the information to be included in the report, who
 1375 is required to report, the method and time period for reporting,
 1376 requirements for enforcement, and required followup activities
 1377 by the department which are necessary to protect public health.
 1378

1379 This section does not affect s. 384.25.

1380 Section 22. Subsection (1) of section 381.00315, Florida
 1381 Statutes, is amended, and subsection (4) is created, to read:

1382 381.00315 Public health advisories; public health
 1383 emergencies.—The State Health Officer is responsible for
 1384 declaring public health emergencies and issuing public health
 1385 advisories.

1386 (1) As used in this section, the term:

1387 (a) "Public health advisory" means any warning or report
 1388 giving information to the public about a potential public health
 1389 threat. Prior to issuing any public health advisory, the State
 1390 Health Officer must consult with any state or local agency
 1391 regarding areas of responsibility which may be affected by such
 1392 advisory. Upon determining that issuing a public health advisory
 1393 is necessary to protect the public health and safety, and prior
 1394 to issuing the advisory, the State Health Officer must notify
 1395 each county health department within the area which is affected
 1396 by the advisory of the State Health Officer's intent to issue
 1397 the advisory. The State Health Officer is authorized to take any
 1398 action appropriate to enforce any public health advisory.

1399 (b) "Public health emergency" means any occurrence, or
 1400 threat thereof, whether natural or man made, which results or

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1401 may result in substantial injury or harm to the public health
 1402 from infectious disease, chemical agents, nuclear agents,
 1403 biological toxins, or situations involving mass casualties or
 1404 natural disasters. Prior to declaring a public health emergency,
 1405 the State Health Officer shall, to the extent possible, consult
 1406 with the Governor and shall notify the Chief of Domestic
 1407 Security. The declaration of a public health emergency shall
 1408 continue until the State Health Officer finds that the threat or
 1409 danger has been dealt with to the extent that the emergency
 1410 conditions no longer exist and he or she terminates the
 1411 declaration. However, a declaration of a public health emergency
 1412 may not continue for longer than 60 days unless the Governor
 1413 concurs in the renewal of the declaration. The State Health
 1414 Officer, upon declaration of a public health emergency, may take
 1415 actions that are necessary to protect the public health. Such
 1416 actions include, but are not limited to:

1417 1. Directing manufacturers of prescription drugs or over-
 1418 the-counter drugs who are permitted under chapter 499 and
 1419 wholesalers of prescription drugs located in this state who are
 1420 permitted under chapter 499 to give priority to the shipping of
 1421 specified drugs to pharmacies and health care providers within
 1422 geographic areas that have been identified by the State Health
 1423 Officer. The State Health Officer must identify the drugs to be
 1424 shipped. Manufacturers and wholesalers located in the state must
 1425 respond to the State Health Officer's priority shipping
 1426 directive before shipping the specified drugs.

1427 2. Notwithstanding chapters 465 and 499 and rules adopted
 1428 thereunder, directing pharmacists employed by the department to

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1429 compound bulk prescription drugs and provide these bulk
 1430 prescription drugs to physicians and nurses of county health
 1431 departments or any qualified person authorized by the State
 1432 Health Officer for administration to persons as part of a
 1433 prophylactic or treatment regimen.

1434 3. Notwithstanding s. 456.036, temporarily reactivating
 1435 the inactive license of the following health care practitioners,
 1436 when such practitioners are needed to respond to the public
 1437 health emergency: physicians licensed under chapter 458 or
 1438 chapter 459; physician assistants licensed under chapter 458 or
 1439 chapter 459; licensed practical nurses, registered nurses, and
 1440 advanced registered nurse practitioners licensed under part I of
 1441 chapter 464; respiratory therapists licensed under part V of
 1442 chapter 468; and emergency medical technicians and paramedics
 1443 certified under part III of chapter 401. Only those health care
 1444 practitioners specified in this paragraph who possess an
 1445 unencumbered inactive license and who request that such license
 1446 be reactivated are eligible for reactivation. An inactive
 1447 license that is reactivated under this paragraph shall return to
 1448 inactive status when the public health emergency ends or prior
 1449 to the end of the public health emergency if the State Health
 1450 Officer determines that the health care practitioner is no
 1451 longer needed to provide services during the public health
 1452 emergency. Such licenses may only be reactivated for a period
 1453 not to exceed 90 days without meeting the requirements of s.
 1454 456.036 or chapter 401, as applicable.

1455 4. Ordering an individual to be examined, tested,
 1456 vaccinated, treated, or quarantined for communicable diseases

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1457 that have significant morbidity or mortality and present a
 1458 severe danger to public health. Individuals who are unable or
 1459 unwilling to be examined, tested, vaccinated, or treated for
 1460 reasons of health, religion, or conscience may be subjected to
 1461 quarantine.

1462 a. Examination, testing, vaccination, or treatment may be
 1463 performed by any qualified person authorized by the State Health
 1464 Officer.

1465 b. If the individual poses a danger to the public health,
 1466 the State Health Officer may subject the individual to
 1467 quarantine. If there is no practical method to quarantine the
 1468 individual, the State Health Officer may use any means necessary
 1469 to vaccinate or treat the individual.

1470

1471 Any order of the State Health Officer given to effectuate this
 1472 paragraph shall be immediately enforceable by a law enforcement
 1473 officer under s. 381.0012.

1474 (c) The department shall adopt rules to specify the
 1475 conditions and procedures for imposing and releasing a
 1476 quarantine. The rules must include provisions related to:

1477 1. The closure of premises.

1478 2. The movement of persons or animals exposed to or
 1479 infected with a communicable disease.

1480 3. The tests or treatment, including vaccination, for
 1481 communicable disease required prior to employment or admission
 1482 to the premises or to comply with a quarantine.

1483 4. Testing or destruction of animals with or suspected of
 1484 having a disease transmissible to humans.

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1485 5. Access by the department to quarantined premises.
 1486 6. The disinfection of quarantined animals, persons, or
 1487 premises.
 1488 7. Methods of quarantine.
 1489 (4) The rules adopted under this section and actions taken
 1490 by the department pursuant to a declared public health emergency
 1491 shall supersede all rules enacted by other state departments,
 1492 boards or commissions, and ordinances and regulations enacted by
 1493 political subdivisions of the state. Any person who violates any
 1494 rule adopted under this section, any quarantine, or any
 1495 requirement adopted by the department pursuant to a declared
 1496 public health emergency, is guilty of a misdemeanor of the
 1497 second degree, punishable as provided in s. 775.082 or s.
 1498 775.083.
 1499 Section 23. Section 381.0032, Florida Statutes, is
 1500 repealed.
 1501 Section 24. Section 381.00325, Florida Statutes, is
 1502 repealed.
 1503 Section 25. Subsection (1) of section 381.0034, Florida
 1504 Statutes, is amended to read:
 1505 381.0034 Requirement for instruction on HIV and AIDS.—
 1506 (1) ~~As of July 1, 1991, the~~ Department of Health shall
 1507 require each person licensed or certified under chapter 401,
 1508 chapter 467, part IV of chapter 468, or chapter 483, as a
 1509 condition of biennial relicensure, to complete an educational
 1510 course approved by the department on the modes of transmission,
 1511 infection control procedures, clinical management, and
 1512 prevention of human immunodeficiency virus and acquired immune

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1513 deficiency syndrome. Such course shall include information on
 1514 current Florida law on acquired immune deficiency syndrome and
 1515 its impact on testing, confidentiality of test results, and
 1516 treatment of patients. Each such licensee or certificateholder
 1517 shall submit confirmation of having completed said course, on a
 1518 form provided by the department, when submitting fees or
 1519 application for each biennial renewal.

1520 Section 26. Section 381.0037, Florida Statutes, is
 1521 repealed.

1522 Section 27. Subsection (1) of section 381.004, Florida
 1523 Statutes, is amended, and subsequent subsections are renumbered,
 1524 to read:

1525 381.004 HIV testing.—

1526 ~~(1) LEGISLATIVE INTENT. The Legislature finds that the use~~
 1527 ~~of tests designed to reveal a condition indicative of human~~
 1528 ~~immunodeficiency virus infection can be a valuable tool in~~
 1529 ~~protecting the public health. The Legislature finds that despite~~
 1530 ~~existing laws, regulations, and professional standards which~~
 1531 ~~require or promote the informed, voluntary, and confidential use~~
 1532 ~~of tests designed to reveal human immunodeficiency virus~~
 1533 ~~infection, many members of the public are deterred from seeking~~
 1534 ~~such testing because they misunderstand the nature of the test~~
 1535 ~~or fear that test results will be disclosed without their~~
 1536 ~~consent. The Legislature finds that the public health will be~~
 1537 ~~served by facilitating informed, voluntary, and confidential use~~
 1538 ~~of tests designed to detect human immunodeficiency virus~~
 1539 ~~infection.~~

1540 Section 28. Subsection (2) of section 381.0046, Florida

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1541 Statutes, is amended to read:
 1542 381.0046 Statewide HIV and AIDS prevention campaign.—
 1543 (2) The Department of Health shall establish dedicated~~four~~
 1544 positions within the department for HIV and AIDS regional
 1545 minority coordinators and ~~one position for~~ a statewide HIV and
 1546 AIDS minority coordinator. The coordinators shall facilitate
 1547 statewide efforts to implement and coordinate HIV and AIDS
 1548 prevention and treatment programs. ~~The statewide coordinator~~
 1549 ~~shall report directly to the chief of the Bureau of HIV and AIDS~~
 1550 ~~within the Department of Health.~~
 1551 Section 29. Subsection (2) of section 381.005, Florida
 1552 Statutes, is amended, and subsequent subsections are renumbered,
 1553 to read:
 1554 381.005 Primary and preventive health services.—
 1555 ~~(2) Between October 1, or earlier if the vaccination is~~
 1556 ~~available, and February 1 of each year, subject to the~~
 1557 ~~availability of an adequate supply of the necessary vaccine,~~
 1558 ~~each hospital licensed pursuant to chapter 395 shall implement a~~
 1559 ~~program to offer immunizations against the influenza virus and~~
 1560 ~~pneumococcal bacteria to all patients age 65 or older, in~~
 1561 ~~accordance with the recommendations of the Advisory Committee on~~
 1562 ~~Immunization Practices of the United States Centers for Disease~~
 1563 ~~Control and Prevention and subject to the clinical judgment of~~
 1564 ~~the responsible practitioner.~~
 1565 Section 30. Subsection (2) of section 381.0051, Florida
 1566 Statutes, is amended, and subsequent subsections are renumbered,
 1567 to read:
 1568 381.0051 Family planning.—

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1569 (1) SHORT TITLE.—This section shall be known as the
1570 "Comprehensive Family Planning Act."

1571 ~~(2) LEGISLATIVE INTENT.—It is the intent of the~~
1572 ~~Legislature to make available to citizens of the state of~~
1573 ~~childbearing age comprehensive medical knowledge, assistance,~~
1574 ~~and services relating to the planning of families and maternal~~
1575 ~~health care.~~

1576 Section 31. Subsection (5) of section 381.0052, Florida
1577 Statutes, is amended to read:

1578 381.0052 Dental health.—

1579 ~~(5) The department may adopt rules to implement this~~
1580 ~~section.~~

1581 Section 32. Subsection (4) of section 381.0053, Florida
1582 Statutes, is amended to read:

1583 381.0053 Comprehensive nutrition program.—

1584 ~~(4) The department may promulgate rules to implement the~~
1585 ~~provisions of this section.~~

1586 Section 33. Section 381.0054, Florida Statutes, is
1587 repealed.

1588 Section 34. Subsections (2), (3), and (11) of section
1589 381.0056, Florida Statutes are amended, and subsequent
1590 subsections are renumbered, is amended to read:

1591 381.0056 School health services program.—

1592 ~~(2) The Legislature finds that health services conducted~~
1593 ~~as a part of the total school health program should be carried~~
1594 ~~out to appraise, protect, and promote the health of students.~~
1595 ~~School health services supplement, rather than replace, parental~~
1596 ~~responsibility and are designed to encourage parents to devote~~

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1597 ~~attention to child health, to discover health problems, and to~~
 1598 ~~encourage use of the services of their physicians, dentists, and~~
 1599 ~~community health agencies.~~

1600 (23) As used in~~When used in or for purposes of~~ this
 1601 section:

1602 (a) "Emergency health needs" means onsite management and
 1603 aid for illness or injury pending the student's return to the
 1604 classroom or release to a parent, guardian, designated friend,
 1605 or designated health care provider.

1606 (b) "Entity" or "health care entity" means a unit of local
 1607 government or a political subdivision of the state; a hospital
 1608 licensed under chapter 395; a health maintenance organization
 1609 certified under chapter 641; a health insurer authorized under
 1610 the Florida Insurance Code; a community health center; a migrant
 1611 health center; a federally qualified health center; an
 1612 organization that meets the requirements for nonprofit status
 1613 under s. 501(c)(3) of the Internal Revenue Code; a private
 1614 industry or business; or a philanthropic foundation that agrees
 1615 to participate in a public-private partnership with a county
 1616 health department, local school district, or school in the
 1617 delivery of school health services, and agrees to the terms and
 1618 conditions for the delivery of such services as required by this
 1619 section and as documented in the local school health services
 1620 plan.

1621 (c) "Invasive screening" means any screening procedure in
 1622 which the skin or any body orifice is penetrated.

1623 (d) "Physical examination" means a thorough evaluation of
 1624 the health status of an individual.

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1625 (e) "School health services plan" means the document that
 1626 describes the services to be provided, the responsibility for
 1627 provision of the services, the anticipated expenditures to
 1628 provide the services, and evidence of cooperative planning by
 1629 local school districts and county health departments.

1630 (f) "Screening" means presumptive identification of
 1631 unknown or unrecognized diseases or defects by the application
 1632 of tests that can be given with ease and rapidity to apparently
 1633 healthy persons.

1634 ~~(11) School health programs funded by health care~~
 1635 ~~districts or entities defined in subsection (3) must be~~
 1636 ~~supplementary to and consistent with the requirements of this~~
 1637 ~~section and ss. 381.0057 and 381.0059.~~

1638 Section 35. Subsection (1) of section 381.0057, Florida
 1639 Statutes, is amended, and subsequent subsections are renumbered,
 1640 to read:

1641 381.0057 Funding for school health services.-

1642 ~~(1) It is the intent of the Legislature that funds in~~
 1643 ~~addition to those provided under the School Health Services Act~~
 1644 ~~be provided to those school districts and schools where there is~~
 1645 ~~a high incidence of medically underserved high risk children,~~
 1646 ~~low birthweight babies, infant mortality, or teenage pregnancy.~~
 1647 ~~The purpose of this funding is to phase in those programs which~~
 1648 ~~offer the greatest potential for promoting the health of~~
 1649 ~~students and reducing teenage pregnancy.~~

1650 Section 36. Section 381.00591, Florida Statutes, is
 1651 amended to read:

1652 381.00591 Department of Health; National Environmental

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1653 Laboratory accreditation; application; ~~rules.~~—The Department of
 1654 Health may apply for and become a National Environmental
 1655 Laboratory Accreditation Program accreditation body~~accrediting~~
 1656 ~~authority. The department, as an accrediting entity, may adopt~~
 1657 ~~rules pursuant to ss. 120.536(1) and 120.54, to implement~~
 1658 ~~standards of the National Environmental Laboratory Accreditation~~
 1659 ~~Program, including requirements for proficiency testing~~
 1660 ~~providers and other rules that are not inconsistent with this~~
 1661 ~~section, including rules pertaining to fees, application~~
 1662 ~~procedures, standards applicable to environmental or public~~
 1663 ~~water supply laboratories, and compliance.~~

1664 Section 37. Subsection (8) of section 381.00593, Florida
 1665 Statutes, is amended, and the subsequent subsection is
 1666 renumbered, to read:

1667 381.00593 Public school volunteer health care practitioner
 1668 program.—

1669 ~~(8) The Department of Health, in cooperation with the~~
 1670 ~~Department of Education, may adopt rules necessary to implement~~
 1671 ~~this section. The rules shall include the forms to be completed~~
 1672 ~~and procedures to be followed by applicants and school personnel~~
 1673 ~~under the program.~~

1674 Section 38. Subsection (1) of section 381.0062, Florida
 1675 Statutes, is amended, and subsequent subsections are renumbered,
 1676 to read:

1677 381.0062 Supervision; private and certain public water
 1678 systems.—

1679 ~~(1) LEGISLATIVE INTENT. It is the intent of the~~
 1680 ~~Legislature to protect the public's health by establishing~~

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1681 ~~standards for the construction, modification, and operation of~~
 1682 ~~public and private water systems to assure consumers that the~~
 1683 ~~water provided by those systems is potable.~~

1684 Section 39. Subsections (1), (5), (6), and (7) of section
 1685 381.0065, Florida Statutes, are amended, paragraphs (b) through
 1686 (p) of subsection (2) of that section are redesignated as
 1687 paragraphs (c) through (q), respectively, a new paragraph (b) is
 1688 added to that subsection, paragraph (j) of subsection (3) and
 1689 paragraph (n) of subsection (4) of that section are amended, and
 1690 paragraphs (w) through (z) are added to subsection (4) of that
 1691 section, to read:

1692 381.0065 Onsite sewage treatment and disposal systems;
 1693 regulation.—

1694 (1) LEGISLATIVE INTENT.—

1695 ~~(a) It is the intent of the Legislature that proper~~
 1696 ~~management of onsite sewage treatment and disposal systems is~~
 1697 ~~paramount to the health, safety, and welfare of the public. It~~
 1698 ~~is further the intent of the Legislature that the department~~
 1699 ~~shall administer an evaluation program to ensure the operational~~
 1700 ~~condition of the system and identify any failure with the~~
 1701 ~~system.~~

1702 ~~(b)~~ It is the intent of the Legislature that where a
 1703 publicly owned or investor-owned sewerage system is not
 1704 available, the department shall issue permits for the
 1705 construction, installation, modification, abandonment, or repair
 1706 of onsite sewage treatment and disposal systems under conditions
 1707 as described in this section and rules adopted under this
 1708 section. It is further the intent of the Legislature that the

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1709 installation and use of onsite sewage treatment and disposal
 1710 systems not adversely affect the public health or significantly
 1711 degrade the groundwater or surface water.

1712 (2) DEFINITIONS.—As used in ss. 381.0065-381.0067, the
 1713 term:

1714 (b)1. "Bedroom" means a room that can be used for sleeping
 1715 and that:

1716 a. For site-built dwellings, has a minimum of 70 square
 1717 feet of conditioned space;

1718 b. For manufactured homes, is constructed according to
 1719 standards of the United States Department of Housing and Urban
 1720 Development and has a minimum of 50 square feet of floor area;

1721 c. Is located along an exterior wall;

1722 d. Has a closet and a door or an entrance where a door
 1723 could be reasonably installed; and

1724 e. Has an emergency means of escape and rescue opening to
 1725 the outside.

1726 2. A room may not be considered a bedroom if it is used to
 1727 access another room except a bathroom or closet.

1728 3. "Bedroom" does not include a hallway, bathroom,
 1729 kitchen, living room, family room, dining room, den, breakfast
 1730 nook, pantry, laundry room, sunroom, recreation room,
 1731 media/video room, or exercise room.

1732 (3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH.—The
 1733 department shall:

1734 (c) Develop a comprehensive program to ensure that onsite
 1735 sewage treatment and disposal systems regulated by the
 1736 department are sized, designed, constructed, installed,

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1737 repaired, modified, abandoned, used, operated, and maintained in
 1738 compliance with this section and rules adopted under this
 1739 section to prevent groundwater contamination and surface water
 1740 contamination and to preserve the public health. The department
 1741 is the final administrative interpretive authority regarding
 1742 rule interpretation. In the event of a conflict regarding rule
 1743 interpretation, the Bureau Chief~~Division Director~~ for
 1744 Environmental Health of the department, or his or her designee,
 1745 shall timely assign a staff person to resolve the dispute.

1746 (j) Supervise research on, demonstration of, and training
 1747 on the performance, environmental impact, and public health
 1748 impact of onsite sewage treatment and disposal systems within
 1749 this state. Research fees collected under s. 381.0066(2)(k)
 1750 ~~381.0066(2)(1)~~ must be used to develop and fund hands-on
 1751 training centers designed to provide practical information about
 1752 onsite sewage treatment and disposal systems to septic tank
 1753 contractors, master septic tank contractors, contractors,
 1754 inspectors, engineers, and the public and must also be used to
 1755 fund research projects which focus on improvements of onsite
 1756 sewage treatment and disposal systems, including use of
 1757 performance-based standards and reduction of environmental
 1758 impact. Research projects shall be initially approved by the
 1759 technical review and advisory panel and shall be applicable to
 1760 and reflect the soil conditions specific to Florida. Such
 1761 projects shall be awarded through competitive negotiation, using
 1762 the procedures provided in s. 287.055, to public or private
 1763 entities that have experience in onsite sewage treatment and
 1764 disposal systems in Florida and that are principally located in

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1765 Florida. Research projects shall not be awarded to firms or
 1766 entities that employ or are associated with persons who serve on
 1767 either the technical review and advisory panel or the research
 1768 review and advisory committee.

1769 (4) PERMITS; INSTALLATION; AND CONDITIONS.—A person may
 1770 not construct, repair, modify, abandon, or operate an onsite
 1771 sewage treatment and disposal system without first obtaining a
 1772 permit approved by the department. The department may issue
 1773 permits to carry out this section, but shall not make the
 1774 issuance of such permits contingent upon prior approval by the
 1775 Department of Environmental Protection, except that the issuance
 1776 of a permit for work seaward of the coastal construction control
 1777 line established under s. 161.053 shall be contingent upon
 1778 receipt of any required coastal construction control line permit
 1779 from the Department of Environmental Protection. A construction
 1780 permit is valid for 18 months from the issuance date and may be
 1781 extended by the department for one 90-day period under rules
 1782 adopted by the department. A repair permit is valid for 90 days
 1783 from the date of issuance. An operating permit must be obtained
 1784 prior to the use of any aerobic treatment unit or if the
 1785 establishment generates commercial waste. Buildings or
 1786 establishments that use an aerobic treatment unit or generate
 1787 commercial waste shall be inspected by the department at least
 1788 annually to assure compliance with the terms of the operating
 1789 permit. The operating permit for a commercial wastewater system
 1790 is valid for 1 year from the date of issuance and must be
 1791 renewed annually. The operating permit for an aerobic treatment
 1792 unit is valid for 2 years from the date of issuance and must be

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1793 renewed every 2 years. If all information pertaining to the
 1794 siting, location, and installation conditions or repair of an
 1795 onsite sewage treatment and disposal system remains the same, a
 1796 construction or repair permit for the onsite sewage treatment
 1797 and disposal system may be transferred to another person, if the
 1798 transferee files, within 60 days after the transfer of
 1799 ownership, an amended application providing all corrected
 1800 information and proof of ownership of the property. There is no
 1801 fee associated with the processing of this supplemental
 1802 information. A person may not contract to construct, modify,
 1803 alter, repair, service, abandon, or maintain any portion of an
 1804 onsite sewage treatment and disposal system without being
 1805 registered under part III of chapter 489. A property owner who
 1806 personally performs construction, maintenance, or repairs to a
 1807 system serving his or her own owner-occupied single-family
 1808 residence is exempt from registration requirements for
 1809 performing such construction, maintenance, or repairs on that
 1810 residence, but is subject to all permitting requirements. A
 1811 municipality or political subdivision of the state may not issue
 1812 a building or plumbing permit for any building that requires the
 1813 use of an onsite sewage treatment and disposal system unless the
 1814 owner or builder has received a construction permit for such
 1815 system from the department. A building or structure may not be
 1816 occupied and a municipality, political subdivision, or any state
 1817 or federal agency may not authorize occupancy until the
 1818 department approves the final installation of the onsite sewage
 1819 treatment and disposal system. A municipality or political
 1820 subdivision of the state may not approve any change in occupancy

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1821 or tenancy of a building that uses an onsite sewage treatment
 1822 and disposal system until the department has reviewed the use of
 1823 the system with the proposed change, approved the change, and
 1824 amended the operating permit.

1825 (h)

1826 2. The department shall appoint and staff a variance
 1827 review and advisory committee, which shall meet monthly to
 1828 recommend agency action on variance requests. The committee
 1829 shall make its recommendations on variance requests at the
 1830 meeting in which the application is scheduled for consideration,
 1831 except for an extraordinary change in circumstances, the receipt
 1832 of new information that raises new issues, or when the applicant
 1833 requests an extension. The committee shall consider the criteria
 1834 in subparagraph 1. in its recommended agency action on variance
 1835 requests and shall also strive to allow property owners the full
 1836 use of their land where possible. The committee consists of the
 1837 following:

1838 a. The Bureau Chief~~Division Director~~ for Environmental
 1839 Health of the department or his or her designee.

1840 b. A representative from the county health departments.

1841 c. A representative from the home building industry
 1842 recommended by the Florida Home Builders Association.

1843 d. A representative from the septic tank industry
 1844 recommended by the Florida Onsite Wastewater Association.

1845 e. A representative from the Department of Environmental
 1846 Protection.

1847 f. A representative from the real estate industry who is
 1848 also a developer in this state who develops lots using onsite

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1849 sewage treatment and disposal systems, recommended by the
 1850 Florida Association of Realtors.

1851 g. A representative from the engineering profession
 1852 recommended by the Florida Engineering Society.

1853
 1854 Members shall be appointed for a term of 3 years, with such
 1855 appointments being staggered so that the terms of no more than
 1856 two members expire in any one year. Members shall serve without
 1857 remuneration, but if requested, shall be reimbursed for per diem
 1858 and travel expenses as provided in s. 112.061.

1859 (n) Evaluations for determining the seasonal high-water
 1860 table elevations or the suitability of soils for the use of a
 1861 new onsite sewage treatment and disposal system shall be
 1862 performed by department personnel, professional engineers
 1863 registered in the state, or such other persons with expertise,
 1864 as defined by rule, in making such evaluations. Evaluations for
 1865 determining mean annual flood lines shall be performed by those
 1866 persons identified in paragraph (2)(j) ~~(2)(i)~~. The department
 1867 shall accept evaluations submitted by professional engineers and
 1868 such other persons as meet the expertise established by this
 1869 section or by rule unless the department has a reasonable
 1870 scientific basis for questioning the accuracy or completeness of
 1871 the evaluation.

1872 (o) The department shall appoint a research review and
 1873 advisory committee, which shall meet at least semiannually. The
 1874 committee shall advise the department on directions for new
 1875 research, review and rank proposals for research contracts, and
 1876 review draft research reports and make comments. The committee

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- 1877 is comprised of:
- 1878 1. A representative of the ~~Bureau~~Division of Environmental
 - 1879 Health of the Department of Health.
 - 1880 2. A representative from the septic tank industry.
 - 1881 3. A representative from the home building industry.
 - 1882 4. A representative from an environmental interest group.
 - 1883 5. A representative from the State University System, from
 - 1884 a department knowledgeable about onsite sewage treatment and
 - 1885 disposal systems.
 - 1886 6. A professional engineer registered in this state who
 - 1887 has work experience in onsite sewage treatment and disposal
 - 1888 systems.
 - 1889 7. A representative from local government who is
 - 1890 knowledgeable about domestic wastewater treatment.
 - 1891 8. A representative from the real estate profession.
 - 1892 9. A representative from the restaurant industry.
 - 1893 10. A consumer.

1894

1895 Members shall be appointed for a term of 3 years, with the

1896 appointments being staggered so that the terms of no more than

1897 four members expire in any one year. Members shall serve without

1898 remuneration, but are entitled to reimbursement for per diem and

1899 travel expenses as provided in s. 112.061.

1900 (w) Any permit issued and approved by the department for

1901 the installation, modification, or repair of an onsite sewage

1902 treatment and disposal system shall transfer with the title to

1903 the property in a real estate transaction. A title shall not be

1904 encumbered at the time of transfer by new permit requirements by

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1905 a governmental entity for an onsite sewage treatment and
 1906 disposal system that differ from the permitting requirements in
 1907 effect at the time the system was permitted, modified, or
 1908 repaired. No inspection of a system shall be mandated by any
 1909 governmental entity at the point of sale in a real estate
 1910 transaction.

1911 (x)1. An onsite sewage treatment and disposal system is
 1912 not considered abandoned if the system is disconnected from a
 1913 structure that was made unusable or destroyed following a
 1914 disaster and was properly functioning at the time of
 1915 disconnection and not adversely affected by the disaster. The
 1916 onsite sewage treatment and disposal system may be reconnected
 1917 to a rebuilt structure if:

1918 a. The reconnection of the system is to the same type and
 1919 approximate size of structure that existed prior to the
 1920 disaster;

1921 b. The system is not a sanitary nuisance; and

1922 c. The system has not been altered without prior
 1923 authorization.

1924 2. An onsite sewage treatment and disposal system that
 1925 serves a property that is foreclosed upon is not considered
 1926 abandoned.

1927 (y) If an onsite sewage treatment and disposal system
 1928 permittee receives, relies upon, and undertakes construction of
 1929 a system based upon a validly issued construction permit under
 1930 rules applicable at the time of construction but a change to a
 1931 rule occurs after the approval of the system for construction
 1932 but before the final approval of the system, the rules

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1933 applicable and in effect at the time of construction approval
 1934 apply at the time of final approval if fundamental site
 1935 conditions have not changed between the time of construction
 1936 approval and final approval.

1937 (z) A modification, replacement, or upgrade of an onsite
 1938 sewage treatment and disposal system is not required for a
 1939 remodeling addition to a single-family home if a bedroom is not
 1940 added.

1941 ~~(5) EVALUATION AND ASSESSMENT.~~

1942 ~~(a) Beginning July 1, 2011, the department shall~~
 1943 ~~administer an onsite sewage treatment and disposal system~~
 1944 ~~evaluation program for the purpose of assessing the fundamental~~
 1945 ~~operational condition of systems and identifying any failures~~
 1946 ~~within the systems. The department shall adopt rules~~
 1947 ~~implementing the program standards, procedures, and~~
 1948 ~~requirements, including, but not limited to, a schedule for a 5-~~
 1949 ~~year evaluation cycle, requirements for the pump-out of a system~~
 1950 ~~or repair of a failing system, enforcement procedures for~~
 1951 ~~failure of a system owner to obtain an evaluation of the system,~~
 1952 ~~and failure of a contractor to timely submit evaluation results~~
 1953 ~~to the department and the system owner. The department shall~~
 1954 ~~ensure statewide implementation of the evaluation and assessment~~
 1955 ~~program by January 1, 2016.~~

1956 ~~(b) Owners of an onsite sewage treatment and disposal~~
 1957 ~~system, excluding a system that is required to obtain an~~
 1958 ~~operating permit, shall have the system evaluated at least once~~
 1959 ~~every 5 years to assess the fundamental operational condition of~~
 1960 ~~the system, and identify any failure within the system.~~

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1961 ~~(c) All evaluation procedures must be documented and~~
 1962 ~~nothing in this subsection limits the amount of detail an~~
 1963 ~~evaluator may provide at his or her professional discretion. The~~
 1964 ~~evaluation must include a tank and drainfield evaluation, a~~
 1965 ~~written assessment of the condition of the system, and, if~~
 1966 ~~necessary, a disclosure statement pursuant to the department's~~
 1967 ~~procedure.~~

1968 ~~(d)1. Systems being evaluated that were installed prior to~~
 1969 ~~January 1, 1983, shall meet a minimum 6-inch separation from the~~
 1970 ~~bottom of the drainfield to the wettest season water table~~
 1971 ~~elevation as defined by department rule. All drainfield repairs,~~
 1972 ~~replacements or modifications to systems installed prior to~~
 1973 ~~January 1, 1983, shall meet a minimum 12-inch separation from~~
 1974 ~~the bottom of the drainfield to the wettest season water table~~
 1975 ~~elevation as defined by department rule.~~

1976 ~~2. Systems being evaluated that were installed on or after~~
 1977 ~~January 1, 1983, shall meet a minimum 12-inch separation from~~
 1978 ~~the bottom of the drainfield to the wettest season water table~~
 1979 ~~elevation as defined by department rule. All drainfield repairs,~~
 1980 ~~replacements or modification to systems developed on or after~~
 1981 ~~January 1, 1983, shall meet a minimum 24-inch separation from~~
 1982 ~~the bottom of the drainfield to the wettest season water table~~
 1983 ~~elevation.~~

1984 ~~(e) If documentation of a tank pump out or a permitted new~~
 1985 ~~installation, repair, or modification of the system within the~~
 1986 ~~previous 5 years is provided, and states the capacity of the~~
 1987 ~~tank and indicates that the condition of the tank is not a~~
 1988 ~~sanitary or public health nuisance pursuant to department rule,~~

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1989 ~~a pump out of the system is not required.~~

1990 ~~(f) Owners are responsible for paying the cost of any~~

1991 ~~required pump out, repair, or replacement pursuant to department~~

1992 ~~rule, and may not request partial evaluation or the omission of~~

1993 ~~portions of the evaluation.~~

1994 ~~(g) Each evaluation or pump out required under this~~

1995 ~~subsection must be performed by a septic tank contractor or~~

1996 ~~master septic tank contractor registered under part III of~~

1997 ~~chapter 489, a professional engineer with wastewater treatment~~

1998 ~~system experience licensed pursuant to chapter 471, or an~~

1999 ~~environmental health professional certified under chapter 381 in~~

2000 ~~the area of onsite sewage treatment and disposal system~~

2001 ~~evaluation.~~

2002 ~~(h) The evaluation report fee collected pursuant to s.~~

2003 ~~381.0066(2)(b) shall be remitted to the department by the~~

2004 ~~evaluator at the time the report is submitted.~~

2005 ~~(i) Prior to any evaluation deadline, the department must~~

2006 ~~provide a minimum of 60 days' notice to owners that their~~

2007 ~~systems must be evaluated by that deadline. The department may~~

2008 ~~include a copy of any homeowner educational materials developed~~

2009 ~~pursuant to this section which provides information on the~~

2010 ~~proper maintenance of onsite sewage treatment and disposal~~

2011 ~~systems.~~

2012 (5)~~(6)~~ ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.-

2013 (a) Department personnel who have reason to believe

2014 noncompliance exists, may at any reasonable time, enter the

2015 premises permitted under ss. 381.0065-381.0066, or the business

2016 premises of any septic tank contractor or master septic tank

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2017 contractor registered under part III of chapter 489, or any
 2018 premises that the department has reason to believe is being
 2019 operated or maintained not in compliance, to determine
 2020 compliance with the provisions of this section, part I of
 2021 chapter 386, or part III of chapter 489 or rules or standards
 2022 adopted under ss. 381.0065-381.0067, part I of chapter 386, or
 2023 part III of chapter 489. As used in this paragraph, the term
 2024 "premises" does not include a residence or private building. To
 2025 gain entry to a residence or private building, the department
 2026 must obtain permission from the owner or occupant or secure an
 2027 inspection warrant from a court of competent jurisdiction.

2028 (b)1. The department may issue citations that may contain
 2029 an order of correction or an order to pay a fine, or both, for
 2030 violations of ss. 381.0065-381.0067, part I of chapter 386, or
 2031 part III of chapter 489 or the rules adopted by the department,
 2032 when a violation of these sections or rules is enforceable by an
 2033 administrative or civil remedy, or when a violation of these
 2034 sections or rules is a misdemeanor of the second degree. A
 2035 citation issued under ss. 381.0065-381.0067, part I of chapter
 2036 386, or part III of chapter 489 constitutes a notice of proposed
 2037 agency action.

2038 2. A citation must be in writing and must describe the
 2039 particular nature of the violation, including specific reference
 2040 to the provisions of law or rule allegedly violated.

2041 3. The fines imposed by a citation issued by the
 2042 department may not exceed \$500 for each violation. Each day the
 2043 violation exists constitutes a separate violation for which a
 2044 citation may be issued.

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2045 4. The department shall inform the recipient, by written
 2046 notice pursuant to ss. 120.569 and 120.57, of the right to an
 2047 administrative hearing to contest the citation within 21 days
 2048 after the date the citation is received. The citation must
 2049 contain a conspicuous statement that if the recipient fails to
 2050 pay the fine within the time allowed, or fails to appear to
 2051 contest the citation after having requested a hearing, the
 2052 recipient has waived the recipient's right to contest the
 2053 citation and must pay an amount up to the maximum fine.

2054 5. The department may reduce or waive the fine imposed by
 2055 the citation. In determining whether to reduce or waive the
 2056 fine, the department must consider the gravity of the violation,
 2057 the person's attempts at correcting the violation, and the
 2058 person's history of previous violations including violations for
 2059 which enforcement actions were taken under ss. 381.0065-
 2060 381.0067, part I of chapter 386, part III of chapter 489, or
 2061 other provisions of law or rule.

2062 6. Any person who willfully refuses to sign and accept a
 2063 citation issued by the department commits a misdemeanor of the
 2064 second degree, punishable as provided in s. 775.082 or s.
 2065 775.083.

2066 7. The department, pursuant to ss. 381.0065-381.0067, part
 2067 I of chapter 386, or part III of chapter 489, shall deposit any
 2068 fines it collects in the county health department trust fund for
 2069 use in providing services specified in those sections.

2070 8. This section provides an alternative means of enforcing
 2071 ss. 381.0065-381.0067, part I of chapter 386, and part III of
 2072 chapter 489. This section does not prohibit the department from

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2073 enforcing ss. 381.0065-381.0067, part I of chapter 386, or part
 2074 III of chapter 489, or its rules, by any other means. However,
 2075 the department must elect to use only a single method of
 2076 enforcement for each violation.

2077 (6)~~(7)~~ LAND APPLICATION OF SEPTAGE PROHIBITED.—Effective
 2078 January 1, 2016, the land application of septage from onsite
 2079 sewage treatment and disposal systems is prohibited. ~~By February~~
 2080 ~~1, 2011, the department, in consultation with the Department of~~
 2081 ~~Environmental Protection, shall provide a report to the~~
 2082 ~~Governor, the President of the Senate, and the Speaker of the~~
 2083 ~~House of Representatives, recommending alternative methods to~~
 2084 ~~establish enhanced treatment levels for the land application of~~
 2085 ~~septage from onsite sewage and disposal systems. The report~~
 2086 ~~shall include, but is not limited to, a schedule for the~~
 2087 ~~reduction in land application, appropriate treatment levels,~~
 2088 ~~alternative methods for treatment and disposal, enhanced~~
 2089 ~~application site permitting requirements including any~~
 2090 ~~requirements for nutrient management plans, and the range of~~
 2091 ~~costs to local governments, affected businesses, and individuals~~
 2092 ~~for alternative treatment and disposal methods. The report shall~~
 2093 ~~also include any recommendations for legislation or rule~~
 2094 ~~authority needed to reduce land application of septage.~~

2095 Section 40. Section 381.00651, Florida Statutes, is
 2096 created to read:

2097 381.00651 Periodic evaluation and assessment of onsite
 2098 sewage treatment and disposal systems.—

2099 (1) For the purposes of this section, the term "first
 2100 magnitude spring" means a spring that has a median water

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2101 discharge of greater than or equal to 100 cubic feet per second
 2102 for the period of record, as determined by the Department of
 2103 Environmental Protection.

2104 (2) A county or municipality containing a first magnitude
 2105 spring that has not adopted an onsite sewage treatment and
 2106 disposal system evaluation and assessment program, or that does
 2107 not opt out of this section, shall develop and adopt by
 2108 ordinance a local onsite sewage treatment and disposal system
 2109 evaluation and assessment program that meets the requirements of
 2110 this section within all or part of its geographic area. A county
 2111 or municipality that does not contain a first magnitude spring
 2112 may develop and adopt by ordinance a local onsite sewage
 2113 treatment and disposal system evaluation and assessment program
 2114 that meets the requirements of this section within all or part
 2115 of its geographic area. By a majority vote of the local
 2116 governing body, a county or municipality containing a first
 2117 magnitude spring may opt out of the requirements of this section
 2118 at any time before January 1, 2013, by adopting a separate
 2119 resolution. A county or municipality that has adopted such a
 2120 program before July 1, 2011, may continue to enforce its
 2121 program, provided such program does not require an evaluation at
 2122 the point of sale in a real estate transaction. A county or
 2123 municipality that does not opt out of this section shall notify
 2124 the Secretary of State by letter of the adoption of the
 2125 ordinance pursuant to this section. The resolution shall be
 2126 directed to and filed with the Secretary of State and shall
 2127 state the intent of the county or municipality not to adopt an
 2128 onsite sewage treatment and disposal system evaluation and

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2129 assessment program. Absent an interlocal agreement or county
 2130 charter provision to the contrary, a municipality may elect to
 2131 opt out of the requirements of this section notwithstanding the
 2132 decision of the governing body of the county in which the
 2133 municipality is located. A county or municipality may
 2134 subsequently adopt an ordinance imposing an onsite sewage
 2135 treatment and disposal system evaluation and assessment program
 2136 if the program meets the requirements of this section. A county
 2137 or municipality may repeal an ordinance adopted pursuant to this
 2138 section if the county or municipality notifies the Secretary of
 2139 State by letter of the repeal. No county or municipality may
 2140 adopt an onsite sewer treatment and disposal system evaluation
 2141 and assessment program except pursuant to this section and shall
 2142 provide for the following:

2143 (a) Evaluations.—An evaluation of each onsite sewage
 2144 treatment and disposal system within all or part of the county's
 2145 or municipality's jurisdiction must take place once every 5
 2146 years to assess the fundamental operational condition of the
 2147 system and to identify system failures. The ordinance may not
 2148 mandate an evaluation at the point of sale in a real estate
 2149 transaction and may not require a soil examination. The location
 2150 of the system shall be identified. A tank and drainfield
 2151 evaluation and a written assessment of the overall condition of
 2152 the system pursuant to the assessment procedure prescribed in
 2153 paragraph (2)(d) are required.

2154 (b) Qualified contractors.—Each evaluation required under
 2155 this subsection must be performed by a qualified contractor, who
 2156 may be a septic tank contractor or master septic tank contractor

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2157 registered under part III of chapter 489, a professional
 2158 engineer having wastewater treatment system experience and
 2159 licensed under chapter 471, or an environmental health
 2160 professional certified under this chapter in the area of onsite
 2161 sewage treatment and disposal system evaluation. Evaluations and
 2162 pump-outs may also be performed by an authorized employee
 2163 working under the supervision of an individual listed in this
 2164 paragraph; however, all evaluation forms must be signed by a
 2165 qualified contractor in writing or by electronic signature.

2166 (c) Repair of systems.—The local ordinance may not require
 2167 a repair, modification, or replacement of a system as a result
 2168 of an evaluation unless the evaluation identifies a system
 2169 failure. For purposes of this subsection, the term "system
 2170 failure" means a condition existing within an onsite sewage
 2171 treatment and disposal system that results in the discharge of
 2172 untreated or partially treated wastewater onto the ground
 2173 surface or into surface water or that results in the failure of
 2174 building plumbing to discharge properly and presents a sanitary
 2175 nuisance. A system is not in failure if the system does not have
 2176 a minimum separation distance between the drainfield and the
 2177 wettest season water table or if an obstruction in a sanitary
 2178 line or an effluent screen or filter prevents effluent from
 2179 flowing into a drainfield. If a system failure is identified and
 2180 several allowable remedial measures are available to resolve the
 2181 failure, the system owner may choose the least costly allowable
 2182 remedial measure to fix the system. There may be instances in
 2183 which a pump-out is sufficient to resolve a system failure.
 2184 Allowable remedial measures to resolve a system failure are

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2185 limited to what is necessary to resolve the failure and must
 2186 meet, to the maximum extent practicable, the requirements of the
 2187 repair code in effect when the repair is made, subject to the
 2188 exceptions specified in s. 381.0065(4)(g). An engineer-designed
 2189 performance-based treatment system to reduce nutrients may not
 2190 be required as an alternative remediation measure to resolve the
 2191 failure of a conventional system.

2192 (d) Exemptions:

2193 1. The local ordinance shall exempt from the evaluation
 2194 requirements any system that is required to obtain an operating
 2195 permit pursuant to state law or that is inspected by the
 2196 department pursuant to the annual permit inspection requirements
 2197 of chapter 513.

2198 2. The local ordinance may provide for an exemption or an
 2199 extension of time to obtain an evaluation and assessment if
 2200 connection to a sewer system is available, connection to the
 2201 sewer system is imminent, and written arrangements for payment
 2202 of any utility assessments or connection fees have been made by
 2203 the system owner.

2204 3. A septic tank system serving residential dwelling units
 2205 on lots with a ratio of one bedroom per acre or greater is
 2206 exempt from the requirements of this section and may not be
 2207 included in any septic tank inspection program.

2208 (2) The following procedures shall be used for conducting
 2209 evaluations:

2210 (a) Tank evaluation.—The tank evaluation shall assess the
 2211 apparent structural condition and watertightness of the tank and
 2212 shall estimate the size of the tank. The evaluation must include

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2213 a pump-out. However, an ordinance may not require a pump-out if
 2214 there is documentation indicating that a tank pump-out or a
 2215 permitted new installation, repair, or modification of the
 2216 system has occurred within the previous 5 years, identifying the
 2217 capacity of the tank, and indicating that the condition of the
 2218 tank is structurally sound and watertight. Visual inspection of
 2219 the tank must be made when the tank is empty to detect cracks,
 2220 leaks, or other defects. Baffles or tees must be checked to
 2221 ensure that they are intact and secure. The evaluation shall
 2222 note the presence and condition of outlet devices, effluent
 2223 filters, and compartment walls; any structural defect in the
 2224 tank; the condition and fit of the tank lid, including manholes;
 2225 whether surface water can infiltrate the tank; and whether the
 2226 tank was pumped out. If the tank, in the opinion of the
 2227 qualified contractor, is in danger of being damaged by leaving
 2228 the tank empty after inspection, the tank shall be refilled
 2229 before concluding the inspection. Broken or damaged lids or
 2230 manholes shall be replaced without obtaining a repair permit.

2231 (b) Drainfield evaluation.—The drainfield evaluation must
 2232 include a determination of the approximate size and location of
 2233 the drainfield. The evaluation shall state whether there is any
 2234 sewage or effluent visible on the ground or discharging to a
 2235 ditch or other water body and the location of any downspout or
 2236 other source of water near or in the vicinity of the drainfield.

2237 (c) Special circumstances.—If the system contains pumps,
 2238 siphons, or alarms, the following information may be provided at
 2239 the request of the homeowner:

2240 1. An assessment of dosing tank integrity, including the

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2241 approximate volume and the type of material used in the tank's
2242 construction;

2243 2. Whether the pump is elevated off the bottom of the
2244 chamber and its operational status;

2245 3. Whether the system has a check valve and purge hole;
2246 and

2247 4. Whether the system has a high-water alarm, and if so
2248 whether the alarm is audio or visual or both, the location and
2249 operational condition of the alarm, and whether the electrical
2250 connections to the alarm appear satisfactory.

2251 5. If the homeowner does not request this information,
2252 the qualified contractor and its employee shall not be liable
2253 for any damages directly relating from a failure of the system's
2254 pumps, siphons, or alarms. This exclusion of liability shall be
2255 stated on the front cover of the report required under paragraph
2256 (d).

2257 (d) Assessment procedure.—All evaluation procedures used
2258 by a qualified contractor shall be documented in the
2259 Environmental Health Database. The qualified contractor shall
2260 provide a copy of a written, signed evaluation report to the
2261 property owner upon completion of the evaluation and to the
2262 county health department within 30 days after the evaluation.
2263 The report shall contain the name and license number of the
2264 company providing the report. A copy of the evaluation report
2265 shall be retained by the local county health department for a
2266 minimum of 5 years and until a subsequent inspection report is
2267 filed. The front cover of the report must identify any system
2268 failure and include a clear and conspicuous notice to the owner

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2269 that the owner has a right to have any remediation of the
 2270 failure performed by a qualified contractor other than the
 2271 contractor performing the evaluation. The report must further
 2272 identify any crack, leak, improper fit, or other defect in the
 2273 tank, manhole, or lid, and any other damaged or missing
 2274 component; any sewage or effluent visible on the ground or
 2275 discharging to a ditch or other surface water body; any
 2276 downspout, stormwater, or other source of water directed onto or
 2277 toward the system; and any other maintenance need or condition
 2278 of the system at the time of the evaluation that, in the opinion
 2279 of the qualified contractor, would possibly interfere with or
 2280 restrict any future repair or modification to the existing
 2281 system. The report shall conclude with an overall assessment of
 2282 the fundamental operational condition of the system.

2283 (3) The county health department shall administer any
 2284 evaluation program on behalf of a county, or a municipality
 2285 within the county, that has adopted an evaluation program
 2286 pursuant to this section. In order to administer the evaluation
 2287 program, the county or municipality, in consultation with the
 2288 county health department, may develop a reasonable fee schedule
 2289 to be used solely to pay for the costs of administering the
 2290 evaluation program. Such a fee schedule shall be identified in
 2291 the ordinance that adopts the evaluation program. When arriving
 2292 at a reasonable fee schedule, the estimated annual revenues to
 2293 be derived from fees may not exceed reasonable estimated annual
 2294 costs of the program. Fees shall be assessed to the system owner
 2295 during an inspection and separately identified on the invoice of
 2296 the qualified contractor. Fees shall be remitted by the

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2297 qualified contractor to the county health department. The county
 2298 health department's administrative responsibilities include the
 2299 following:

2300 (a) Providing a notice to the system owner at least 60
 2301 days before the system is due for an evaluation. The notice may
 2302 include information on the proper maintenance of onsite sewage
 2303 treatment and disposal systems.

2304 (b) In consultation with the Department of Health,
 2305 providing uniform disciplinary procedures and penalties for
 2306 qualified contractors who do not comply with the requirements of
 2307 the adopted ordinance, including, but not limited to, failure to
 2308 provide the evaluation report as required in this subsection to
 2309 the system owner and the county health department. Only the
 2310 county health department may assess penalties against system
 2311 owners for failure to comply with the adopted ordinance,
 2312 consistent with existing requirements of law.

2313 (4)(a) A county or municipality that adopts an onsite
 2314 sewage treatment and disposal system evaluation and assessment
 2315 program pursuant to this section shall notify the Secretary of
 2316 Environmental Protection, the Department of Health, and the
 2317 applicable county health department upon the adoption of its
 2318 ordinance establishing the program.

2319 (b) Upon receipt of the notice under paragraph (a), the
 2320 Department of Environmental Protection shall, within existing
 2321 resources, notify the county or municipality of the potential
 2322 use of, and access to, program funds under the Clean Water State
 2323 Revolving Fund or s. 319 of the Clean Water Act, provide
 2324 guidance in the application process to receive such moneys, and

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2325 provide advice and technical assistance to the county or
 2326 municipality on how to establish a low-interest revolving loan
 2327 program or how to model a revolving loan program after the low-
 2328 interest loan program of the Clean Water State Revolving Fund.
 2329 This paragraph does not obligate the Department of Environmental
 2330 Protection to provide any county or municipality with money to
 2331 fund such programs.

2332 (c) The Department of Health may not adopt any rule that
 2333 alters the provisions of this section.

2334 (d) The Department of Health must provide access to the
 2335 Environmental Health Database to county Health Departments and
 2336 qualified contractors for use in the requirement of this section
 2337 for the assimilation of data to track relevant information
 2338 resulting from an assessment and evaluation of the overall
 2339 condition of onsite sewage treatment and disposal systems. The
 2340 Environmental Health Database shall be used by contractors to
 2341 report all service and evaluation events and by the county
 2342 health department to notify owners of onsite sewage treatment
 2343 and disposal systems when evaluations are due. Data and
 2344 information shall be recorded and updated as service and
 2345 evaluations are conducted and reported.

2346 (5) This section does not:

2347 (a) Derogate or limit county and municipal home rule
 2348 authority to act outside the scope of the evaluation and
 2349 assessment program set forth in this section.

2350 (b) Repeal or affect any other law relating to the subject
 2351 matter of this section.

2352 (c) Prohibit a county or municipality that has adopted an

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2353 evaluation and assessment program pursuant to this section from:

2354 1. Enforcing existing ordinances or adopting new
 2355 ordinances relating to onsite sewage treatment facilities to
 2356 address public health and safety if such ordinances do not
 2357 repeal, suspend, or alter the requirements or limitations of
 2358 this section.

2359 2. Adopting local environmental and pollution abatement
 2360 measures for water quality improvement as provided for by law if
 2361 such measures do not repeal, suspend, or alter the requirements
 2362 or limitations of this section.

2363 3. Exercising its independent and existing authority to
 2364 use and meet the requirements of s. 381.00655.

2365 Section 41. Section 381.00656, Florida Statutes, is
 2366 repealed.

2367 Section 42. Subsection (2) of section 381.0066, Florida
 2368 Statutes, is amended to read:

2369 381.0066 Onsite sewage treatment and disposal systems;
 2370 fees.—

2371 (2) The minimum fees in the following fee schedule apply
 2372 until changed by rule by the department within the following
 2373 limits:

2374 (a) Application review, permit issuance, or system
 2375 inspection, including repair of a subsurface, mound, filled, or
 2376 other alternative system or permitting of an abandoned system: a
 2377 fee of not less than \$25, or more than \$125.

2378 ~~(b) A 5-year evaluation report submitted pursuant to s.~~
 2379 ~~381.0065(5): a fee not less than \$15, or more than \$30. At least~~
 2380 ~~\$1 and no more than \$5 collected pursuant to this paragraph~~

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2381 ~~shall be used to fund a grant program established under s.~~
 2382 ~~381.00656.~~
 2383 **(b)** ~~(e)~~ Site evaluation, site reevaluation, evaluation of a
 2384 system previously in use, or a per annum septage disposal site
 2385 evaluation: a fee of not less than \$40, or more than \$115.
 2386 **(c)** ~~(d)~~ Biennial Operating permit for aerobic treatment
 2387 units or performance-based treatment systems: a fee of not more
 2388 than \$100.
 2389 **(d)** ~~(e)~~ Annual operating permit for systems located in
 2390 areas zoned for industrial manufacturing or equivalent uses or
 2391 where the system is expected to receive wastewater which is not
 2392 domestic in nature: a fee of not less than \$150, or more than
 2393 \$300.
 2394 **(e)** ~~(f)~~ Innovative technology: a fee not to exceed \$25,000.
 2395 **(f)** ~~(g)~~ Septage disposal service, septage stabilization
 2396 facility, portable or temporary toilet service, tank
 2397 manufacturer inspection: a fee of not less than \$25, or more
 2398 than \$200, per year.
 2399 **(g)** ~~(h)~~ Application for variance: a fee of not less than
 2400 \$150, or more than \$300.
 2401 **(h)** ~~(i)~~ Annual operating permit for waterless,
 2402 incinerating, or organic waste composting toilets: a fee of not
 2403 less than \$15 ~~\$50~~, or more than \$30 ~~\$150~~.
 2404 **(i)** ~~(j)~~ Aerobic treatment unit or performance-based
 2405 treatment system maintenance entity permit: a fee of not less
 2406 than \$25, or more than \$150, per year.
 2407 **(j)** ~~(k)~~ Reinspection fee per visit for site inspection
 2408 after system construction approval or for noncompliant system

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2409 installation per site visit: a fee of not less than \$25, or more
2410 than \$100.

2411 (k)~~(l)~~ Research: An additional \$5 fee shall be added to
2412 each new system construction permit issued to be used to fund
2413 onsite sewage treatment and disposal system research,
2414 demonstration, and training projects. Five dollars from any
2415 repair permit fee collected under this section shall be used for
2416 funding the hands-on training centers described in s.
2417 381.0065(3)(j).

2418 (l)~~(m)~~ Annual operating permit, including annual
2419 inspection and any required sampling and laboratory analysis of
2420 effluent, for an engineer-designed performance-based system: a
2421 fee of not less than \$150, or more than \$300.

2422
2423 ~~On or before January 1, 2011, the Surgeon General, after~~
2424 ~~consultation with the Revenue Estimating Conference, shall~~
2425 ~~determine a revenue neutral fee schedule for services provided~~
2426 ~~pursuant to s. 381.0065(5) within the parameters set in~~
2427 ~~paragraph (b). Such determination is not subject to the~~
2428 ~~provisions of chapter 120.~~ The funds collected pursuant to this
2429 subsection must be deposited in a trust fund administered by the
2430 department, to be used for the purposes stated in this section
2431 and ss. 381.0065 and 381.00655.

2432 Section 43. Section 381.0068, Florida Statutes, is amended
2433 to read:

2434 381.0068 Technical review and advisory panel.—

2435 (1) The Department of Health shall, ~~by July 1, 1996,~~
2436 establish and staff a technical review and advisory panel to

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2437 assist the department with rule adoption.
 2438 (2) The primary purpose of the panel is to assist the
 2439 department in rulemaking and decisionmaking by drawing on the
 2440 expertise of representatives from several groups that are
 2441 affected by onsite sewage treatment and disposal systems. The
 2442 panel may also review and comment on any legislation or any
 2443 existing or proposed state policy or issue related to onsite
 2444 sewage treatment and disposal systems. ~~If requested by the~~
 2445 ~~panel, the chair will advise any affected person or member of~~
 2446 ~~the Legislature of the panel's position on the legislation or~~
 2447 ~~any existing or proposed state policy or issue.~~ The chair may
 2448 also take such other action as is appropriate to allow the panel
 2449 to function. At a minimum, the panel shall consist of a soil
 2450 scientist; a professional engineer registered in this state who
 2451 is recommended by the Florida Engineering Society and who has
 2452 work experience in onsite sewage treatment and disposal systems;
 2453 two representatives from the home-building industry recommended
 2454 by the Florida Home Builders Association, including one who is a
 2455 developer in this state who develops lots using onsite sewage
 2456 treatment and disposal systems; a representative from the county
 2457 health departments who has experience permitting and inspecting
 2458 the installation of onsite sewage treatment and disposal systems
 2459 in this state; a representative from the real estate industry
 2460 who is recommended by the Florida Association of Realtors; a
 2461 consumer representative with a science background; two
 2462 representatives of the septic tank industry recommended by the
 2463 Florida Onsite Wastewater Association, including one who is a
 2464 manufacturer of onsite sewage treatment and disposal systems; a

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2465 representative from local government who is knowledgeable about
 2466 domestic wastewater treatment and who is recommended by the
 2467 Florida Association of Counties and the Florida League of
 2468 Cities; and a representative from the environmental health
 2469 profession who is recommended by the Florida Environmental
 2470 Health Association and who is not employed by a county health
 2471 department. Members are to be appointed for a term of 2 years.
 2472 The panel may also, as needed, be expanded to include ad hoc,
 2473 nonvoting representatives who have topic-specific expertise. All
 2474 rules proposed by the department which relate to onsite sewage
 2475 treatment and disposal systems must be presented to the panel
 2476 for review and comment prior to adoption. The panel's position
 2477 on proposed rules shall be made a part of the rulemaking record
 2478 that is maintained by the agency. The panel shall select a
 2479 chair, who shall serve for a period of 1 year and who shall
 2480 direct, coordinate, and execute the duties of the panel. The
 2481 panel shall also solicit input from the department's variance
 2482 review and advisory committee before submitting any comments to
 2483 the department concerning proposed rules. The panel's comments
 2484 must include any dissenting points of view concerning proposed
 2485 rules. The panel shall hold meetings as it determines necessary
 2486 to conduct its business, except that the chair, a quorum of the
 2487 voting members of the panel, or the department may call
 2488 meetings. The department shall keep minutes of all meetings of
 2489 the panel. Panel members shall serve without remuneration, but,
 2490 if requested, shall be reimbursed for per diem and travel
 2491 expenses as provided in s. 112.061.

2492 Section 44. Section 381.00781, Florida Statutes, is

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2493 amended to read:
 2494 381.00781 Fees; disposition.—
 2495 (1) The department shall establish by rule the following
 2496 fees:
 2497 (a) Fee for the initial licensure of a tattoo
 2498 establishment and the renewal of such license, which, except as
 2499 provided in subsection (2), may not exceed \$250 per year.
 2500 (b) Fee for licensure of a temporary establishment, which,
 2501 except as provided in subsection (2), may not exceed \$250.
 2502 (c) Fee for the initial licensure of a tattoo artist and
 2503 the renewal of such license, which, except as provided in
 2504 subsection (2), may not exceed \$150 per year.
 2505 (d) Fee for registration or reregistration of a guest
 2506 tattoo artist, which, except as provided in subsection (2), may
 2507 not exceed \$45.
 2508 (e) Fee for reactivation of an inactive tattoo
 2509 establishment license or tattoo artist license. A license
 2510 becomes inactive if it is not renewed before the expiration of
 2511 the current license.
 2512 ~~(2) The department may annually adjust the maximum fees~~
 2513 ~~authorized under subsection (1) according to the rate of~~
 2514 ~~inflation or deflation indicated by the Consumer Price Index for~~
 2515 ~~All Urban Consumers, U.S. City Average, All Items, as reported~~
 2516 ~~by the United States Department of Labor.~~
 2517 Section 45. Subsection (1) of section 381.0086, Florida
 2518 Statutes, is amended to read:
 2519 381.0086 Rules; variances; penalties.—
 2520 (1) The department shall adopt rules necessary to protect

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2521 the health and safety of migrant farmworkers and other migrant
 2522 labor camp or residential migrant housing occupants, including
 2523 rules governing field sanitation facilities. These rules must
 2524 include definitions of terms, ~~provisions relating to a process~~
 2525 for plan review of the construction of new, expanded, or
 2526 remodeled camps or residential migrant housing, sites, buildings
 2527 and structures~~;~~ and standards for personal hygiene facilities,
 2528 ~~lighting,~~ sewage disposal, safety, minimum living space per
 2529 occupant, bedding, food equipment, food storage and preparation,
 2530 insect and rodent control, garbage, heating equipment, water
 2531 supply, maintenance and operation of the camp, or housing, ~~or~~
 2532 ~~roads,~~ and such other matters as the department finds to be
 2533 appropriate or necessary to protect the life and health of the
 2534 occupants. Housing operated by a public housing authority is
 2535 exempt from the provisions of any administrative rule that
 2536 conflicts with or is more stringent than the federal standards
 2537 applicable to the housing.

2538 Section 46. Subsection (1) of section 381.0098, Florida
 2539 Statutes, is amended to read:

2540 381.0098 Biomedical waste.—

2541 (1) LEGISLATIVE INTENT. ~~It is the intent of the~~
 2542 ~~Legislature to protect the public health by establishing~~
 2543 ~~standards for the safe packaging, transport, storage, treatment,~~
 2544 ~~and disposal of biomedical waste.~~ Except as otherwise provided
 2545 herein, the Department of Health shall regulate the packaging,
 2546 transport, storage, and treatment of biomedical waste. The
 2547 Department of Environmental Protection shall regulate onsite and
 2548 offsite incineration and disposal of biomedical waste.

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2549 Consistent with the foregoing, the Department of Health shall
 2550 have the exclusive authority to establish treatment efficacy
 2551 standards for biomedical waste and the Department of
 2552 Environmental Protection shall have the exclusive authority to
 2553 establish statewide standards relating to environmental impacts,
 2554 if any, of treatment and disposal including, but not limited to,
 2555 water discharges and air emissions. An interagency agreement
 2556 between the Department of Environmental Protection and the
 2557 Department of Health shall be developed to ensure maximum
 2558 efficiency in coordinating, administering, and regulating
 2559 biomedical wastes.

2560 Section 47. Subsections (1), (2), and (4) of section
 2561 381.0101, Florida Statutes, are amended, and subsequent
 2562 subsections are renumbered, to read:

2563 381.0101 Environmental health professionals.—

2564 ~~(1) LEGISLATIVE INTENT. Persons responsible for providing~~
 2565 ~~technical and scientific evaluations of environmental health and~~
 2566 ~~sanitary conditions in business establishments and communities~~
 2567 ~~throughout the state may create a danger to the public health if~~
 2568 ~~they are not skilled or competent to perform such evaluations.~~
 2569 ~~The public relies on the judgment of environmental health~~
 2570 ~~professionals employed by both government agencies and~~
 2571 ~~industries to assure them that environmental hazards are~~
 2572 ~~identified and removed before they endanger the health or safety~~
 2573 ~~of the public. The purpose of this section is to assure the~~
 2574 ~~public that persons specifically responsible for performing~~
 2575 ~~environmental health and sanitary evaluations have been~~
 2576 ~~certified by examination as competent to perform such work.~~

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2577 (12) DEFINITIONS.—As used in this section:
 2578 (a) "Board" means the Environmental Health Professionals
 2579 Advisory Board.
 2580 (b) "Department" means the Department of Health.
 2581 (c) "Environmental health" means that segment of public
 2582 health work which deals with the examination of those factors in
 2583 the human environment which may impact adversely on the health
 2584 status of an individual or the public.
 2585 (d) "Environmental health professional" means a person who
 2586 is employed or assigned the responsibility for assessing the
 2587 environmental health or sanitary conditions, as defined by the
 2588 department, within a building, on an individual's property, or
 2589 within the community at large, and who has the knowledge,
 2590 skills, and abilities to carry out these tasks. Environmental
 2591 health professionals may be either field, supervisory, or
 2592 administrative staff members.
 2593 ~~(e) "Certified" means a person who has displayed~~
 2594 ~~competency to perform evaluations of environmental or sanitary~~
 2595 ~~conditions through examination.~~
 2596 (ef) "Registered sanitarian," "R.S.," "Registered
 2597 Environmental Health Specialist," or "R.E.H.S." means a person
 2598 who has been certified by either the National Environmental
 2599 Health Association or the Florida Environmental Health
 2600 Association as knowledgeable in the environmental health
 2601 profession.
 2602 (fg) "Primary environmental health program" means ~~these~~
 2603 ~~programs determined by the department to be essential for~~
 2604 ~~providing basic environmental and sanitary protection to the~~

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2605 ~~public. At a minimum, these programs shall include~~ food
 2606 protection program work and onsite sewage treatment and disposal
 2607 system evaluations.

2608 (23) CERTIFICATION REQUIRED.—No person shall perform
 2609 environmental health or sanitary evaluations in any primary
 2610 program area of environmental health without being certified by
 2611 the department as competent to perform such evaluations. This
 2612 section does not apply to:

2613 (a) Persons performing inspections of public food service
 2614 establishments licensed under chapter 509; or

2615 (b) Persons performing site evaluations in order to
 2616 determine proper placement and installation of onsite wastewater
 2617 treatment and disposal systems who have successfully completed a
 2618 department-approved soils morphology course and who are working
 2619 under the direct responsible charge of an engineer licensed
 2620 under chapter 471.

2621 (34) ENVIRONMENTAL HEALTH PROFESSIONALS ADVISORY BOARD.—
 2622 The State Health Officer shall appoint an advisory board to
 2623 assist the department in the promulgation of rules for
 2624 certification, testing, establishing standards, and seeking
 2625 enforcement actions against certified professionals.

2626 (a) The board shall be comprised of the Bureau
 2627 ~~Chief Division Director~~ for Environmental Health or his or her
 2628 designee, one individual who will be certified under this
 2629 section, one individual not employed in a governmental capacity
 2630 who will or does employ a certified environmental health
 2631 professional, one individual whose business is or will be
 2632 evaluated by a certified environmental health professional, a

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2633 citizen of the state who neither employs nor is routinely
2634 evaluated by a person certified under this section.

2635 (b) The board shall advise the department as to the
2636 minimum disciplinary guidelines and standards of competency and
2637 proficiency necessary to obtain certification in a primary area
2638 of environmental health practice.

2639 1. The board shall recommend primary areas of
2640 environmental health practice in which environmental health
2641 professionals should be required to obtain certification.

2642 2. The board shall recommend minimum standards of practice
2643 which the department shall incorporate into rule.

2644 3. The board shall evaluate and recommend to the
2645 department existing registrations and certifications which meet
2646 or exceed minimum department standards and should, therefore,
2647 exempt holders of such certificates or registrations from
2648 compliance with this section.

2649 4. The board shall hear appeals of certificate denials,
2650 revocation, or suspension and shall advise the department as to
2651 the disposition of such an appeal.

2652 5. The board shall meet as often as necessary, but no less
2653 than semiannually, handle appeals to the department, and conduct
2654 other duties of the board.

2655 6. Members of the board shall receive no compensation but
2656 are entitled to reimbursement for per diem and travel expenses
2657 in accordance with s. 112.061.

2658 Section 81. Section 381.0201, Florida Statutes, is
2659 repealed.

2660 Section 48. Section 381.0203, Florida Statutes, is amended

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2661 to read:
 2662 381.0203 Pharmacy services.—
 2663 (1) The department may contract on a statewide basis for
 2664 the purchase of drugs, as defined in s. 499.003, to be used by
 2665 state agencies and political subdivisions, and may adopt rules
 2666 to administer this section.
 2667 (2) The department shall establish and maintain a pharmacy
 2668 services program, including, but not limited to:
 2669 (a) A central pharmacy to support pharmaceutical services
 2670 provided by the county health departments, including
 2671 pharmaceutical repackaging, dispensing, and the purchase and
 2672 distribution of immunizations and other pharmaceuticals.
 2673 ~~(b) Regulation of drugs, cosmetics, and household products~~
 2674 ~~pursuant to chapter 499.~~
 2675 (be) Consultation to county health departments as required
 2676 by s. 154.04(1)(c).
 2677 ~~(d) A contraception distribution program which shall be~~
 2678 ~~implemented, to the extent resources permit, through the~~
 2679 ~~licensed pharmacies of county health departments. A woman who is~~
 2680 ~~eligible for participation in the contraceptive distribution~~
 2681 ~~program is deemed a patient of the county health department.~~
 2682 ~~1. To be eligible for participation in the program a woman~~
 2683 ~~must:~~
 2684 ~~a. Be a client of the department or the Department of~~
 2685 ~~Children and Family Services.~~
 2686 ~~b. Be of childbearing age with undesired fertility.~~
 2687 ~~c. Have an income between 150 and 200 percent of the~~
 2688 ~~federal poverty level.~~

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2689 ~~— d. Have no Medicaid benefits or applicable health~~
 2690 ~~insurance benefits.~~
 2691 ~~— e. Have had a medical examination by a licensed health~~
 2692 ~~care provider within the past 6 months.~~
 2693 ~~— f. Have a valid prescription for contraceptives that are~~
 2694 ~~available through the contraceptive distribution program.~~
 2695 ~~— g. Consent to the release of necessary medical information~~
 2696 ~~to the county health department.~~
 2697 ~~— 2. Fees charged for the contraceptives under the program~~
 2698 ~~must cover the cost of purchasing and providing contraceptives~~
 2699 ~~to women participating in the program.~~
 2700 ~~— 3. The department may adopt rules to administer this~~
 2701 ~~program.~~

2702 Section 49. Subsection (1) of section 381.0261, Florida
 2703 Statutes, is amended to read:

2704 381.0261 Summary of patient's bill of rights;
 2705 distribution; penalty.—

2706 (1) The Department of Health~~Agency for Health Care~~
 2707 ~~Administration~~ shall publish on its Internet website~~have printed~~
 2708 ~~and made continuously available to health care facilities~~
 2709 ~~licensed under chapter 395, physicians licensed under chapter~~
 2710 ~~458, osteopathic physicians licensed under chapter 459, and~~
 2711 ~~pediatric physicians licensed under chapter 461~~ a summary of the
 2712 Florida Patient's Bill of Rights and Responsibilities. In
 2713 adopting and making available to patients the summary of the
 2714 Florida Patient's Bill of Rights and Responsibilities, health
 2715 care providers and health care facilities are not limited to the
 2716 format in which the Department of Health~~Agency for Health Care~~

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2717 | ~~Administration publishes~~sprints and distributes the summary.

2718 | Section 50. Section 381.0301, Florida Statutes, is amended

2719 | to read:

2720 | 381.0301 Education and resource development.—

2721 | ~~(1) The department shall foster the recruitment,~~

2722 | ~~retention, and continuing education and training of health~~

2723 | ~~professionals and managers needed to administer the public~~

2724 | ~~health mission. This responsibility shall be conducted in~~

2725 | ~~cooperation with federal, state, and local agencies whose~~

2726 | ~~purpose is to prepare persons for service in public health,~~

2727 | ~~especially the Centers for Disease Control and Prevention, the~~

2728 | ~~State University System, Florida medical schools, and the~~

2729 | ~~College of Public Health of the University of South Florida. To~~

2730 | ~~support the department in this endeavor:~~

2731 | ~~(2) The Legislature intends that the College of Public~~

2732 | ~~Health of the University of South Florida assume a leadership~~

2733 | ~~role within the public health system through the development of~~

2734 | ~~academic programs intended to meet this state's unique health~~

2735 | ~~care, environmental, economic, political, and social service~~

2736 | ~~needs. Beyond its roles as educator of public health~~

2737 | ~~professionals in this state and as sponsor of relevant academic~~

2738 | ~~research, the School of Public Health shall be consulted by the~~

2739 | ~~public officials of this state in the management of public~~

2740 | ~~health affairs.~~

2741 | Section 51. Section 381.0302, Florida Statutes, is

2742 | repealed.

2743 | Section 52. Subsection (5) of section 381.0303, Florida

2744 | Statutes, is amended to read:

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2745 | 381.0303 Special needs shelters.—
 2746 | (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State
 2747 | Surgeon General may establish a special needs shelter
 2748 | interagency committee and serve as, or appoint a designee to
 2749 | serve as, the committee's chair. The department shall provide
 2750 | any necessary staff and resources to support the committee in
 2751 | the performance of its duties. The committee shall address and
 2752 | resolve problems related to special needs shelters not addressed
 2753 | in the state comprehensive emergency medical plan and shall
 2754 | consult on the planning and operation of special needs shelters.
 2755 | (a) The committee shall:
 2756 | 1.—~~D~~develop, negotiate, and regularly review any necessary
 2757 | interagency agreements,and—
 2758 | 2.—~~U~~ndertake other such activities as the department
 2759 | deems necessary to facilitate the implementation of this
 2760 | section.
 2761 | 3.—~~Submit recommendations to the Legislature as necessary.~~
 2762 | (b) The special needs shelter interagency committee shall
 2763 | be composed of representatives of emergency management, health,
 2764 | medical, and social services organizations. Membership shall
 2765 | include, but shall not be limited to, representatives of the
 2766 | Departments of Health, Children and Family Services, Elderly
 2767 | Affairs, and Education; the Agency for Health Care
 2768 | Administration; the Division of Emergency Management; the
 2769 | Florida Medical Association; the Florida Osteopathic Medical
 2770 | Association; Associated Home Health Industries of Florida, Inc.;
 2771 | the Florida Nurses Association; the Florida Health Care
 2772 | Association; the Florida Assisted Living Affiliation; the

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2773 Florida Hospital Association; the Florida Statutory Teaching
 2774 Hospital Council; the Florida Association of Homes for the
 2775 Aging; the Florida Emergency Preparedness Association; the
 2776 American Red Cross; Florida Hospices and Palliative Care, Inc.;
 2777 the Association of Community Hospitals and Health Systems; the
 2778 Florida Association of Health Maintenance Organizations; the
 2779 Florida League of Health Systems; the Private Care Association;
 2780 the Salvation Army; the Florida Association of Aging Services
 2781 Providers; the AARP; and the Florida Renal Coalition.

2782 (c) Meetings of the committee shall be held in
 2783 Tallahassee, and members of the committee shall serve at the
 2784 expense of the agencies or organizations they represent. The
 2785 committee shall make every effort to use teleconference or
 2786 videoconference capabilities in order to ensure statewide input
 2787 and participation.

2788 Section 53. Section 381.04015, Florida Statutes, is
 2789 repealed.

2790 Section 54. Section 381.0402, Florida Statutes, is
 2791 repealed.

2792 Section 55. Subsections (1), (2), (3), and (4) of section
 2793 381.0403, Florida Statutes, are amended to read:

2794 381.0403 The Community Hospital Education Act.—

2795 (1) SHORT TITLE.—This section shall be known and cited as
 2796 "The Community Hospital Education Act."

2797 (2) ~~LEGISLATIVE INTENT.—~~

2798 ~~(a) It is the intent of the Legislature that health care~~
 2799 ~~services for the citizens of this state be upgraded and that a~~
 2800 ~~program for continuing these services be maintained through a~~

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2801 ~~plan for community medical education. The A program is intended~~
 2802 established to plan for community medical education, provide
 2803 additional outpatient and inpatient services, ~~a continuing~~
 2804 increase the supply of highly trained physicians, and expand
 2805 graduate medical education.

2806 ~~(b) The Legislature further acknowledges the critical need~~
 2807 ~~for increased numbers of primary care physicians to provide the~~
 2808 ~~necessary current and projected health and medical services. In~~
 2809 ~~order to meet both present and anticipated needs, the~~
 2810 ~~Legislature supports an expansion in the number of family~~
 2811 ~~practice residency positions. The Legislature intends that the~~
 2812 ~~funding for graduate education in family practice be maintained~~
 2813 ~~and that funding for all primary care specialties be provided at~~
 2814 ~~a minimum of \$10,000 per resident per year. Should funding for~~
 2815 ~~this act remain constant or be reduced, it is intended that all~~
 2816 ~~programs funded by this act be maintained or reduced~~
 2817 ~~proportionately.~~

2818 (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND
 2819 LOCAL PLANNING.—

2820 (a) ~~There is established under the Department of Health a~~
 2821 ~~program for statewide graduate medical education. It is intended~~
 2822 ~~that continuing graduate medical education programs for interns~~
 2823 ~~and residents be established on a statewide basis. The program~~
 2824 shall provide financial support for primary care specialty
 2825 interns and residents based on ~~policies recommended and approved~~
 2826 by recommendations of the Community Hospital Education Council,
 2827 herein established, and the Department of Health, ~~as authorized~~
 2828 by the General Appropriations Act. Only those programs with at

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2829 | least three residents or interns in each year of the training
 2830 | program are qualified to apply for financial support. Programs
 2831 | with fewer than three residents or interns per training year are
 2832 | qualified to apply for financial support, but only if the
 2833 | appropriate accrediting entity for the particular specialty has
 2834 | approved the program for fewer positions. New pPrograms added
 2835 | ~~after fiscal year 1997-1998~~ shall have 5 years to attain the
 2836 | requisite number of residents or interns. When feasible and to
 2837 | the extent allowed through the General Appropriations Act, state
 2838 | funds shall be used to generate federal matching funds under
 2839 | Medicaid, or other federal programs, and the resulting combined
 2840 | state and federal funds shall be allocated to participating
 2841 | hospitals for the support of graduate medical education.

2842 | (b) For the purposes of this section, primary care
 2843 | specialties include emergency medicine, family practice,
 2844 | internal medicine, pediatrics, psychiatry,
 2845 | obstetrics/gynecology, and combined pediatrics and internal
 2846 | medicine, and other primary care specialties as may be included
 2847 | by the council and Department of Health.

2848 | (c) Medical institutions throughout the state may apply to
 2849 | the Community Hospital Education Council for grants-in-aid for
 2850 | financial support of their approved programs. Recommendations
 2851 | for funding of approved programs shall be forwarded to the
 2852 | Department of Health.

2853 | (d) The program shall provide a plan for community
 2854 | clinical teaching and training with the cooperation of the
 2855 | medical profession, hospitals, and clinics. The plan shall also
 2856 | include formal teaching opportunities for intern and resident

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2857 training. In addition, the plan shall establish an off-campus
 2858 medical faculty with university faculty review to be located
 2859 throughout the state in local communities.

2860 (4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.—

2861 (a) There is established under the Department of Health a
 2862 program for fostering graduate medical education innovations.
 2863 Funds appropriated annually by the Legislature for this purpose
 2864 shall be distributed to participating hospitals or consortia of
 2865 participating hospitals and Florida medical schools or to a
 2866 Florida medical school for the direct costs of providing
 2867 graduate medical education in community-based clinical settings
 2868 on a competitive grant or formula basis to achieve state health
 2869 care workforce policy objectives, including, but not limited to:

- 2870 1. Increasing the number of residents in primary care and
- 2871 other high demand specialties or fellowships;
- 2872 2. Enhancing retention of primary care physicians in
- 2873 Florida practice;
- 2874 3. Promoting practice in medically underserved areas of
- 2875 the state;
- 2876 4. Encouraging racial and ethnic diversity within the
- 2877 state's physician workforce; and
- 2878 5. Encouraging increased production of geriatricians.

2879 (b) Participating hospitals or consortia of participating
 2880 hospitals and Florida medical schools or a Florida medical
 2881 school providing graduate medical education in community-based
 2882 clinical settings may apply to the Community Hospital Education
 2883 Council for funding under this innovations program. Innovations
 2884 program funding shall be allocated ~~provide funding~~ based on

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2885 recommendations of policies recommended and approved by the
 2886 Community Hospital Education Council and the Department of
 2887 Health, as authorized by the General Appropriations Act.

2888 (c) Participating hospitals or consortia of participating
 2889 hospitals and Florida medical schools or Florida medical schools
 2890 awarded an innovations grant shall provide the Community
 2891 Hospital Education Council and Department of Health with an
 2892 annual report on their project.

2893 Section 56. Subscetion (7) of section 381.0405, Florida
 2894 Statutes, is amended to read:

2895 381.0405 Office of Rural Health.—

2896 ~~(7) APPROPRIATION. The Legislature shall appropriate such~~
 2897 ~~sums as are necessary to support the Office of Rural Health.~~

2898 Section 57. Subsection (3) of section 381.0406, Florida
 2899 Statutes, is amended to read:

2900 381.0406 Rural health networks.—

2901 ~~(3) Because each rural area is unique, with a different~~
 2902 ~~health care provider mix, h~~Health care provider membership may
 2903 vary, but all networks shall include members that provide public
 2904 health, comprehensive primary care, emergency medical care, and
 2905 acute inpatient care.

2906 Section 58. Effective October 1, 2014, section 381.0407,
 2907 Florida Statutes, is repealed.

2908 Section 59. Section 381.045, Florida Statutes, is
 2909 repealed.

2910 Section 60. Subsection (7) of section 381.06015, Florida
 2911 Statutes, is amended to read:

2912 381.06015 Public Cord Blood Tissue Bank.—

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2913 ~~(7) In order to fund the provisions of this section the~~
2914 ~~consortium participants, the Agency for Health Care~~
2915 ~~Administration, and the Department of Health shall seek private~~
2916 ~~or federal funds to initiate program actions for fiscal year~~
2917 ~~2000-2001.~~

2918 Section 61. Section 381.0605, Florida Statutes, is
2919 repealed.

2920 Section 62. Section 381.102, Florida Statutes, is
2921 repealed.

2922 Section 63. Section 381.103, Florida Statutes, is
2923 repealed.

2924 Section 64. Subsection (2) of section 381.4018, Florida
2925 Statutes, is amended, and subsequent subsections are renumbered,
2926 to read:

2927 381.4018 Physician workforce assessment and development.-

2928 ~~(2) LEGISLATIVE INTENT. The Legislature recognizes that~~
2929 ~~physician workforce planning is an essential component of~~
2930 ~~ensuring that there is an adequate and appropriate supply of~~
2931 ~~well-trained physicians to meet this state's future health care~~
2932 ~~service needs as the general population and elderly population~~
2933 ~~of the state increase. The Legislature finds that items to~~
2934 ~~consider relative to assessing the physician workforce may~~
2935 ~~include physician practice status; specialty mix; geographic~~
2936 ~~distribution; demographic information, including, but not~~
2937 ~~limited to, age, gender, race, and cultural considerations; and~~
2938 ~~needs of current or projected medically underserved areas in the~~
2939 ~~state. Long-term strategic planning is essential as the period~~
2940 ~~from the time a medical student enters medical school to~~

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2941 ~~completion of graduate medical education may range from 7 to 10~~
 2942 ~~years or longer. The Legislature recognizes that strategies to~~
 2943 ~~provide for a well-trained supply of physicians must include~~
 2944 ~~ensuring the availability and capacity of quality medical~~
 2945 ~~schools and graduate medical education programs in this state,~~
 2946 ~~as well as using new or existing state and federal programs~~
 2947 ~~providing incentives for physicians to practice in needed~~
 2948 ~~specialties and in underserved areas in a manner that addresses~~
 2949 ~~projected needs for physician manpower.~~

2950 Section 65. Section 381.60225, Florida Statutes, is
 2951 repealed.

2952 Section 66. Section 381.732, Florida Statutes, is
 2953 repealed.

2954 Section 67. Section 381.733, Florida Statutes, is
 2955 repealed.

2956 Section 68. Section 381.734, Florida Statutes, is
 2957 repealed.

2958 Section 69. Section 381.7352, Florida Statutes, is amended
 2959 to read:

2960 381.7352 Legislative findings and intent.—

2961 ~~(1) The Legislature finds that despite state investments~~
 2962 ~~in health care programs, certain racial and ethnic populations~~
 2963 ~~in Florida continue to have significantly poorer health outcomes~~
 2964 ~~when compared to non-Hispanic whites. The Legislature finds that~~
 2965 ~~local solutions to health care problems can have a dramatic and~~
 2966 ~~positive effect on the health status of these populations. Local~~
 2967 ~~governments and communities are best equipped to identify the~~
 2968 ~~health education, health promotion, and disease prevention needs~~

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2969 ~~of the racial and ethnic populations in their communities,~~
 2970 ~~mobilize the community to address health outcome disparities,~~
 2971 ~~enlist and organize local public and private resources, and~~
 2972 ~~faith-based organizations to address these disparities, and~~
 2973 ~~evaluate the effectiveness of interventions.~~
 2974 ~~——(2) It is therefore the intent of the Legislature to~~
 2975 provide funds within Florida counties and Front Porch Florida
 2976 Communities, in the form of Reducing Racial and Ethnic Health
 2977 Disparities: Closing the Gap grants, to stimulate the
 2978 development of community-based and neighborhood-based projects
 2979 which will improve the health outcomes of racial and ethnic
 2980 populations. Further, it is the intent of the Legislature that
 2981 these programs foster the development of coordinated,
 2982 collaborative, and broad-based participation by public and
 2983 private entities, and faith-based organizations. Finally, it is
 2984 the intent of the Legislature that the grant program function as
 2985 a partnership between state and local governments, faith-based
 2986 organizations, and private sector health care providers,
 2987 including managed care, voluntary health care resources, social
 2988 service providers, and nontraditional partners.
 2989 Section 70. Subsection (3) of section 381.7353, Florida
 2990 Statutes, is amended, to read:
 2991 381.7353 Reducing Racial and Ethnic Health Disparities:
 2992 Closing the Gap grant program; administration; department
 2993 duties.—
 2994 ~~(3) Pursuant to s. 20.43(6), the State Surgeon General may~~
 2995 ~~appoint an ad hoc advisory committee to: examine areas where~~
 2996 ~~public awareness, public education, research, and coordination~~

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2997 ~~regarding racial and ethnic health outcome disparities are~~
 2998 ~~lacking; consider access and transportation issues which~~
 2999 ~~contribute to health status disparities; and make~~
 3000 ~~recommendations for closing gaps in health outcomes and~~
 3001 ~~increasing the public's awareness and understanding of health~~
 3002 ~~disparities that exist between racial and ethnic populations.~~

3003 Section 71. Subsection (4) of section 381.7356, Florida
 3004 Statutes, is amended, and subsequent subsections are renumbered,
 3005 to read:

3006 381.7356 Local matching funds; grant awards.-

3007 ~~(4) Dissemination of grant awards shall begin no later~~
 3008 ~~than January 1, 2001.~~

3009 Section 72. Subsection (3) of section 381.765, Florida
 3010 Statutes, is amended to read:

3011 381.765 Retention of title to and disposal of equipment.-

3012 (1) The department may retain title to any property,
 3013 tools, instruments, training supplies, equipment, or other items
 3014 of value acquired for services provided under the brain and
 3015 spinal cord injury program or for personnel employed in
 3016 operating the brain and spinal cord injury program, and may
 3017 repossess or transfer such property, tools, instruments,
 3018 supplies, equipment, or other items of value.

3019 (2) The department may offer for sale any surplus items
 3020 acquired in operating the brain and spinal cord injury program
 3021 when they are no longer necessary or exchange them for necessary
 3022 items that may be used to greater advantage. When any such
 3023 surplus equipment is sold or exchanged, a receipt for the
 3024 equipment shall be taken from the purchaser showing the

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3025 consideration given for such equipment and forwarded to the
 3026 Chief Financial Officer, and any funds received by the brain and
 3027 spinal cord injury program pursuant to any such transaction
 3028 shall be deposited in the Brain and Spinal Cord Injury Program
 3029 Trust Fund and shall be available for expenditure for any
 3030 purpose consistent with ss. 381.739-381.79.

3031 ~~(3) The department may adopt rules relating to records and~~
 3032 ~~recordkeeping for department-owned property referenced in~~
 3033 ~~subsections (1) and (2).~~

3034 Section 73. Section 381.77, Florida Statutes, is repealed.

3035 Section 74. Section 381.795, Florida Statutes, is
 3036 repealed.

3037 Section 75. Subsection (1) of section 381.853, Florida
 3038 Statutes, is removed, and subsequent subsections renumbered, to
 3039 read:

3040 381.853 Florida Center for Brain Tumor Research.-

3041 ~~(1) The Legislature finds that each year an estimated~~
 3042 ~~190,000 citizens of the United States are diagnosed with~~
 3043 ~~cancerous and noncancerous brain tumors and that biomedical~~
 3044 ~~research is the key to finding cures for these tumors. The~~
 3045 ~~Legislature further finds that, although brain tumor research is~~
 3046 ~~being conducted throughout the state, there is a lack of~~
 3047 ~~coordinated efforts among researchers and health care providers.~~
 3048 ~~Therefore, the Legislature finds that there is a significant~~
 3049 ~~need for a coordinated effort to achieve the goal of curing~~
 3050 ~~brain tumors. The Legislature further finds that the biomedical~~
 3051 ~~technology sector meets the criteria of a high-impact sector,~~
 3052 ~~pursuant to s. 288.108(6), having a high importance to the~~

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3053 ~~state's economy with a significant potential for growth and~~
 3054 ~~contribution to our universities and quality of life.~~
 3055 Section 76. Section 381.855, Florida Statutes, is
 3056 repealed.
 3057 Section 77. Section 381.87, Florida Statutes, is repealed.
 3058 Section 78. Section 381.895, Florida Statutes, is
 3059 repealed.
 3060 Section 79. Section 381.90, Florida Statutes, is repealed.
 3061 Section 80. Subsection (1) of section 381.91, Florida
 3062 Statutes, is amended to read:
 3063 381.91 Jessie Trice Cancer Prevention Program.—
 3064 (1) It is the intent of the Legislature to:
 3065 ~~(a) Reduce the rates of illness and death from lung cancer~~
 3066 ~~and other cancers and improve the quality of life among low-~~
 3067 ~~income African-American and Hispanic populations through~~
 3068 ~~increased access to early, effective screening and diagnosis,~~
 3069 ~~education, and treatment programs.~~
 3070 ~~(b) Create a community faith-based disease-prevention~~
 3071 ~~program in conjunction with the Health Choice Network and other~~
 3072 ~~community health centers to build upon the natural referral and~~
 3073 ~~education networks in place within minority communities and to~~
 3074 ~~increase access to health service delivery in Florida, and.~~
 3075 ~~(c) Establish a funding source to build upon local~~
 3076 ~~private participation to sustain the operation of the program.~~
 3077 Section 81. Subsection (5) of section 381.922, Florida
 3078 Statutes, is amended to read:
 3079 381.922 William G. "Bill" Bankhead, Jr., and David Coley
 3080 Cancer Research Program.—

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3081 (5) The William G. "Bill" Bankhead, Jr., and David Coley
 3082 Cancer Research Program is funded pursuant to s. 215.5602(12).
 3083 Funds appropriated for the William G. "Bill" Bankhead, Jr., and
 3084 David Coley Cancer Research Program shall be distributed
 3085 pursuant to this section to provide grants to researchers
 3086 seeking cures for cancer and cancer-related illnesses, with
 3087 emphasis given to the goals enumerated in this section. From the
 3088 total funds appropriated, an amount of up to 10 percent may be
 3089 used for administrative expenses. ~~From funds appropriated to~~
 3090 ~~accomplish the goals of this section, up to \$250,000 shall be~~
 3091 ~~available for the operating costs of the Florida Center for~~
 3092 ~~Universal Research to Eradicate Disease.~~

3093 Section 82. Section 385.210, Florida Statutes, is
 3094 repealed.

3095 Section 83. Section 391.016, Florida Statutes, is amended
 3096 to read:

3097 391.016 Purposes and functions~~Legislative intent.~~—The
 3098 ~~Legislature intends that the~~ Children's Medical Services program
 3099 is established for the following purposes and authorized to
 3100 perform the following functions:

3101 (1) Provide to children with special health care needs a
 3102 family-centered, comprehensive, and coordinated statewide
 3103 managed system of care that links community-based health care
 3104 with multidisciplinary, regional, and tertiary pediatric
 3105 specialty care. The program shall coordinate and maintain a
 3106 consistent ~~may provide for the coordination and maintenance of~~
 3107 ~~eonsistency of the~~ medical home for participating children in
 3108 ~~families with a Children's Medical Services program participant,~~

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3109 ~~in order to achieve family-centered care.~~

3110 (2) Provide essential preventive, evaluative, and early
 3111 intervention services for children at risk for or having special
 3112 health care needs, in order to prevent or reduce long-term
 3113 disabilities.

3114 (3) Establish and maintain a provider service network~~Serve~~
 3115 ~~as a principal provider~~ for children with special health care
 3116 needs under Titles XIX and XXI of the Social Security Act and
 3117 other eligible children.

3118 ~~(4) Be complementary to children's health training~~
 3119 ~~programs essential for the maintenance of a skilled pediatric~~
 3120 ~~health care workforce for all Floridians.~~

3121 Section 84. Section 391.021, Florida Statutes, is amended
 3122 to read:

3123 391.021 Definitions.—When used in this act, ~~unless the~~
 3124 ~~context clearly indicates otherwise:~~

3125 (1) "Children's Medical Services network" or "network"
 3126 means a statewide provider service network~~managed care service~~
 3127 ~~system that includes health care providers, as defined in this~~
 3128 ~~section.~~

3129 (2) "Children with special health care needs" means those
 3130 children younger than 21 years of age who have chronic and
 3131 serious physical, developmental, behavioral, or emotional
 3132 conditions and who ~~also~~ require health care and related services
 3133 of a type or amount beyond that which is generally required by
 3134 children.

3135 (3) "Department" means the Department of Health.

3136 (4) "Eligible individual" means a child with a special

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3137 health care need or a female with a high-risk pregnancy, who
 3138 meets the financial and medical eligibility standards
 3139 established in s. 391.029.

3140 (5) "Health care provider" means a health care
 3141 professional, health care facility, or entity licensed or
 3142 certified to provide health services in this state that meets
 3143 the criteria as established by the department.

3144 (6) "Health services" includes the prevention, diagnosis,
 3145 and treatment of human disease, pain, injury, deformity, or
 3146 disabling conditions.

3147 (7) "Participant" means an eligible individual who is
 3148 enrolled in the Children's Medical Services program.

3149 (8) "Program" means the Children's Medical Services
 3150 program established in the department.

3151 Section 85. Section 391.025, Florida Statutes, is amended
 3152 to read:

3153 391.025 Applicability and scope.—

3154 (1) The Children's Medical Services program consists of
 3155 the following components:

3156 (a) The newborn screening program established in s.
 3157 383.14.

3158 (b) The regional perinatal intensive care centers program
 3159 established in ss. 383.15-383.21.

3160 ~~(c) A federal or state program authorized by the~~
 3161 ~~Legislature.~~

3162 (c) The developmental evaluation and intervention
 3163 program, including the Florida Infants and Toddlers Early
 3164 Intervention Program.

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3165 ~~(de)~~ The Children's Medical Services network.
 3166 (2) The Children's Medical Services program shall not be
 3167 deemed an insurer and is not subject to the licensing
 3168 requirements of the Florida Insurance Code or the rules adopted
 3169 thereunder, ~~when providing services to children who receive~~
 3170 ~~Medicaid benefits, other Medicaid-eligible children with special~~
 3171 ~~health care needs, and children participating in the Florida~~
 3172 ~~Kidcare program.~~
 3173 Section 86. Section 391.026, Florida Statutes, is amended
 3174 to read:
 3175 391.026 Powers and duties of the department.—The
 3176 department shall have the following powers, duties, and
 3177 responsibilities:
 3178 (1) To provide or contract for the provision of health
 3179 services to eligible individuals.
 3180 (2) ~~To determine the medical and financial eligibility~~
 3181 ~~standards for the program and to determine the medical and~~
 3182 financial eligibility of individuals seeking health services
 3183 from the program.
 3184 ~~(3) To recommend priorities for the implementation of~~
 3185 ~~comprehensive plans and budgets.~~
 3186 (34) To coordinate a comprehensive delivery system for
 3187 eligible individuals to take maximum advantage of all available
 3188 funds.
 3189 (45) To ~~promote, establish, and coordinate~~ with programs
 3190 relating to children's medical services in cooperation with
 3191 other public and private agencies ~~and to coordinate funding of~~
 3192 ~~health care programs with federal, state, or local indigent~~

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3193 ~~health care funding mechanisms.~~
 3194 (56) To initiate, and coordinate, ~~and request review of~~
 3195 applications to federal agencies and private organizations ~~and~~
 3196 ~~state agencies~~ for funds, services, or commodities relating to
 3197 children's medical programs.
 3198 (67) To sponsor or promote grants for projects, programs,
 3199 education, or research in the field of ~~medical needs of~~ children
 3200 with special health needs, with an emphasis on early diagnosis
 3201 and treatment.
 3202 (78) To ~~oversee and operate~~, or oversee operation by a
 3203 contracted network manager, the Children's Medical Services
 3204 network.
 3205 (89) To establish financial management procedures, or
 3206 oversee the financial management procedures of a contracted
 3207 network manager, ~~reimbursement mechanisms~~ for the Children's
 3208 Medical Services network.
 3209 (910) To establish Children's Medical Services network
 3210 standards and credentialing requirements for health care
 3211 providers and health care services.
 3212 (1011) To serve as a provider and principal case manager
 3213 for children with special health care needs under Titles XIX and
 3214 XXI of the Social Security Act.
 3215 (1112) To monitor the provision of health services in the
 3216 program, including the utilization and quality of health
 3217 services.
 3218 (1213) To administer the Children with Special Health Care
 3219 Needs program in accordance with Title V of the Social Security
 3220 Act.

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3221 (1314) To establish and operate a grievance resolution
 3222 process for participants and health care providers.

3223 (1415) To maintain program integrity in the Children's
 3224 Medical Services program.

3225 (1516) To receive and manage health care premiums,
 3226 capitation payments, and funds from federal, state, local, and
 3227 private entities for the program. The department may contract
 3228 with a third-party administrator for processing claims,
 3229 monitoring medical expenses, and other related services
 3230 necessary to the efficient and cost-effective operation of the
 3231 Children's Medical Services network. The department is
 3232 authorized to maintain a minimum reserve for the Children's
 3233 Medical Services network in an amount that is the greater of:

3234 (a) Ten percent of total projected expenditures for Title
 3235 XIX-funded and Title XXI-funded children; or

3236 (b) Two percent of total annualized payments from the
 3237 Agency for Health Care Administration for Title XIX and Title
 3238 XXI of the Social Security Act.

3239 (1617) To provide or contract for ~~appoint health care~~
 3240 ~~consultants for the purpose of providing peer review and other~~
 3241 ~~quality improvement activities~~ making recommendations to enhance
 3242 ~~the delivery and quality of services in the Children's Medical~~
 3243 ~~Services program.~~

3244 (1718) To adopt rules pursuant to ss. 120.536(1) and
 3245 120.54 to administer the Children's Medical Services Act. ~~The~~
 3246 ~~rules may include requirements for definitions of terms, program~~
 3247 ~~organization, and program description; a process for selecting~~
 3248 ~~an area medical director; responsibilities of applicants and~~

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3249 ~~clients; requirements for service applications, including~~
 3250 ~~required medical and financial information; eligibility~~
 3251 ~~requirements for initial treatment and for continued~~
 3252 ~~eligibility, including financial and custody issues;~~
 3253 ~~methodologies for resource development and allocation, including~~
 3254 ~~medical and financial considerations; requirements for~~
 3255 ~~reimbursement services rendered to a client; billing and payment~~
 3256 ~~requirements for providers; requirements for qualification,~~
 3257 ~~appointments, verification, and emergency exceptions for health-~~
 3258 ~~professional consultants; general and diagnostic-specific~~
 3259 ~~standards for diagnostic and treatment facilities; and standards~~
 3260 ~~for the method of service delivery, including consultant~~
 3261 ~~services, respect for privacy considerations, examination~~
 3262 ~~requirements, family support plans, and clinic design.~~

3263 Section 87. Section 391.028, Florida Statutes, is amended
 3264 to read:

3265 391.028 Administration. ~~The Children's Medical Services~~
 3266 ~~program shall have a central office and area offices.~~

3267 (1) The Director of Children's Medical Services must be a
 3268 physician licensed under chapter 458 or chapter 459 who has
 3269 specialized training and experience in the provision of health
 3270 care to children and who has recognized skills in leadership and
 3271 the promotion of children's health programs. The director shall
 3272 be the deputy secretary and the Deputy State Health Officer for
 3273 Children's Medical Services and is appointed by and reports to
 3274 the State Surgeon General. The director may appoint such other
 3275 staff as necessary for the operation of the program ~~division~~
 3276 ~~directors~~ subject to the approval of the State Surgeon General.

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3277 (2) The director shall provide for a decentralized
 3278 operational system utilizing such department staff and contract
 3279 providers as necessary. The program shall implement the
 3280 following program activities under physician supervision on a
 3281 statewide basis ~~designate Children's Medical Services area~~
 3282 ~~offices to perform operational activities, including, but not~~
 3283 ~~limited to:~~

3284 (a) ~~Providing e~~Case management services for ~~the~~ network
 3285 participants;

3286 (b) ~~Providing local e~~Management and oversight of the local
 3287 program activities;

3288 (c) ~~Determining an individual's m~~Medical and financial
 3289 eligibility determination for the program in accordance with s.
 3290 391.029;

3291 (d) ~~Participating in the d~~Determination of a level of care
 3292 and medical complexity for long-term care services;

3293 (e) Authorizing services in the program and developing
 3294 spending plans;

3295 (f) ~~Participating in the d~~Development of treatment plans;
 3296 and

3297 (g) ~~Taking part in the r~~Resolution of complaints and
 3298 grievances from participants and health care providers.

3299 (3) ~~Each Children's Medical Services area office shall be~~
 3300 ~~directed by a physician licensed under chapter 458 or chapter~~
 3301 ~~459 who has specialized training and experience in the provision~~
 3302 ~~of health care to children. The director of a Children's Medical~~
 3303 ~~Services area office shall be appointed by the director from the~~
 3304 ~~active panel of Children's Medical Services physician~~

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3305 ~~consultants.~~Before contracting for statewide operation of
 3306 program activities, the director must document, with the
 3307 concurrence of the Surgeon General and the Governor, that the
 3308 following criteria have been met:
 3309 (a) Qualified contractors are available and interested in
 3310 operating the program;
 3311 (b) Contracting for operation of the program will result
 3312 in a measureable increase in the following areas;
 3313 1. The number of children with special health needs served
 3314 by the program;
 3315 2. The number and type of services provided to children
 3316 with special health needs; and
 3317 3. The number of participating providers, especially
 3318 pediatricians with expertise in serving children with special
 3319 health needs.
 3320 (c) Quality of care for children with special health needs
 3321 will be maintained or enhanced.
 3322 (4) Any contract for statewide operation of the Children's
 3323 Medical Services program shall be competitively procured.
 3324 (5) Qualified contractors are provider service networks
 3325 pursuant to s. 409.962(12) that meet the following criteria:
 3326 (a) Signed, written agreements with all Florida medical
 3327 schools, statutory teaching hospitals pursuant to s. 408.07(45),
 3328 specialty children's hospitals pursuant to s. 395.002(28), and
 3329 regional perinatal intensive care centers pursuant to s.
 3330 383.16(2);
 3331 (b) An adequate number of primary and specialty
 3332 pediatricians participate in the network;

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3333 (c) An adequate number of other health professionals to
3334 meet the medical and psychosocial needs of the participating
3335 children and families;

3336 (d) Experience in serving similar populations;

3337 (e) Experience in operating a capitated provider service
3338 network; and

3339 (f) Experience in quality improvement, especially in areas
3340 related to serving children with special health needs.

3341 Section 88. Section 391.029, Florida Statutes, is amended
3342 to read:

3343 391.029 Program eligibility.—

3344 (1) ~~The department shall establish the medical criteria to~~
3345 ~~determine if an applicant~~Eligibility for the Children's Medical
3346 Services program is based on the diagnosis of one or more
3347 chronic and serious medical conditions and the family's need for
3348 specialized services that are not available or accessible by the
3349 family from any other source~~an eligible individual.~~

3350 (2) The following individuals are ~~financially~~ eligible to
3351 receive services through the program:

3352 (a) A high-risk pregnant female who is enrolled in~~is~~
3353 ~~eligible for~~ Medicaid;

3354 (b) Children with serious special health care needs from
3355 birth to 21 years of age who are enrolled~~ineligible for~~
3356 Medicaid.

3357 (c) Children with serious special health care needs from
3358 birth to 19 years of age who are enrolled~~ineligible for~~ a
3359 program under Title XXI of the Social Security Act.

3360 (3) Subject to the availability of funds, the following

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3361 individuals may receive services through the program:
 3362 (a) Children with serious special health care needs from
 3363 birth to 21 years of age who do not qualify for Medicaid or
 3364 ~~whose family income is above the requirements for financial~~
 3365 ~~eligibility under Title XXI of the Social Security Act~~ but who
 3366 are unable to access, due to lack of providers or lack of
 3367 financial resources, specialized services that are medically
 3368 necessary or essential family support services ~~and whose~~
 3369 ~~projected annual cost of care adjusts the family income to~~
 3370 ~~Medicaid financial criteria. In cases where the family income is~~
 3371 ~~adjusted based on a projected annual cost of care, the family~~
 3372 Families shall participate financially in the cost of care based
 3373 on a sliding fee scale ~~criteria~~ established by the department.
 3374 (b) Children with special health care needs from birth to
 3375 21 years of age, as provided in Title V of the Social Security
 3376 Act.
 3377 (c) An infant who receives an award of compensation under
 3378 s. 766.31(1). The Florida Birth-Related Neurological Injury
 3379 Compensation Association shall reimburse the Children's Medical
 3380 Services Network the state's share of funding, which must
 3381 thereafter be used to obtain matching federal funds under Title
 3382 XXI of the Social Security Act.
 3383 ~~(4) The department shall determine the financial and~~
 3384 ~~medical eligibility of children for the program. The department~~
 3385 ~~shall also determine the financial ability of the parents, or~~
 3386 ~~persons or other agencies having legal custody over such~~
 3387 ~~individuals, to pay the costs of health services under the~~
 3388 ~~program. The department may pay reasonable travel expenses~~

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3389 ~~related to the determination of eligibility for or the provision~~
 3390 ~~of health services.~~

3391 (45) Any child who has been provided with surgical or
 3392 medical care or treatment under this act prior to being adopted
 3393 and has serious and chronic special health needs shall continue
 3394 to be eligible to be provided with such care or treatment after
 3395 his or her adoption, regardless of the financial ability of the
 3396 persons adopting the child.

3397 Section 89. Section 391.0315, Florida Statutes, is amended
 3398 to read:

3399 391.0315 Benefits.—Benefits provided under the program for
 3400 children with special health care needs shall be equivalent
 3401 ~~to the same~~ benefits provided to children as specified in ss.
 3402 409.905 and 409.906. The department may offer additional
 3403 benefits for early intervention services, respite services,
 3404 genetic testing, genetic and nutritional counseling, and parent
 3405 support services, if such services are determined to be
 3406 medically necessary. ~~No child or person determined eligible for~~
 3407 ~~the program who is eligible under Title XIX or Title XXI of the~~
 3408 ~~Social Security Act shall receive any service other than an~~
 3409 ~~initial health care screening or treatment of an emergency~~
 3410 ~~medical condition as defined in s. 395.002, until such child or~~
 3411 ~~person is enrolled in Medicaid or a Title XXI program.~~

3412 Section 90. Effective January 1, 2013, section 392.51,
 3413 Florida Statutes, is amended to read:

3414 392.51 Tuberculosis control ~~Findings and intent.~~ ~~The~~
 3415 ~~Legislature finds and declares that active tuberculosis is a~~
 3416 ~~highly contagious infection that is sometimes fatal and~~

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3417 ~~constitutes a serious threat to the public health. The~~
 3418 ~~Legislature finds that there is a significant reservoir of~~
 3419 ~~tuberculosis infection in this state and that there is a need to~~
 3420 ~~develop community programs to identify tuberculosis and to~~
 3421 ~~respond quickly with appropriate measures. The Legislature finds~~
 3422 ~~that some patients who have active tuberculosis have complex~~
 3423 ~~medical, social, and economic problems that make outpatient~~
 3424 ~~control of the disease difficult, if not impossible, without~~
 3425 ~~posing a threat to the public health. The Legislature finds that~~
 3426 ~~in order to protect the citizenry from those few persons who~~
 3427 ~~pose a threat to the public, it is necessary to establish a~~
 3428 ~~system~~A statewide system is established to control tuberculosis
 3429 infection and mitigate its effects. The system consists of
 3430 mandatory contact identification, treatment to cure,
 3431 hospitalization, and isolation for contagious cases, and to
 3432 ~~provide a system of~~ voluntary, community-oriented care and
 3433 surveillance in all other cases. The Legislature finds that the
 3434 ~~delivery of t~~Tuberculosis control services shall be provided by
 3435 the coordinated efforts of the respective county health
 3436 departments and contracted or other private health care
 3437 providers, the A.G. Holley State Hospital, and the private
 3438 ~~health care delivery system.~~

3439 Section 91. Effective January 1, 2013, section 392.61,
 3440 Florida Statutes, is amended to read:

3441 392.61 Community tuberculosis control programs.—

3442 (1) The department shall operate, directly or by contract,
 3443 community tuberculosis control programs in each county in the
 3444 state.

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3445 (2) Community tuberculosis control programs shall have the
3446 following functions:

3447 (a) Promotion of community and professional education
3448 about the causes and dangers of tuberculosis and methods of its
3449 control and treatment to cure;

3450 (b) Community and individual screening for the presence of
3451 tuberculosis;

3452 (c) Surveillance of all suspected and reported cases of
3453 active tuberculosis, including contact investigation as
3454 necessary and as directed by the department;

3455 (d) Reporting of all known cases of tuberculosis to the
3456 department;

3457 (e) Development of an individualized treatment plan for
3458 each person who has active tuberculosis and who is under the
3459 care of the department, including provision of treatment to cure
3460 and followup, and the distribution of medication by means of
3461 directly observed therapy, if appropriate, to eligible persons
3462 under rules and guidelines developed by the department; and

3463 (f) Provision of counseling, periodic retesting, and
3464 referral to appropriate social service, employment, medical, and
3465 housing agencies, as necessary for persons released from
3466 hospitalization or residential placement.

3467 (3) This section does not prevent the department from
3468 operating regionally based tuberculosis control programs, if
3469 services are offered in each county.

3470 ~~(4) The department shall develop, by rule, a methodology~~
3471 ~~for distributing funds appropriated for tuberculosis control~~
3472 ~~programs. Criteria to be considered in this methodology include,~~

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3473 ~~but are not limited to, the basic infrastructure available for~~
 3474 ~~tuberculosis control, caseload requirements, laboratory support~~
 3475 ~~services needed, and epidemiologic factors.~~

3476 Section 92. Effective January 1, 2013, section 392.62,
 3477 Florida Statutes, is amended to read:

3478 392.62 Hospitalization and placement programs.—

3479 (1) The department shall contract for operation of~~operate~~
 3480 a program for the treatment~~hospitalization~~ of persons who have
 3481 active tuberculosis in hospitals licensed under chapter 395 and
 3482 may provide for appropriate placement of persons who have active
 3483 tuberculosis in other health care facilities or residential
 3484 facilities. The department shall require the contractor to use
 3485 existing licensed community hospitals and other facilities for
 3486 the care and treatment to cure of persons who have active
 3487 tuberculosis, a history of non-compliance with prescribed drug
 3488 regimens, and require inpatient or other residential services.

3489 ~~(2) The department may operate a licensed hospital for the~~
 3490 ~~care and treatment to cure of persons who have active~~
 3491 ~~tuberculosis. The hospital may have a forensic unit where, under~~
 3492 ~~medical protocol, a patient can be held in a secure or~~
 3493 ~~protective setting. The department shall also seek to maximize~~
 3494 ~~use of existing licensed community hospitals for the care and~~
 3495 ~~treatment to cure of persons who have active tuberculosis.~~

3496 (3) The program for control of tuberculosis shall provide
 3497 funding for participating facilities and require any such
 3498 facilities to meet the following conditions~~Any licensed~~
 3499 ~~hospital operated by the department, any licensed hospital under~~
 3500 ~~contract with the department, and any other health care facility~~

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3501 ~~er residential facility operated by or under contract with the~~
 3502 ~~department for the care and treatment of patients who have~~
 3503 ~~active tuberculosis shall:~~

3504 (a) Admit patients voluntarily and under court order as
 3505 appropriate for each particular facility;

3506 (b) Require that each patient pay the actual cost of care
 3507 provided whether the patient is admitted voluntarily or by court
 3508 order;

3509 (c) Provide for ~~a method of paying for the care of~~
 3510 patients in the program regardless of ability to pay~~who cannot~~
 3511 ~~afford to do so;~~

3512 (d) Require a primary clinical diagnosis of active
 3513 tuberculosis by a physician licensed under chapter 458 or
 3514 chapter 459 before admitting the patient; provided that there
 3515 may be more than one primary diagnosis;

3516 (e) Provide a method of notification to the county health
 3517 department and to the patient's family, if any, before
 3518 discharging the patient from the hospital or other facility;

3519 (f) Provide for the necessary exchange of medical
 3520 information to assure adequate community treatment to cure and
 3521 followup of discharged patients, as appropriate; and

3522 (g) Provide for a method of medical care and counseling
 3523 and for housing, social service, and employment referrals, if
 3524 appropriate, for ~~all~~ patients discharged from the hospital.

3525 (4) A hospital may, pursuant to court order, place a
 3526 patient in temporary isolation for a period of no more than 72
 3527 continuous hours. The department shall obtain a court order in
 3528 the same manner as prescribed in s. 392.57. Nothing in this

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3529 subsection precludes a hospital from isolating an infectious
 3530 patient for medical reasons.

3531 (5) Any person committed under s. 392.57 who leaves the
 3532 tuberculosis hospital or residential facility without having
 3533 been discharged by the designated medical authority, except as
 3534 provided in s. 392.63, shall be apprehended by the sheriff of
 3535 the county in which the person is found and immediately
 3536 delivered to the facility from which he or she left.

3537 Section 93. The Department of Health shall develop and
 3538 implement a transition plan for closure of A.G. Holley State
 3539 Hospital. The plan shall include specific steps to end
 3540 voluntary admissions, transfer patients to alternate facilities,
 3541 communicate with families, providers, other affected parties,
 3542 and the general public, enter into any necessary contracts with
 3543 providers, and coordinate with the Department of Management
 3544 Services regarding the disposition of equipment and supplies and
 3545 the closure of the facility. The plan shall be submitted to the
 3546 Governor, the Speaker of the House of Representatives and the
 3547 President of the Senate by May 31, 2012. The Department shall
 3548 fully implement the plan by January 1, 2013.

3549 Section 94. Subsection (4) of section 401.243, Florida
 3550 Statutes, is amended to read:

3551 401.243 Injury prevention.—The department shall establish
 3552 an injury-prevention program with responsibility for the
 3553 statewide coordination and expansion of injury-prevention
 3554 activities. The duties of the department under the program may
 3555 include, but are not limited to, data collection, surveillance,
 3556 education, and the promotion of interventions. In addition, the

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3557 department may:

3558 ~~(4) Adopt rules governing the implementation of grant~~
 3559 ~~programs. The rules may include, but need not be limited to,~~
 3560 ~~criteria regarding the application process, the selection of~~
 3561 ~~grantees, the implementation of injury prevention activities,~~
 3562 ~~data collection, surveillance, education, and the promotion of~~
 3563 ~~interventions.~~

3564 Section 95. Subsection (5) of section 401.245, Florida
 3565 Statutes, is amended to read:

3566 401.245 Emergency Medical Services Advisory Council.—

3567 ~~(5) The department shall adopt rules to implement this~~
 3568 ~~section, which rules shall serve as formal operating procedures~~
 3569 ~~for the Emergency Medical Services Advisory Council.~~

3570 Section 96. Subsection (2) of section 401.271, Florida
 3571 Statutes, is amended to read:

3572 401.271 Certification of emergency medical technicians and
 3573 paramedics who are on active duty with the Armed Forces of the
 3574 United States; spouses of members of the Armed Forces.—

3575 ~~(2) The department may adopt rules exempting the spouse of~~
 3576 ~~a member of the Armed Forces of the United States on active duty~~
 3577 ~~from certification renewal provisions while the spouse is absent~~
 3578 ~~from the state because of the member's active duty with the~~
 3579 ~~Armed Forces.~~

3580 Section 97. Subsection (9) of section 402.45, Florida
 3581 Statutes, is amended to read:

3582 402.45 Community resource mother or father program.—

3583 ~~(9) The department may adopt rules necessary to implement~~
 3584 ~~this section.~~

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3585 Section 98. Subsections (3) and (4) of section 403.863,
 3586 Florida Statutes, are amended to read:

3587 403.863 State public water supply laboratory certification
 3588 program.—

3589 (1) The department and the Department of Health shall
 3590 jointly develop a state program, and the Department of Health
 3591 shall adopt rules for the evaluation and certification of all
 3592 laboratories, other than the principal state laboratory, which
 3593 perform or make application to perform analyses pursuant to the
 3594 Florida Safe Drinking Water Act or which conduct a water
 3595 analysis business. Such joint development shall be funded in
 3596 part through the use of a portion of the State Public Water
 3597 Systems Supervision Program grants received by the department
 3598 from the Federal Government in order to implement the federal
 3599 act.

3600 (2) The Department of Health may adopt and enforce rules
 3601 to administer this section, including, but not limited to,
 3602 definitions of terms, certified laboratory personnel
 3603 requirements, methodologies for the collection of samples, the
 3604 handling and analysis of samples, methodology and proficiency
 3605 testing, the format and frequency of reports, onsite inspections
 3606 of laboratories, and quality assurance.

3607 (3) The Department of Health shall have the responsibility
 3608 for the operation and implementation of the state laboratory
 3609 certification program. The Department of Health shall contract
 3610 with the American Environmental Laboratory Association to
 3611 perform the evaluation and review of laboratory certification
 3612 applications, and laboratory inspections. ~~, except that,~~ upon

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3613 completion of the evaluation and review of the laboratory
 3614 certification application, the evaluation shall be forwarded,
 3615 along with recommendations, to the department for review and
 3616 comment, prior to final approval or disapproval by the
 3617 Department of Health.

3618 (4) The following acts constitute grounds for which the
 3619 disciplinary actions specified in subsection (5) may be taken:

3620 (a) Making false statements on an application or on any
 3621 document associated with certification.

3622 (b) Making consistent errors in analyses or erroneous
 3623 reporting.

3624 (c) Permitting personnel who are not qualified, as
 3625 required by rules of the Department of Health, to perform
 3626 analyses.

3627 (d) Falsifying the results of analyses.

3628 (e) Failing to employ approved laboratory methods in
 3629 performing analyses as outlined in rules of the Department of
 3630 Health.

3631 (f) Failing to properly maintain facilities and equipment
 3632 according to the laboratory's quality assurance plan.

3633 (g) Failing to report analytical test results or maintain
 3634 required records of test results as outlined in rules of the
 3635 Department of Health.

3636 (h) Failing to participate successfully in a performance
 3637 evaluation program approved by the Department of Health.

3638 (i) Violating any provision of this section or of the
 3639 rules adopted under this section.

3640 (j) Falsely advertising services or credentials.

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3641 (k) Failing to pay fees for initial certification or
 3642 renewal certification or to pay inspection expenses incurred by
 3643 the American Environmental Laboratory Association~~Department of~~
 3644 ~~Health~~.

3645 (l) Failing to report any change of an item included in
 3646 the initial or renewal certification application.

3647 (m) Refusing to allow representatives of the department,
 3648 ~~or~~ the Department of Health, or the American Environmental
 3649 Laboratory Association to inspect a laboratory and its records
 3650 during normal business hours.

3651 Section 99. Subsection (1) of section 400.914, Florida
 3652 Statutes, is amended to read:

3653 400.914 Rules establishing standards.—

3654 (1) Pursuant to the intention of the Legislature to
 3655 provide safe and sanitary facilities and healthful programs, the
 3656 agency in conjunction with the Division of Children's Medical
 3657 Services ~~Prevention and Intervention~~ of the Department of Health
 3658 shall adopt and publish rules to implement the provisions of
 3659 this part and part II of chapter 408, which shall include
 3660 reasonable and fair standards. Any conflict between these
 3661 standards and those that may be set forth in local, county, or
 3662 city ordinances shall be resolved in favor of those having
 3663 statewide effect. Such standards shall relate to:

3664 Section 100. Paragraph (d) of subsection (11) of section
 3665 409.256, Florida Statutes, is amended to read:

3666 409.256 Administrative proceeding to establish paternity
 3667 or paternity and child support; order to appear for genetic
 3668 testing.—

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3669 (11) FINAL ORDER ESTABLISHING PATERNITY OR PATERNITY AND
 3670 CHILD SUPPORT; CONSENT ORDER; NOTICE TO OFFICE OF VITAL
 3671 STATISTICS.—

3672 (d) Upon rendering a final order of paternity or a final
 3673 order of paternity and child support, the department shall
 3674 notify the Bureau~~Division~~ of Vital Statistics of the Department
 3675 of Health that the paternity of the child has been established.

3676 Section 101. Section 458.346, Florida Statutes, is
 3677 repealed.

3678 Section 102. Subsection (2) of section 462.19, Florida
 3679 Statutes, is amended to read:

3680 462.19 Renewal of license; inactive status.—

3681 ~~(2) The department shall adopt rules establishing a~~
 3682 ~~procedure for the biennial renewal of licenses.~~

3683 Section 103. Section 464.0197, Florida Statutes, is
 3684 repealed.

3685 Section 104. Subsection (4) of section 464.208, Florida
 3686 Statutes, is amended to read:

3687 464.208 Background screening information; rulemaking
 3688 authority.—

3689 ~~(4) The board shall adopt rules to administer this part.~~

3690 Section 105. Section 466.00775, Florida Statutes, is
 3691 amended to read:

3692 466.00775 Rulemaking.—The board shall adopt rules pursuant
 3693 to ss. 120.536(1) and 120.54 to administer ss. 466.003(14),
 3694 466.0067, 466.00671, 466.00672, 466.00673, 466.021, and 466.032.

3695 Section 106. Subsection (4) of section 514.011, Florida
 3696 Statutes, is amended to read:

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3697 514.011 Definitions.—As used in this chapter:

3698 (4) "Public bathing place" means a body of water, natural
 3699 or modified by humans, for swimming, diving, and recreational
 3700 bathing, ~~together with adjacent shoreline or land area,~~
 3701 ~~buildings, equipment, and appurtenances pertaining thereto,~~ used
 3702 by consent of the owner or owners and held out to the public by
 3703 any person or public body, irrespective of whether a fee is
 3704 charged for the use thereof. The bathing water areas of public
 3705 bathing places include, but are not limited to, lakes, ponds,
 3706 rivers, streams, artificial impoundments, and waters along the
 3707 coastal and intracoastal beaches and shores of the state.

3708 Section 107. Section 514.021, Florida Statutes, is amended
 3709 to read:

3710 514.021 Department authorization.—

3711 (1) The department may adopt and enforce rules, ~~which may~~
 3712 ~~include definitions of terms,~~ to protect the health, safety, or
 3713 welfare of persons using by setting water quality and safety
 3714 standards for public swimming pools and public bathing places.
 3715 The department shall review and revise such rules as necessary,
 3716 but not less than biennially. Sanitation and safety standards
 3717 shall ~~include, but not be limited to,~~ matters relating to
 3718 ~~structure; appurtenances; operation;~~ source of water supply;
 3719 bacteriological, chemical, and physical quality of water in the
 3720 pool or bathing area; method of water purification, treatment,
 3721 and disinfection; lifesaving apparatus; and measures to ensure
 3722 safety of bathers; ~~and measures to ensure the personal~~
 3723 ~~cleanliness of bathers.~~

3724 (2) The department may not establish by rule any

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3725 regulation governing the design, alteration, modification, or
 3726 repair of public swimming pools and bathing places which has no
 3727 impact on water quality and safety~~the health, safety, and~~
 3728 ~~welfare~~ of persons using public swimming pools and bathing
 3729 places. Further, the department may not adopt by rule any
 3730 regulation governing the construction, erection, or demolition
 3731 of public swimming pools and bathing places. It is the intent of
 3732 the Legislature to preempt those functions to the Florida
 3733 Building Commission through adoption and maintenance of the
 3734 Florida Building Code. The department shall provide technical
 3735 assistance to the commission in updating the construction
 3736 standards of the Florida Building Code which govern public
 3737 swimming pools ~~and bathing places. Further, the department is~~
 3738 ~~authorized to conduct plan reviews, to issue approvals, and to~~
 3739 ~~enforce the special occupancy provisions of the Florida Building~~
 3740 ~~Code which apply to public swimming pools and bathing places in~~
 3741 ~~conducting any inspections authorized by this chapter. This~~
 3742 subsection does not abrogate the authority of the department to
 3743 adopt and enforce appropriate sanitary regulations and
 3744 requirements as authorized in subsection (1).

3745 Section 108. Section 514.023, Florida Statutes, is amended
 3746 to read:

3747 514.023 Sampling of beach waters; health advisories.—

3748 (1) As used in this section, the term "beach waters" means
 3749 the waters along the coastal and intracoastal beaches and shores
 3750 of the state, and includes salt water and brackish water.

3751 (2) The department may adopt and enforce rules to protect
 3752 the health, safety, and welfare of persons using the beach

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3753 | waters and public bathing places of the state. The rules must
 3754 | establish health standards and prescribe procedures and
 3755 | timeframes for bacteriological sampling of ~~beach~~-waters.

3756 | (3) The department may issue health advisories if the
 3757 | quality of beach or public bathing waters fails to meet
 3758 | standards established by the department. The issuance of health
 3759 | advisories related to the results of bacteriological sampling of
 3760 | beach waters is preempted to the state.

3761 | (4) When the department issues a health advisory against
 3762 | swimming in beach or public bathing waters on the basis of
 3763 | finding elevated levels of fecal coliform or enterococci
 3764 | bacteria in a water sample, the department shall concurrently
 3765 | notify the municipality or county in which the affected beach
 3766 | waters are located, whichever has jurisdiction, and the local
 3767 | office of the Department of Environmental Protection, of the
 3768 | advisory. The local office of the Department of Environmental
 3769 | Protection shall promptly investigate wastewater treatment
 3770 | facilities within 1 mile of the affected beach or public bathing
 3771 | waters to determine if a facility experienced an incident that
 3772 | may have contributed to the contamination and provide the
 3773 | results of the investigation in writing or by electronic means
 3774 | to the municipality or county, as applicable.

3775 | (5) Contingent upon legislative appropriation to the
 3776 | department in the amount of \$600,000 nonrecurring, the
 3777 | department will perform a 3-year study to determine the water
 3778 | quality at beaches throughout the state. The study will be
 3779 | performed in all counties that have public-access saltwater and
 3780 | brackish water beaches.

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3781 Section 109. Section 514.025, Florida Statutes, is amended
 3782 to read:

3783 514.025 Assignment of authority to county health
 3784 departments.—

3785 (1) ~~The department shall assign to eCounty health~~
 3786 departments that are staffed with qualified engineering
 3787 personnel shall perform the functions of reviewing applications
 3788 and plans for the construction, development, or modification of
 3789 public swimming pools or bathing places, of conducting
 3790 inspections, for and issuance of initial operating permits; and
 3791 of issuing all permits. If the county health department
 3792 determines that qualified staff are not available~~is not assigned~~
 3793 ~~the functions of application and plan review and the issuance of~~
 3794 ~~initial operating permits, the department shall be responsible~~
 3795 ~~for such functions. The department shall make the determination~~
 3796 ~~concerning the qualifications of county health department~~
 3797 ~~personnel to perform these functions and may make and enforce~~
 3798 ~~such rules pertaining thereto as it shall deem proper.~~

3799 (2) ~~After the initial operating permit is issued, the~~
 3800 ~~eCounty health departments~~ are responsible~~shall assume full~~
 3801 ~~responsibility~~ for routine surveillance of water quality in all
 3802 public swimming pools and bathing places, including
 3803 ~~responsibility for a minimum of two routine inspections~~
 3804 ~~annually,~~ complaint investigations, enforcement procedures,
 3805 ~~reissuance of operating permits, and renewal of~~ and operating
 3806 permits.

3807 (3) The department may assign the responsibilities and
 3808 functions specified in this section to any multicounty

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3809 independent special district created by the Legislature to
 3810 perform multiple functions, to include municipal services and
 3811 improvements, to the same extent and under the same conditions
 3812 as provided in subsections (1) and (2), upon request of the
 3813 special district.

3814 Section 110. Section 514.03, Florida Statutes, is amended
 3815 to read:

3816 514.03 ~~Construction plans a~~Approval necessary to
 3817 construct, develop, or modify public swimming pools or bathing
 3818 places. ~~It is unlawful for any person or public body to~~
 3819 ~~construct, develop, or modify any public swimming pool or~~
 3820 ~~bathing place, other than coastal or intracoastal beaches,~~
 3821 ~~without a valid construction plans approval from the department.~~
 3822 ~~This section does not preempt the authority of lLocal~~
 3823 ~~governments or local enforcement districts~~ may determine to
 3824 ~~conduct plan reviews and inspections of public swimming pools~~
 3825 ~~and bathing places for compliance with the general construction~~
 3826 ~~standards of the Florida Building Code, pursuant to s. 553.80.~~
 3827 Local governments or local enforcement districts may conduct
 3828 plan reviews and inspections of public swimming pools and
 3829 bathing places for this purpose.

3830 ~~(1) Any person or public body desiring to construct,~~
 3831 ~~develop, or modify any public swimming pool or bathing place~~
 3832 ~~shall file an application for a construction plans approval with~~
 3833 ~~the department on application forms provided by the department~~
 3834 ~~and shall accompany such application with:~~

3835 ~~— (a) Engineering drawings, specifications, descriptions,~~
 3836 ~~and detailed maps of the structure, its appurtenances, and its~~

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3837 ~~intended operation.~~
3838 ~~—— (b) A description of the source or sources of water supply~~
3839 ~~and amount and quality of water available and intended to be~~
3840 ~~used.~~
3841 ~~—— (c) A description of the method and manner of water~~
3842 ~~purification, treatment, disinfection, and heating.~~
3843 ~~—— (d) Other applicable information deemed necessary by the~~
3844 ~~department to fulfill the requirements of this chapter.~~
3845 ~~—— (2) If the proposed construction of, development of, or~~
3846 ~~modification of a public swimming pool or bathing place meets~~
3847 ~~standards of public health and safety as defined in this chapter~~
3848 ~~and rules adopted hereunder, the department shall grant the~~
3849 ~~application for the construction plans approval within 30 days~~
3850 ~~after receipt of a complete submittal. If engineering plans~~
3851 ~~submitted are in substantial compliance with the standards~~
3852 ~~mentioned, the department may approve the plans with~~
3853 ~~provisions for corrective action to be completed prior to~~
3854 ~~issuance of the operating permit.~~
3855 ~~—— (3) If the proposed construction, development, or~~
3856 ~~modification of a public swimming pool or bathing place fails to~~
3857 ~~meet standards of public health and safety as defined in this~~
3858 ~~chapter and rules adopted hereunder, the department shall deny~~
3859 ~~the application for construction plans approval pursuant to the~~
3860 ~~provisions of chapter 120. Such denial shall be issued in~~
3861 ~~writing within 30 days and shall list the circumstances for~~
3862 ~~denial. Upon correction of such circumstances, an applicant~~
3863 ~~previously denied permission to construct, develop, or modify a~~
3864 ~~public swimming pool or bathing place may reapply for~~

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3865 ~~construction plans approval.~~

3866 ~~(4) An approval of construction plans issued by the~~
 3867 ~~department under this section becomes void 1 year after the date~~
 3868 ~~the approval was issued if the construction is not commenced~~
 3869 ~~within 1 year after the date of issuance.~~

3870 Section 111. Section 514.031, Florida Statutes, is amended
 3871 to read:

3872 514.031 Permit necessary to operate public swimming pool
 3873 ~~or bathing place.~~

3874 (1) It is unlawful for any person or public body to
 3875 operate or continue to operate any public swimming pool ~~or~~
 3876 ~~bathing place~~ without a valid permit from the county health
 3877 department, such permit to be obtained in the following manner:

3878 (a) Any person or public body desiring to operate any
 3879 public swimming pool ~~or bathing place~~ shall file an application
 3880 for a permit with the county health department, on application
 3881 forms provided by the county health department, and shall
 3882 accompany such application with:

3883 ~~1. Descriptions of the structure, its appurtenances, and~~
 3884 ~~its operation.~~

3885 12. Description of the source or sources of water supply,
 3886 and the amount and quality of water available and intended to be
 3887 used.

3888 23. Method and manner of water purification, treatment,
 3889 disinfection, and heating.

3890 34. Safety equipment and standards to be used.

3891 ~~5. Measures to ensure personal cleanliness of bathers.~~

3892 46. Any other pertinent information deemed necessary by

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3893 | the county health department ~~to fulfill the requirements of this~~
 3894 | ~~chapter.~~

3895 | (b) If the county health department determines that the
 3896 | public swimming pool ~~or bathing place~~ is or may reasonably be
 3897 | expected to be operated in compliance with this chapter and the
 3898 | rules adopted hereunder, the department shall grant the
 3899 | application for permit.

3900 | (c) If the county health department determines that the
 3901 | public swimming pool ~~or bathing place~~ does not meet the
 3902 | provisions outlined in this chapter or the rules adopted
 3903 | hereunder, the county health department shall deny the
 3904 | application for a permit pursuant to the provisions of chapter
 3905 | 120. Such denial shall be in writing and shall list the
 3906 | circumstances for the denial. Upon correction of such
 3907 | circumstances, an applicant previously denied permission to
 3908 | operate a public swimming pool or bathing place may reapply for
 3909 | a permit.

3910 | (2) Operating permits shall not be required for coastal or
 3911 | intracoastal beaches.

3912 | (3) Operating permits may be transferred~~shall not be~~
 3913 | ~~transferable~~ from one name or owner to another. When the
 3914 | ownership or name of an existing public swimming pool ~~or bathing~~
 3915 | ~~place~~ is changed and such establishment is operating at the time
 3916 | of the change with a valid permit from the department, the new
 3917 | owner must notify the county health~~of the establishment shall~~
 3918 | ~~apply to the~~ department, upon forms provided by the county
 3919 | health department, within 30 days after such a change, ~~for a~~
 3920 | ~~reissuance of the existing permit.~~

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3921 (4) Each such operating permit shall be renewed annually
 3922 and the permit must be posted in a conspicuous place.

3923 (5) An owner or operator of a public swimming pool,
 3924 including, but not limited to, a spa, wading, or special purpose
 3925 pool, to which admittance is obtained by membership for a fee
 3926 shall post in a prominent location within the facility the most
 3927 recent pool inspection report issued by the department
 3928 pertaining to the health and safety conditions of such facility.
 3929 The report shall be legible and readily accessible to members or
 3930 potential members. The department shall adopt rules to enforce
 3931 this subsection. A portable pool may not be used as a public
 3932 pool.

3933 Section 112. Section 514.033, Florida Statutes, is amended
 3934 to read:

3935 514.033 Creation of fee schedules authorized.—

3936 (1) The department is authorized to establish a schedule
 3937 of fees to be charged by the department or by any authorized
 3938 county health department as detailed in s. 514.025—~~for the~~
 3939 ~~review of applications and plans to construct, develop, or~~
 3940 ~~modify a public swimming pool or bathing place, for the issuance~~
 3941 ~~of permits to operate such establishments, and for the review of~~
 3942 ~~variance applications for public swimming pools and bathing~~
 3943 ~~places.~~ Fees assessed under this chapter shall be in an amount
 3944 sufficient to meet the cost of carrying out the provisions of
 3945 this chapter.

3946 (2) The fee schedule shall be: for original construction
 3947 or development plan approval, not less than \$275 and not more
 3948 than \$500; for modification of original construction, not less

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3949 than \$100 and not more than \$150; for an initial operating
 3950 permit, not less than \$125 and not more than \$250; and for
 3951 review of variance applications, not less than \$240 and not more
 3952 than \$400. The department shall assess the minimum fees provided
 3953 in this subsection until a fee schedule is promulgated by rule
 3954 of the department.

3955 (3) Fees shall be~~Any person or public body operating a~~
 3956 ~~public swimming pool or bathing place shall pay to the~~
 3957 ~~department an annual operating permit fee based on pool or~~
 3958 ~~bathing place aggregate gallonage, which shall be: up to and~~
 3959 including 25,000 gallons, not less than \$75 and not more than
 3960 \$125; and in excess of 25,000 gallons, not less than \$160 and
 3961 not more than \$265, except for a pool inspected pursuant to s.
 3962 514.0115(2)(b) for which the annual fee shall be \$50.

3963 (4) Fees collected by the department or a county health
 3964 department in accordance with this chapter shall be deposited
 3965 into the ~~Public Swimming Pool and Bathing Place Trust Fund for~~
 3966 ~~the payment of costs incurred in the administration of this~~
 3967 ~~chapter. Fees collected by county health departments performing~~
 3968 ~~functions pursuant to s. 514.025 shall be deposited into the~~
 3969 County Health Department Trust Fund. Any fee collected under
 3970 this chapter is nonrefundable.

3971 (5) The department may not charge any fees for services
 3972 provided under this chapter other than those fees authorized in
 3973 this section. However, the department shall prorate the initial
 3974 annual fee for an operating permit on a half-year basis.

3975 Section 113. Subsections (4) and (5) of section 514.05,
 3976 Florida Statutes, is amended to read:

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3977 514.05 Denial, suspension, or revocation of permit;
 3978 administrative fines.-
 3979 (4) All amounts collected pursuant to this section shall
 3980 be deposited into the ~~Public Swimming Pool and Bathing Place~~
 3981 ~~Trust Fund or into the~~ County Health Department Trust Fund,
 3982 ~~whichever is applicable.~~
 3983 (5) Under conditions specified by rule, the county health
 3984 department may close a public pool that is not in compliance
 3985 with this chapter or the rules adopted under this chapter.
 3986 Section 114. Section 514.06, Florida Statutes, is amended
 3987 to read:
 3988 514.06 Injunction to restrain violations.-Any public
 3989 swimming pool or bathing place presenting a significant risk to
 3990 public health by failing to meet the water quality and safety
 3991 standards established pursuant to this chapter ~~constructed,~~
 3992 ~~developed, operated, or maintained contrary to the provisions of~~
 3993 ~~this chapter~~ is declared to be a public nuisance, dangerous to
 3994 health or safety. Such nuisances may be abated or enjoined in an
 3995 action brought by the county health department or the
 3996 department.
 3997 Section 115. Subsections (1) and (2) of section 633.115,
 3998 Florida Statutes, are amended to read:
 3999 633.115 Fire and Emergency Incident Information Reporting
 4000 Program; duties; fire reports.-
 4001 (1)(a) The Fire and Emergency Incident Information
 4002 Reporting Program is created within the Division of State Fire
 4003 Marshal. The program shall:
 4004 1. Establish and maintain an electronic communication

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 CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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4005 system capable of transmitting fire and emergency incident
 4006 information to and between fire protection agencies.
 4007 2. Initiate a Fire and Emergency Incident Information
 4008 Reporting System that shall be responsible for:
 4009 a. Receiving fire and emergency incident information from
 4010 fire protection agencies.
 4011 b. Preparing and disseminating annual reports to the
 4012 Governor, the President of the Senate, the Speaker of the House
 4013 of Representatives, fire protection agencies, and, upon request,
 4014 the public. Each report shall include, but not be limited to,
 4015 the information listed in the National Fire Incident Reporting
 4016 System.
 4017 c. Upon request, providing other states and federal
 4018 agencies with fire and emergency incident data of this state.
 4019 3. Adopt rules to effectively and efficiently implement,
 4020 administer, manage, maintain, and use the Fire and Emergency
 4021 Incident Information Reporting Program. The rules shall be
 4022 considered minimum requirements and shall not preclude a fire
 4023 protection agency from implementing its own requirements which
 4024 shall not conflict with the rules of the Division of State Fire
 4025 Marshal.
 4026 4. By rule, establish procedures and a format for each
 4027 fire protection agency to voluntarily monitor its records and
 4028 submit reports to the program.
 4029 5. Establish an electronic information database which is
 4030 accessible and searchable by fire protection agencies.
 4031 (b) The Division of State Fire Marshal shall consult with
 4032 the Division of Forestry of the Department of Agriculture and

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4033 Consumer Services and the Bureau of Emergency Preparedness and
 4034 Response~~Medical Services~~ of the Department of Health to
 4035 coordinate data, ensure accuracy of the data, and limit
 4036 duplication of efforts in data collection, analysis, and
 4037 reporting.

4038 (2) The Fire and Emergency Incident Information System
 4039 Technical Advisory Panel is created within the Division of State
 4040 Fire Marshal. The panel shall advise, review, and recommend to
 4041 the State Fire Marshal with respect to the requirements of this
 4042 section. The membership of the panel shall consist of the
 4043 following 15 members:

4044 (a) The current 13 members of the Firefighters Employment,
 4045 Standards, and Training Council as established in s. 633.31.

4046 (b) One member from the Division of Forestry of the
 4047 Department of Agriculture and Consumer Services, appointed by
 4048 the division director.

4049 (c) One member from the Bureau of Emergency Preparedness
 4050 and Response~~Medical Services~~ of the Department of Health,
 4051 appointed by the bureau chief.

4052 Section 116. Subsections (4), (5), (6), (7), (8), (9),
 4053 (10), (11), and (12) of section 1009.66, Florida Statutes, are
 4054 amended to read:

4055 1009.66 Nursing Student Loan Forgiveness Program.—

4056 (4) From the funds available, the Department of Education
 4057 ~~Health~~ may make loan principal repayments of up to \$4,000 a year
 4058 for up to 4 years on behalf of selected graduates of an
 4059 accredited or approved nursing program. All repayments shall be
 4060 contingent upon continued proof of employment in the designated

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4061 facilities in this state and shall be made directly to the
 4062 holder of the loan. The state shall bear no responsibility for
 4063 the collection of any interest charges or other remaining
 4064 balance. In the event that the designated facilities are
 4065 changed, a nurse shall continue to be eligible for loan
 4066 forgiveness as long as he or she continues to work in the
 4067 facility for which the original loan repayment was made and
 4068 otherwise meets all conditions of eligibility.

4069 (5) There is created the Nursing Student Loan Forgiveness
 4070 Trust Fund to be administered by the Department of Education
 4071 ~~Health~~ pursuant to this section and s. 1009.67 and department
 4072 rules. The Chief Financial Officer shall authorize expenditures
 4073 from the trust fund upon receipt of vouchers approved by the
 4074 Department of Education ~~Health~~. All moneys collected from the
 4075 private health care industry and other private sources for the
 4076 purposes of this section shall be deposited into the Nursing
 4077 Student Loan Forgiveness Trust Fund. Any balance in the trust
 4078 fund at the end of any fiscal year shall remain therein and
 4079 shall be available for carrying out the purposes of this section
 4080 and s. 1009.67.

4081 (6) In addition to licensing fees imposed under part I of
 4082 chapter 464, there is hereby levied and imposed an additional
 4083 fee of \$5, which fee shall be paid upon licensure or renewal of
 4084 nursing licensure. Revenues collected from the fee imposed in
 4085 this subsection shall be deposited in the Nursing Student Loan
 4086 Forgiveness Trust Fund of the Department of Education ~~Health~~ and
 4087 will be used solely for the purpose of carrying out the
 4088 provisions of this section and s. 1009.67. Up to 50 percent of

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4089 the revenues appropriated to implement this subsection may be
 4090 used for the nursing scholarship program established pursuant to
 4091 s. 1009.67.

4092 ~~(8) The Department of Health may solicit technical~~
 4093 ~~assistance relating to the conduct of this program from the~~
 4094 ~~Department of Education.~~

4095 (8)~~(9)~~ The Department of Education ~~Health~~ is authorized to
 4096 recover from the Nursing Student Loan Forgiveness Trust Fund its
 4097 costs for administering the Nursing Student Loan Forgiveness
 4098 Program.

4099 (9)~~(10)~~ The Department of Education ~~Health~~ may adopt rules
 4100 necessary to administer this program.

4101 (10)~~(11)~~ This section shall be implemented only as
 4102 specifically funded.

4103 (11)~~(12)~~ Students receiving a nursing scholarship pursuant
 4104 to s. 1009.67 are not eligible to participate in the Nursing
 4105 Student Loan Forgiveness Program.

4106 Section 117. Section 1009.67, Florida Statutes, is amended
 4107 to read:

4108 1009.67 Nursing scholarship program.—

4109 (1) There is established within the Department of
 4110 Education ~~Health~~ a scholarship program for the purpose of
 4111 attracting capable and promising students to the nursing
 4112 profession.

4113 (2) A scholarship applicant shall be enrolled in an
 4114 approved nursing program leading to the award of an associate
 4115 degree, a baccalaureate degree, or a graduate degree in nursing.

4116 (3) A scholarship may be awarded for no more than 2 years,

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4117 in an amount not to exceed \$8,000 per year. However, registered
 4118 nurses pursuing a graduate degree for a faculty position or to
 4119 practice as an advanced registered nurse practitioner may
 4120 receive up to \$12,000 per year. These amounts shall be adjusted
 4121 by the amount of increase or decrease in the consumer price
 4122 index for urban consumers published by the United States
 4123 Department of Commerce.

4124 (4) Credit for repayment of a scholarship shall be as
 4125 follows:

4126 (a) For each full year of scholarship assistance, the
 4127 recipient agrees to work for 12 months in a faculty position in
 4128 a college of nursing or Florida College System institution
 4129 nursing program in this state or at a health care facility in a
 4130 medically underserved area as designated ~~approved~~ by the
 4131 Department of Health. Scholarship recipients who attend school
 4132 on a part-time basis shall have their employment service
 4133 obligation prorated in proportion to the amount of scholarship
 4134 payments received.

4135 (b) Eligible health care facilities include nursing homes
 4136 and hospitals in this state, state-operated medical or health
 4137 care facilities, public schools, county health departments,
 4138 federally sponsored community health centers, colleges of
 4139 nursing in universities in this state, and Florida College
 4140 System institution nursing programs in this state, family
 4141 practice teaching hospitals as defined in s. 395.805, or
 4142 specialty children's hospitals as described in s. 409.9119. The
 4143 recipient shall be encouraged to complete the service obligation
 4144 at a single employment site. If continuous employment at the

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4145 same site is not feasible, the recipient may apply to the
 4146 department for a transfer to another approved health care
 4147 facility.

4148 (c) Any recipient who does not complete an appropriate
 4149 program of studies, who does not become licensed, who does not
 4150 accept employment as a nurse at an approved health care
 4151 facility, or who does not complete 12 months of approved
 4152 employment for each year of scholarship assistance received
 4153 shall repay to the Department of Education ~~Health~~, on a schedule
 4154 to be determined by the department, the entire amount of the
 4155 scholarship plus 18 percent interest accruing from the date of
 4156 the scholarship payment. Moneys repaid shall be deposited into
 4157 the Nursing Student Loan Forgiveness Trust Fund established in
 4158 s. 1009.66. However, the department may provide additional time
 4159 for repayment if the department finds that circumstances beyond
 4160 the control of the recipient caused or contributed to the
 4161 default.

4162 (5) Scholarship payments shall be transmitted to the
 4163 recipient upon receipt of documentation that the recipient is
 4164 enrolled in an approved nursing program. The Department of
 4165 Education ~~Health~~ shall develop a formula to prorate payments to
 4166 scholarship recipients so as not to exceed the maximum amount
 4167 per academic year.

4168 (6) The Department of Education ~~Health~~ shall adopt rules,
 4169 including rules to address extraordinary circumstances that may
 4170 cause a recipient to default on either the school enrollment or
 4171 employment contractual agreement, to implement this section.

4172 (7) The Department of Education ~~Health~~ may recover from

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4173 the Nursing Student Loan Forgiveness Trust Fund its costs for
 4174 administering the nursing scholarship program.

4175 Section 118. Department of Health; type two transfer.--

4176 (1) All powers, duties, functions, records, offices,
 4177 personnel, associated administrative support positions,
 4178 property, pending issues, existing contracts, administrative
 4179 authority, administrative rules, and unexpended balances of
 4180 appropriations, allocations, and other funds relating to the
 4181 Nursing Student Loan Forgiveness Program and the nursing
 4182 scholarship program in the Department of Health are transferred
 4183 by type two transfers, as defined in s. 20.06(2), Florida
 4184 Statutes, to the Department of Education.

4185 (2) The Nursing Student Loan Forgiveness Trust Fund is
 4186 transferred from the Department of Health to the Department of
 4187 Education.

4188 (3) Any binding contract or interagency agreement related
 4189 to the Nursing Student Loan Forgiveness Program existing before
 4190 July 1, 2012, between the Department of Health, or an entity or
 4191 agent of the agency, and any other agency, entity, or person
 4192 shall continue as a binding contract or agreement for the
 4193 remainder of the term of such contract or agreement on the
 4194 successor department, agency, or entity responsible for the
 4195 program, activity, or functions relative to the contract or
 4196 agreement.

4197 (4) Notwithstanding s. 216.292 and pursuant to s. 216.351,
 4198 Florida Statutes, upon approval by the Legislative Budget
 4199 Commission, the Executive Office of the Governor may transfer
 4200 funds and positions between agencies to implement this act.

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4201 (5) The transfer of any program, activity, duty, or
 4202 function under this act includes the transfer of any records and
 4203 unexpended balances of appropriations, allocations, or other
 4204 funds related to such program, activity, duty, or function.
 4205 Unless otherwise provided, the successor organization to any
 4206 program, activity, duty, or function transferred under this act
 4207 shall become the custodian of any property of the organization
 4208 that was responsible for the program, activity, duty, or
 4209 function immediately before the transfer.

4210 Section 119. The Division of Medical Quality Assurance
 4211 shall develop a plan to improve the efficiency of its functions.
 4212 Specifically, the plan shall delineate methods to: reduce the
 4213 average length of time for a qualified applicant to receive
 4214 initial and renewal licensure, certification, or registration,
 4215 by one-third; improve the agenda process for board meetings to
 4216 increase transparency, timeliness, and usefulness for board
 4217 decision-making; and improve the cost-effectiveness and
 4218 efficiency of the joint functions of the Division and the
 4219 regulatory boards. In developing the plan, the Division shall
 4220 identify and analyze best practices found within the Division
 4221 and other state agencies with similar functions, options for
 4222 information technology improvements, options for contracting
 4223 with outside entities, and any other option the Division deems
 4224 useful. The Division shall consult with and solicit
 4225 recommendations from the regulatory boards in developing the
 4226 plan. The Division shall submit the plan to the Governor,
 4227 Speaker of the House of Representatives, and President of the
 4228 Senate by November 1, 2012. All executive branch agencies are

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4229 instructed, and all other state agencies are requested, to
4230 assist the Division in accomplishing its purposes under this
4231 section.

4232 Section 120. Except as otherwise provided herein, this act
4233 shall take effect upon becoming law.

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