CHAMBER ACTION

<u>Senate</u> <u>House</u>

.

.

Representative Farkas offered the following:

2

1

Amendment (with title amendment)

4 5 Remove everything after the enacting clause and insert: Section 1. Subsection (5) of section 17.41, Florida

6 7

17.41 Department of Financial Services Tobacco Settlement

8

Clearing Trust Fund. --

Statutes, is amended to read:

10 11

tobacco settlement trust funds of the various agencies or the

transfer, from the Tobacco Settlement Clearing Trust Fund to the

The department shall disburse funds, by nonoperating

12

Biomedical Research Trust Fund in the Department of Health, as appropriate, in amounts equal to the annual appropriations made

1314

from those agencies' trust funds in the General Appropriations

15 Act.

- Section 2. Subsection (2) and paragraphs (f), (i), and (j) of subsection (3) of section 20.43, Florida Statutes, are amended, paragraph (k) is added to said subsection, and subsection (9) is added to said section, to read:
- 20.43 Department of Health.--There is created a Department of Health.
- (2)(a) The head of the Department of Health is the Secretary of Health and State Health Officer. The secretary must be a physician licensed under chapter 458 or chapter 459 who has advanced training or extensive experience in public health administration. The secretary is appointed by the Governor subject to confirmation by the Senate. The secretary serves at the pleasure of the Governor.
- (b) The Officer of Women's Health Strategy is established within the Department of Health and shall report directly to the secretary.
- (3) The following divisions of the Department of Health are established:
- (f) Division of Emergency Medical <u>Operations</u> Services and Community Health Resources.
- (i) Division of Information <u>Technology</u> Resource Management.
 - (j) Division of Health Access Awareness and Tobacco.
 - (k) Division of Disability Determinations.
- (9) There is hereby established within the Department of Health the Office of Minority Health.

Section 3. Section 216.341, Florida Statutes, is renumbered as section 216.2625, Florida Statutes, and amended to read:

- 216.2625 216.341 Disbursement of Department of Health county health department trust funds; appropriation of authorized positions.--
- (1) County health department trust funds may be expended by the Department of Health for the respective county health departments in accordance with budgets and plans agreed upon by the county authorities of each county and the Department of Health.
- (2) The <u>requirement limitations on appropriations</u> provided in s. 216.262(1) <u>that the number of authorized positions must be appropriated</u> shall not apply to <u>Department of Health positions</u> funded by:
 - (a) County health department trust funds; or
 - (b) The United States Trust Fund.
- Section 4. Subsection (12) of section 381.0011, Florida Statutes, is amended to read:
- 381.0011 Duties and powers of the Department of Health.--It is the duty of the Department of Health to:
- (12) <u>Maintain</u> Cooperate with other departments, local officials, and private organizations in developing and implementing a statewide injury prevention control program.
- Section 5. Section 381.0033, Florida Statutes, is created to read:
 - 381.0033 Influenza virus and pneumococcal bacteria
 vaccinations.--Hospitals licensed pursuant to chapter 395 shall

implement a program to offer immunizations against the influenza virus and pneumococcal bacteria to all patients 65 years of age or older between October 1, or earlier if the vaccination is available, and February 1 of every year, subject to the availability of an adequate supply of the necessary vaccine, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the United States Centers of Disease Control and Prevention and subject to the clinical judgment of the responsible practitioner.

Section 6. Subsection (17) is added to section 381.006, Florida Statutes, to read:

381.006 Environmental health.--The department shall conduct an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. The environmental health program shall include, but not be limited to:

in blood. Each participating county health department may expend funds for federally mandated certification or recertification fees related to conducting investigations of elevated levels of lead in blood.

The department may adopt rules to carry out the provisions of this section.

Section 7. Paragraph (k) of subsection (2) and paragraphs (d) and (e) of subsection (4) of section 381.0065, Florida

Statutes, are amended, and paragraph (v) is added to subsection (4) of said section, to read:

381.0065 Onsite sewage treatment and disposal systems; regulation.--

- (2) DEFINITIONS.--As used in ss. 381.0065-381.0067, the term:
- "Permanent nontidal surface water body" means a (k) perennial stream, a perennial river, an intermittent stream, a perennial lake, a submerged marsh or swamp, a submerged wooded marsh or swamp, a spring, or a seep, as identified on the most recent quadrangle map, 7.5 minute series (topographic), produced by the United States Geological Survey, or products derived from such series. "Permanent nontidal surface water body" shall also mean an artificial surface water body that does not have an impermeable bottom and side and that is designed to hold, or does hold, visible standing water for at least 180 days of the year. However, a nontidal surface water body that is drained, either naturally or artificially, where the intent or the result is that such drainage be temporary, shall be considered a permanent nontidal surface water body. A nontidal surface water body that is drained of all visible surface water, where the lawful intent or the result of such drainage is that such drainage will be permanent, shall not be considered a permanent nontidal surface water body. The boundary of a permanent nontidal surface water body shall be the mean annual flood line.
- (4) PERMITS; INSTALLATION; AND CONDITIONS.--A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a

97

98

99

100

101102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

permit approved by the department. The department may issue permits to carry out this section, but shall not make the issuance of such permits contingent upon prior approval by the Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected by the department at least annually to assure compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year from the date of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the date of issuance and must be renewed every 2 years. If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. A person may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an onsite sewage treatment

125

126

127

128129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all permitting requirements. A municipality or political subdivision of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and disposal system unless the owner or builder has received a construction permit for such system from the department. A building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.

(d) Paragraphs (a) and (b) do not apply to any proposed residential subdivision with more than 50 lots or to any proposed commercial subdivision with more than 5 lots where a publicly owned or investor-owned sewerage system is available. It is the intent of this paragraph not to allow development of additional proposed subdivisions in order to evade the requirements of this paragraph. The department shall report to

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

the Legislature by February 1 of each odd-numbered year concerning the success in meeting this intent.

- (e) Onsite sewage treatment and disposal systems must not be placed closer than:
 - 1. Seventy-five feet from a private potable well.
- 2. Two hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of greater than 2,000 gallons per day.
- 3. One hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of less than or equal to 2,000 gallons per day.
 - 4. Fifty feet from any nonpotable well.
- 5. Ten feet from any storm sewer pipe, to the maximum extent possible, but in no instance shall the setback be less than 5 feet.
- 6. Seventy-five feet from the mean high-water line of a tidally influenced surface water body.
- 7. Seventy-five feet from the <u>mean</u> normal annual flood line of a permanent nontidal surface water body.
- 8. Fifteen feet from the design high-water line of retention areas, detention areas, or swales designed to contain standing or flowing water for less than 72 hours after a rainfall or the design high-water level of normally dry drainage ditches or normally dry individual lot stormwater retention areas.
- (v) The department may require the submission of detailed system construction plans prepared by a professional engineer

- registered in this state. The department shall establish by rule the criteria for determining when such submissions are required.
- Section 8. Paragraph (k) of subsection (2) of section 381.0066, Florida Statutes, is amended to read:
 - 381.0066 Onsite sewage treatment and disposal systems; fees.--
 - (2) The minimum fees in the following fee schedule apply until changed by rule by the department within the following limits:
 - (k) Research: An additional \$5 fee shall be added to each new system construction permit issued during fiscal years 1996-2004 to be used for onsite sewage treatment and disposal system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this section shall be used for funding the hands-on training centers described in s. 381.0065(3)(j).

- The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to be used for the purposes stated in this section and ss. 381.0065 and 381.00655.
- Section 9. Paragraph (a) of subsection (2), paragraph (a) of subsection (3), and paragraph (a) of subsection (4) of section 381.0072, Florida Statutes, are amended to read:
- 381.0072 Food service protection.--It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and

requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

(2) DUTIES.--

235

236

237

238

239

The department shall adopt rules, including 240 241 definitions of terms which are consistent with law prescribing 242 minimum sanitation standards and manager certification 243 requirements as prescribed in s. 509.039, and which shall be enforced in food service establishments as defined in this 244 245 section. The sanitation standards must address the construction, 246 operation, and maintenance of the establishment; lighting, 247 ventilation, laundry rooms, lockers, use and storage of toxic materials and cleaning compounds, and first-aid supplies; plan 248 review; design, construction, installation, location, 249 250 maintenance, sanitation, and storage of food equipment and 251 utensils; employee training, health, hygiene, and work 252 practices; food supplies, preparation, storage, transportation, 253 and service, including access to the areas where food is stored 254 or prepared; and sanitary facilities and controls, including 255 water supply and sewage disposal; plumbing and toilet 256 facilities; garbage and refuse collection, storage, and 257 disposal; and vermin control. Public and private schools, 258 provided that the food service is operated by school employees, 259 hospitals licensed under chapter 395, nursing homes licensed 260 under part II of chapter 400, child care facilities as defined in s. 402.301, and residential facilities colocated with a 261 262 nursing home or hospital if all food is prepared in a central

kitchen that complies with nursing or hospital regulations, and bars and lounges, as defined by rule of the department, shall be exempt from the rules developed for manager certification. The department shall administer a comprehensive inspection, monitoring, and sampling program to ensure such standards are maintained. With respect to food service establishments permitted or licensed under chapter 500 or chapter 509, the department shall assist the Division of Hotels and Restaurants of the Department of Business and Professional Regulation and the Department of Agriculture and Consumer Services with rulemaking by providing technical information.

- (3) LICENSES REQUIRED. --
- establishment regulated under this section shall obtain a license from the department annually. Food service establishment licenses shall expire annually and shall not be transferable from one place or individual to another. However, those facilities licensed by the Department of Children and Family Services under department's Office of Licensure and Certification, the Child Care Services Program Office and, or the Developmental Disabilities Program Office are exempt from this subsection. It shall be a misdemeanor of the second degree, punishable as provided in s. 381.0061, s. 775.082, or s. 775.083, for such an establishment to operate without this license. The department may refuse a license, or a renewal thereof, to any establishment that is not constructed or maintained in accordance with law and with the rules of the

2.74

department. Annual application for renewal shall not be required.

- (4) LICENSE; INSPECTION; FEES.--
- (a) The department is authorized to collect fees from establishments licensed under this section and from those facilities exempted from licensure under paragraph (3)(a). It is the intent of the Legislature that the total fees assessed under this section be in an amount sufficient to meet the cost of carrying out the provisions of this section.
- Section 10. Section 381.04015, Florida Statutes, is created to read:
- 381.04015 Women's Health Strategy; legislative intent;
 duties of Officer of Women's Health Strategy; other state agency
 duties.--
- (1) LEGISLATIVE INTENT.--The Legislature recognizes that the health care needs of women are gender specific and that public policy must take into account the distinct characteristics of women's health issues. Priority shall be given to improve the overall health status of women through research and education on women's health issues. The Legislature recognizes the importance of understanding why there are such large differences between how women and men experience certain diseases and also recognizes that biomedical research is the key to finding these answers. Such research has important implications for both women and men in terms of clinical practice and disease prevention and manifestation. The Legislature recognizes that as the state's population continues to age and life expectancy for women continues to rise, it is of

the utmost importance for the Legislature to encourage effective medical research on long-term health issues for women and to educate elder women about the importance of participating in medical studies. The Legislature finds and declares that the design and delivery of health care services and the medical education of health care practitioners shall be directed by the principle that health care needs are gender specific.

- (2) DUTIES.--The Officer of Women's Health Strategy in the Department of Health shall:
- (a) Ensure that the state's policies and programs are responsive to sex and gender differences and to women's health needs across the life span.
- (b) Organize an interagency Committee for Women's Health for the purpose of integrating women's health programs in current operating and service delivery structures and setting priorities for women's health. Such committee shall be comprised of the heads or directors of state agencies with programs affecting women's health, including, but not limited to, the Department of Health, the Agency for Health Care Administration, the Department of Education, the Department of Elderly Affairs, the Department of Corrections, the Office of Insurance Regulation of the Department of Financial Services, and the Department of Juvenile Justice.
- (c) Assess the health status of women in the state through the collection and review of health data and trends.
- (d) Review the state's insurance code as it relates to women's health issues.

- (e) Work with medical school curriculum committees to develop course requirements on women's health and promote clinical practice guidelines specific to women.
 - (f) Organize statewide Women's Health Month activities.
- (g) Coordinate a Governor's statewide conference on women's health, cosponsored by the agencies participating in the Committee for Women's Health and other private organizations and entities impacting women's health in the state.
- (h) Promote research, treatment, and collaboration on women's health issues at universities and medical centers in the state.
- (i) Promote employer incentives for wellness programs targeting women's health programs.
- (j) Serve as the primary state resource for women's health information.
- (k) Develop a statewide women's health plan emphasizing collaborative approaches to meeting the health needs of women. The plan shall:
- 1. Identify activities designed to reduce the number of premature deaths in women, including:
- a. Providing specific strategies for reducing the mortality rate of women.
- b. Listing conditions that may cause or contribute to disease in women and the best methods by which to identify, control, and prevent these conditions from developing.
- c. Identifying the best methods for ensuring an increase in the percentage of women in the state who receive diagnostic and screening testing.

373		2.	Provide	for	increas	ing reseai	rch and	appropriate	funding
374	at	insti	tutions	in th	ne state	studying	disease	e in women.	

- 3. Provide recommendations for the development of practice guidelines for addressing disease in women.
- 4. Provide recommendations for reducing health disparities among women in all races and ethnic groups.
- 5. Coordinate with existing program plans that address women's health issues.
- (1) Promote clinical practice guidelines specific to women.
- (m) Serve as the state's liaison with other states and federal agencies and programs to develop best practices in women's health.
- (n) Develop a statewide, web-based clearinghouse on women's health issues and resources.
- (o) Promote public awareness campaigns and education on the health needs of women.
- (p) By January 15 of each year, provide the Governor, the President of the Senate, and the Speaker of the House of Representatives a report with policy recommendations for implementing the provisions of this section.
 - (3) DUTIES OF OTHER STATE AGENCIES. --
- (a) Women's health issues shall be taken into consideration in the annual budget planning of the Department of Health, the Agency for Health Care Administration, and the Department of Elderly Affairs.
- (b) The inclusion of gender considerations and differential impact shall be one of the criteria when assessing

research and demonstration proposals for which state funding is being sought from the Department of Health, the Agency for Health Care Administration, and the Department of Elderly Affairs.

- (c) Boards or advisory bodies that fall under the purview of the Department of Health, the Agency for Health Care

 Administration, and the Department of Elderly Affairs shall be encouraged to seek equal representation of women and men and the inclusion of persons who are knowledgeable and sensitive to gender and diversity issues.
- (4) RESPONSIBILITY AND COORDINATION. -- The officer and the department shall direct and carry out the Women's Health

 Strategy established under this section in accordance with the requirements of this section and may work with the Executive Office of the Governor and other state agencies to carry out their duties and responsibilities under this section.

Section 11. Section 381.86, Florida Statutes, is created to read:

- 381.86 Department of Health Institutional Review Board.--
- (1) The Department of Health Institutional Review Board is hereby created to satisfy federal requirements under 45 C.F.R. part 46 and 21 C.F.R. parts 50 and 56 for an institutional review board to review all biomedical and behavioral research on human subjects that the department funds or supports in any manner, including the permitting of access to department data or department resources.

- (2) Consistent with federal requirements, the Secretary of Health shall determine and appoint the membership on the board and designate the chair.
- (3) The department's institutional review board may serve as an institutional review board for other agencies at the discretion of the secretary.
- (4) Each board member shall be entitled to per diem and travel expenses as provided in s. 112.061 while carrying out the official business of the board.
- incurs for the research oversight it provides according to a fee schedule, except that students who are candidates for degrees in universities located in this state shall have fees waived. The fee schedule shall provide for fees for initial review, amendments, and continuing review. The department may adopt rules as necessary to comply with federal requirements and this section. Such rules shall also prescribe procedures to apply for review by the institutional review board.

Section 12. Paragraph (e) of subsection (2) of section 381.7353, Florida Statutes, is amended to read:

381.7353 Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program; administration; department duties.--

- (2) The department shall:
- (e) Coordinate with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, oral health care programs, the Healthy Start program, the Florida

- KidCare Program, the HIV/AIDS program, immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.
- Section 13. Paragraph (a) of subsection (2) of section 459 381.7355, Florida Statutes, is amended to read:
 - 381.7355 Project requirements; review criteria.--
 - (2) A proposal must include each of the following elements:
 - (a) The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address. The proposal must address one or more of the following priority areas:
 - 1. Decreasing racial and ethnic disparities in maternal and infant mortality rates.
 - 2. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer.
 - 3. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS.
 - 4. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease.
 - 5. Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes.
 - 6. Increasing adult and child immunization rates in certain racial and ethnic populations.
 - 7. Decreasing racial and ethnic disparities in oral health care.
- Section 14. Paragraphs (b) and (c) of subsection (3) of section 381.89, Florida Statutes, are amended to read:

432837

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

483 381.89 Regulation of tanning facilities.--

484 (3)

- (b) The department shall establish procedures for the issuance and annual renewal of licenses and shall establish annual license and renewal fees and late payment fees in an amount necessary to cover the expenses of administering this section. Annual license and renewal fees shall be not be less than \$125 nor more than \$250 per tanning device, and a maximum total fee per individual tanning facility may be set by rule. Effective October 1, 1991, the fee amount shall be the minimum fee proscribed in this paragraph and such fee amount shall remain in effect until the effective date of a fee schedule adopted by the department.
- (c) The department may adopt a system under which licenses expire on staggered dates and the annual renewal fees are prorated <u>quarterly</u> monthly to reflect the actual number of months the license is valid.

Section 15. Subsection (3) and paragraph (a) of subsection (7) of section 381.90, Florida Statutes, are amended to read:

- 381.90 Health Information Systems Council; legislative intent; creation, appointment, duties.--
- (3) The council shall be composed of the following members or their senior executive-level designees:
 - (a) The Secretary of the Department of Health;
- (b) The <u>Executive Director</u> secretary of the <u>Department</u> of <u>Veterans' Affairs</u> <u>Business and Professional Regulation</u>;
- (c) The Secretary of the Department of Children and Family Services;

- 511 (d) The Secretary of Health Care Administration;
- 512 (e) The Secretary of the Department of Corrections;
- (f) The Attorney General;
- 514 (g) The executive director of the Correctional Medical Authority;
 - (h) Two members representing county health departments, one from a small county and one from a large county, appointed by the Governor;
 - (i) A representative from the Florida Association of Counties;
 - (j) The Chief Financial Officer;
 - (k) A representative from the Florida Healthy Kids
 Corporation;
 - (1) A representative from a school of public health chosen by the Commissioner of Education Board of Regents;
 - (m) The Commissioner of Education;
- 527 (n) The Secretary of the Department of Elderly Affairs; 528 and
 - (o) The Secretary of the Department of Juvenile Justice.

530531

532

529

516

517

518

519

520

521

522

523

524

525

526

Representatives of the Federal Government may serve without voting rights.

- 533 (7) The council's duties and responsibilities include, but 534 are not limited to, the following:
- 535 (a) By <u>June March</u> 1 of each year, to develop and approve a 536 strategic plan pursuant to the requirements set forth in s.
- 537 186.022(9). Copies of the plan shall be transmitted
- 538 electronically or in writing to the Executive Office of the

Governor, the Speaker of the House of Representatives, and the President of the Senate.

- Section 16. Subsections (1), (2), and (5) and paragraphs (f) and (g) of subsection (3) of section 383.14, Florida Statutes, are amended to read:
- 383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.--
- SCREENING REQUIREMENTS. -- To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns infants born in Florida for phenylketonuria and other metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns infants born in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of newborn infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

- (a) Prenatal screening. -- The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition. The primary health care provider shall complete the risk assessment instrument and report the results to the Office of Vital Statistics so that the woman may immediately be notified and referred to appropriate health, education, and social services.
- (b) Postnatal screening. -- A risk factor analysis using the department's designated risk assessment instrument shall also be conducted as part of the medical screening process upon the birth of a child and submitted to the department's Office of Vital Statistics for recording and other purposes provided for in this chapter. The department's screening process for risk assessment shall include a scoring mechanism and procedures that establish thresholds for notification, further assessment, referral, and eligibility for services by professionals or paraprofessionals consistent with the level of risk. Procedures for developing and using the screening instrument, notification, referral, and care coordination services, reporting requirements, management information, and maintenance of a computer-driven registry in the Office of Vital Statistics which ensures privacy safeguards must be consistent with the provisions and plans established under chapter 411, Pub. L. No. 99-457, and this chapter. Procedures established for reporting information and maintaining a confidential registry must include

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

a mechanism for a centralized information depository at the state and county levels. The department shall coordinate with existing risk assessment systems and information registries. The department must ensure, to the maximum extent possible, that the screening information registry is integrated with the department's automated data systems, including the Florida Online Recipient Integrated Data Access (FLORIDA) system. Tests and screenings must be performed by the State Public Health Laboratory, in coordination with Children's Medical Services, at such times and in such manner as is prescribed by the department after consultation with the Genetics and Newborn Infant Screening Advisory Council and the State Coordinating Council for School Readiness Programs.

- (c) Release of screening results.--Notwithstanding any other provision of law, the State Public Health Laboratory may release, directly or through Children's Medical Services, a newborn's hearing screening results and metabolic screening test results to the newborn's primary care physician.
- Newborn Infant Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn infant born in this state shall, prior to becoming 1 week 2 weeks of age, be subjected to a test for phenylketonuria and, at the appropriate age, be tested for such other metabolic diseases and hereditary or congenital disorders as the department may deem necessary from time to time. After consultation with the State Coordinating Council for School Readiness Programs, the department shall also adopt and enforce rules requiring every

newborn infant born in this state to be screened for environmental risk factors that place children and their families at risk for increased morbidity, mortality, and other negative outcomes. The department shall adopt such additional rules as are found necessary for the administration of this section, including rules for processing requests and releasing test and screening results, rules providing definitions of terms, rules relating to the methods used and time or times for testing as accepted medical practice indicates, rules relating to charging and collecting fees for screenings authorized by this section, and rules requiring mandatory reporting of the results of tests and screenings for these conditions to the department.

- (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.--The department shall administer and provide certain services to implement the provisions of this section and shall:
- (f) Promote the availability of genetic studies and counseling in order that the parents, siblings, and affected newborns infants may benefit from available knowledge of the condition.
- (g) Have the authority to charge and collect fees for screenings authorized in this section, as follows:
- 1. A fee of \$20 will be charged for each live birth, as recorded by the Office of Vital Statistics, occurring in a hospital licensed under part I of chapter 395 or a birth center licensed under s. 383.305, up to 3,000 live births per licensed hospital per year or over 60 births per birth center per year. The department shall calculate the annual assessment for each

hospital and birth center, and this assessment must be paid in equal amounts quarterly. Quarterly, the department shall generate and mail to each hospital and birth center a statement of the amount due.

2. As part of the department's legislative budget request prepared pursuant to chapter 216, the department shall submit a certification by the department's inspector general, or the director of auditing within the inspector general's office, of the annual costs of the uniform testing and reporting procedures of the newborn infant screening program. In certifying the annual costs, the department's inspector general or the director of auditing within the inspector general's office shall calculate the direct costs of the uniform testing and reporting procedures, including applicable administrative costs. Administrative costs shall be limited to those department costs which are reasonably and directly associated with the administration of the uniform testing and reporting procedures of the newborn infant screening program.

- All provisions of this subsection must be coordinated with the provisions and plans established under this chapter, chapter 411, and Pub. L. No. 99-457.
- (5) ADVISORY COUNCIL. -- There is established a Genetics and Newborn Infant Screening Advisory Council made up of 15 12 members appointed by the Secretary of Health. The council shall be composed of two consumer members, three practicing pediatricians, at least one of whom must be a pediatric hematologist, one representative from each of the four medical

679 schools in the state, the Secretary of Health or his or her 680 designee, one representative from the Department of Health representing Children's Medical Services, one representative 681 682 from the Florida Hospital Association, one representative with experience in newborn screening programs, one representative 683 684 representing audiologists, and one representative from the 685 Developmental Disabilities Program Office of the Department of 686 Children and Family Services. All appointments shall be for a 687 term of 4 years. The chairperson of the council shall be elected from the membership of the council and shall serve for a period 688 689 of 2 years. The council shall meet at least semiannually or upon 690 the call of the chairperson. The council may establish ad hoc or 691 temporary technical advisory groups to assist the council with specific topics which come before the council. Council members 692 693 shall serve without pay. Pursuant to the provisions of s. 694 112.061, the council members are entitled to be reimbursed for 695 per diem and travel expenses. It is the purpose of the council 696 to advise the department about:

- (a) Conditions for which testing should be included under the screening program and the genetics program. \div
- (b) Procedures for collection and transmission of specimens and recording of results. ; and
- (c) Methods whereby screening programs and genetics services for children now provided or proposed to be offered in the state may be more effectively evaluated, coordinated, and consolidated.
- Section 17. Subsection (1) of section 383.402, Florida Statutes, is amended to read:

432837

697

698

699

700

701

702

703

704

705

383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.--

- (1) It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency child abuse death assessment and prevention system that consists of state and local review committees. The state and local review committees shall review the facts and circumstances of all deaths of children from birth through age 18 which occur in this state as the result of verified child abuse or neglect and for whom at least one report of abuse or neglect was accepted by the central abuse hotline within the Department of Children and Family Services. The purpose of the review shall be to:
- (a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.
- (b) Whenever possible, develop a communitywide approach to address such cases and contributing factors.
- (c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.
- (d) Make and implement recommendations for changes in law, rules, and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.
- Section 18. Subsection (2) of section 391.021, Florida Statutes, is amended to read:
- 391.021 Definitions.--When used in this act, unless the context clearly indicates otherwise:

- children who have not reached 21 years of age who have chronic physical, developmental, behavioral, or emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children under age 21 years whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children. Health care utilization by these children exceeds the statistically expected usage of the normal child adjusted for chronological age. These children often need complex care requiring multiple providers, rehabilitation services, and specialized equipment in a number of different settings.
 - Section 19. Section 391.025, Florida Statutes, is amended to read:
 - 391.025 Applicability and scope. --
- (1) This act applies to health services provided to eligible individuals who are:
 - (a)1. Enrolled in the Medicaid program;
 - 2. Enrolled in the Florida Kidcare program; and
- 3. Uninsured or underinsured, provided that they meet the financial eligibility requirements established in this act, and to the extent that resources are appropriated for their care; or
- (b) Infants who receive an award of compensation under s. 766.31(1).
- (1)(2) The Children's Medical Services program consists of the following components:

- 762 (a) The <u>newborn infant metabolic</u> screening program
 763 established in s. 383.14.
 - (b) The regional perinatal intensive care centers program established in ss. 383.15-383.21.
 - (c) A federal or state program authorized by the Legislature.
 - (d) The developmental evaluation and intervention program.
 including the Infants and Toddlers Early Intervention Program.
 - (e) The Children's Medical Services network.
 - (2)(3) The Children's Medical Services program shall not be deemed an insurer and is not subject to the licensing requirements of the Florida Insurance Code or the rules adopted thereunder, when providing services to children who receive Medicaid benefits, other Medicaid-eligible children with special health care needs, and children participating in the Florida Kidcare program.
 - Section 20. Section 391.029, Florida Statutes, is amended to read:
 - 391.029 Program eligibility.--
 - (1) The department shall establish the medical criteria to determine if an applicant for the Children's Medical Services program is an eligible individual.
 - (2) The following individuals are financially eligible \underline{to} receive services through \underline{for} the program:
 - (a) A high-risk pregnant female who is eligible for Medicaid.
- 788 (b) <u>Children A child</u> with special health care needs from
 789 birth to age 21 years <u>of age</u> who <u>are</u> is eligible for Medicaid.

- (c) <u>Children A child</u> with special health care needs from birth to age 19 years <u>of age</u> who <u>are</u> is eligible for a program under Title XXI of the Social Security Act.
- (3) Subject to the availability of funds, the following individuals may receive services through the program:
- (a)(d) Children A child with special health care needs from birth to age 21 years of age whose family income is above financial eligibility requirements under Title XXI of the Social Security Act and whose projected annual cost of care adjusts the family income to Medicaid financial criteria. In cases where the family income is adjusted based on a projected annual cost of care, the family shall participate financially in the cost of care based on criteria established by the department.
- (b)(e) Children A child with special health care needs from birth to 21 years of age, as provided defined in Title V of the Social Security Act relating to children with special health care needs.
- $\underline{(c)}(f)$ An infant who receives an award of compensation under s. 766.31(1). The Florida Birth-Related Neurological Injury Compensation Association shall reimburse the Children's Medical Services Network the state's share of funding, which must thereafter be used to obtain matching federal funds under Title XXI of the Social Security Act.

The department may continue to serve certain children with special health care needs who are 21 years of age or older and who were receiving services from the program prior to April 1,

1998. Such children may be served by the department until July 1, 2000.

- (4)(3) The department shall determine the financial and medical eligibility of children for the program. The department shall also determine the financial ability of the parents, or persons or other agencies having legal custody over such individuals, to pay the costs of health services under the program. The department may pay reasonable travel expenses related to the determination of eligibility for or the provision of health services.
- (5)(4) Any child who has been provided with surgical or medical care or treatment under this act prior to being adopted shall continue to be eligible to be provided with such care or treatment after his or her adoption, regardless of the financial ability of the persons adopting the child.

Section 21. Subsection (4) is added to section 391.035, Florida Statutes, to read:

391.035 Provider qualifications.--

(4) Notwithstanding any other provision of law, the department may contract with health care providers licensed in another state to provide health services to participants in the Children's Medical Services program when necessary due to an emergency, the availability of specialty services, or a greater convenience to the participant for receiving timely and effective health care services. The department may adopt rules to administer this subsection.

Section 22. Subsection (4) is added to section 391.055, Florida Statutes, to read:

845 391.055 Service delivery systems.--

- (4) If a newborn has an abnormal screening result for metabolic or other hereditary and congenital disorders which is identified through the newborn screening program pursuant to s. 383.14, the newborn shall be referred to Children's Medical Services for additional testing, medical management, early intervention services, or medical referral.
- Section 23. Subsection (4) of section 391.301, Florida Statutes, is renumbered as subsection (3), and present subsection (3) of said section is amended to read:
- 391.301 Developmental evaluation and intervention programs; legislative findings and intent.--
- (3) It is the intent of the Legislature to provide a statewide coordinated program to screen, diagnose, and manage high-risk infants identified as hearing-impaired. The program shall develop criteria to identify infants who are at risk of having hearing impairments, and shall ensure that all parents or guardians of newborn infants are provided with materials regarding hearing impairments prior to discharge of the newborn infants from the hospital.
- Section 24. Subsections (4), (5), and (6) of section 391.302, Florida Statutes, are renumbered as subsections (2), (3), and (4), respectively, and present subsections (2) and (3) of said section are amended to read:
- 869 391.302 Definitions.--As used in ss. 391.301-391.307, the term:
 - (2) "Hearing-impaired infant" means an infant who is born with or who has acquired prelingually a hearing loss so severe

that, unaided, the infant cannot learn speech and language through normal means.

(3) "High-risk hearing-impaired infant" means an infant who exhibits conditions and factors that include, but are not limited to, a family history of hearing impairment or anatomic malformation which place the infant at an increased risk for hearing impairment.

Section 25. Section 391.303, Florida Statutes, is amended to read:

391.303 Program requirements. --

Developmental evaluation and intervention services shall be established at each hospital that provides Level II or Level III neonatal intensive care services. Program services shall be made available to an infant or toddler identified as being at risk for developmental disabilities, or identified as medically involved, who, along with his or her family, would benefit from program services. Program services shall be made available to infants or toddlers in a Level II or Level III neonatal intensive care unit or in a pediatric intensive care unit, infants who are identified as being at high risk for hearing impairment or who are hearing-impaired, or infants who have a metabolic or genetic disorder or condition identified through the newborn screening program. The developmental evaluation and intervention programs are subject to the availability of moneys and the limitations established by the General Appropriations Act or chapter 216. Hearing screening, Evaluation and referral services, and initial developmental assessments services shall be provided to each infant or

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

toddler. Other program services may be provided to an infant or toddler, and the family of the infant or toddler, who do not meet the financial eligibility criteria for the Children's Medical Services program based on the availability of funding, including insurance and fees.

- (2) Each developmental evaluation and intervention program shall have a program director, a medical director, and necessary staff to carry out the program. The program director shall establish and coordinate the developmental evaluation and intervention program. The program shall include, but is not limited to:
- (a) In-hospital evaluation and intervention services, parent support and training, and family support planning and case management.
- (b) Screening and evaluation services to identify each infant at risk of hearing impairment, and a medical and educational followup and care management program for an infant who is identified as hearing-impaired, with management beginning as soon after birth as practicable. The medical management program must include the genetic evaluation of an infant suspected to have genetically determined deafness and an evaluation of the relative risk.
- (b)(e) Regularly held multidisciplinary team meetings to develop and update the family support plan. In addition to the family, a multidisciplinary team may include a physician, physician assistant, psychologist, psychotherapist, educator, social worker, nurse, physical or occupational therapist, speech pathologist, developmental evaluation and intervention program

director, case manager, others who are involved with the inhospital and posthospital discharge care plan, and anyone the family wishes to include as a member of the team. The family support plan is a written plan that describes the infant or toddler, the therapies and services the infant or toddler and his or her family need, and the intended outcomes of the services.

- $\underline{(c)}$ Discharge planning by the multidisciplinary team, including referral and followup to primary medical care and modification of the family support plan.
- <u>(d)(e)</u> Education and training for neonatal and pediatric intensive care services staff, volunteers, and others, as needed, in order to expand the services provided to high-risk, developmentally disabled, <u>or</u> medically involved, <u>or hearing-impaired</u> infants and toddlers and their families.
- (e)(f) Followup intervention services after hospital discharge, to aid the family and the high-risk, developmentally disabled, or medically involved, or hearing-impaired infant's or toddler's transition into the community. Support services shall be coordinated at the request of the family and within the context of the family support plan.
- $\underline{(f)}(g)$ Referral to and coordination of services with community providers.
- (g)(h) Educational materials about infant care, infant growth and development, community resources, medical conditions and treatments, and family advocacy. Materials regarding hearing impairments shall be provided to each parent or guardian of a hearing-impaired infant or toddler.

(h)(i) Involvement of the parents and guardians of each identified high-risk, developmentally disabled, or medically involved, or hearing-impaired infant or toddler.

Section 26. Subsections (3) through (6) of section 391.305, Florida Statutes, are renumbered as subsections (2) through (5), respectively, and present subsection (2) of said section is amended to read:

391.305 Program standards; rules.--

(2) Criteria and procedures for screening, identifying, and diagnosing hearing-impaired infants.

Section 27. Section 391.308, Florida Statutes, is created to read:

- 391.308 Infants and Toddlers Early Intervention

 program.--The Department of Health may implement and administer

 Part C of the federal Individuals with Disabilities Education

 Act (IDEA).
- (1) The department, jointly with the Department of Education, shall annually prepare a grant application to the United States Department of Education for funding early intervention services for infants and toddlers with disabilities, ages birth through 36 months, and their families pursuant to Part C of the federal Individuals with Disabilities Education Act.
- (2) The department, jointly with the Department of Education, shall include a reading initiative as an early intervention service for infants and toddlers.

Section 28. Subsection (1) of section 395.003, Florida 984 Statutes, is amended to read:

395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation.--

- (1)(a) A No person may not shall establish, conduct, or maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a license under this part.
- (b)1. It is unlawful for \underline{a} any person to use or advertise to the public, in any way or by any medium whatsoever, any facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless \underline{the} such facility has first secured a license under the provisions of this part.
- 2. Nothing in This part does not apply applies to veterinary hospitals or to commercial business establishments using the word "hospital," "ambulatory surgical center," or "mobile surgical facility" as a part of a trade name if no treatment of human beings is performed on the premises of such establishments.
- 3. By December 31, 2004, the Agency for Health Care
 Administration shall submit a report to the President of the
 Senate and to the Speaker of the House of Representatives
 containing the agency's recommendations as to whether it is in
 the public interest to allow a hospital to license or operate an
 emergency department located off premises of the licensed
 hospital. In the event the agency finds it to be in the public
 interest, the report shall also recommend licensure criteria for
 such medical facilities, including, but not limited to, criteria
 related to quality of care and criteria related to, if deemed
 necessary by the agency, the elimination of the possibility of

public confusion related to the service capabilities of such a medical facility in comparison to the service capabilities of an emergency department located on the premises of the hospital.

Until July 1, 2005, no additional emergency departments located off the premises of a licensed hospital shall be authorized.

Section 29. Subsections (3) and (4) of section 395.1027, Florida Statutes, are renumbered as subsections (4) and (5), respectively, and a new subsection (3) is added to said section to read:

395.1027 Regional poison control centers. --

(3) Upon request, a licensed facility shall release to a regional poison control center any patient information that is necessary for case management of poison cases.

Section 30. Section 395.404, Florida Statutes, is amended to read:

395.404 Review of trauma registry data; report to central registry; confidentiality and limited release.--

(1)(a) Each trauma center shall furnish, and all acute care hospitals, upon request of the department, shall furnish for department review, trauma registry data as prescribed by rule of the department for the purpose of monitoring patient outcome and ensuring compliance with the standards of approval.

 $\underline{(b)(3)}$ Trauma registry data obtained pursuant to this subsection section are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. However, the department may provide such trauma registry data to the person, trauma center, pediatric trauma referral center, hospital, emergency medical service provider,

local or regional trauma agency, medical examiner, or other entity from which the data were obtained. The department may also use or provide trauma registry data for purposes of research in accordance with the provisions of chapter 405.

Each trauma center, pediatric trauma referral center, and acute care hospital shall report to the department's brain and spinal cord injury central registry consistent with the procedures and timeframes under s. 381.74 any person who has a moderate to severe brain or spinal cord injury and shall include the name, age, residence, and type of disability of the individual and such additional information as may be deemed necessary by the department. Notwithstanding the provisions of s. 381.74, each trauma center and acute care hospital shall submit severe disability and head-injury registry data to the department as provided by rule. Each trauma center and acute care hospital shall continue to provide initial notification of persons who have severe disabilities and head injuries to the Department of Health within timeframes provided in chapter 413. Such initial notification shall be made in the manner prescribed by the Department of Health for the purpose of providing timely vocational rehabilitation services to the severely disabled or head-injured person.

Section 31. Subsections (3) and (4) of section 400.9905, Florida Statutes, are renumbered as subsections (4) and (5), respectively, and amended, and new subsections (3), (6), and (7) are added to said section, to read:

400.9905 Definitions. --

1041

1042

1043 1044

1045

1046 1047

1048

1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

1065

1066

- (3) "Chief financial officer" means an individual who has a bachelor's degree from an accredited university in accounting or finance, or a related field, and who is the person responsible for the preparation of a clinic's billing.
- (4)(3) "Clinic" means an entity at which health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. For purposes of this part, the term does not include and the licensure requirements of this part do not apply to:
- (a) Entities <u>licensed or registered by the state under chapter 395; or entities</u> licensed or registered by the state <u>and providing only health care services within the scope of services authorized under their respective licenses granted under s.

 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter <u>except part XIII</u>, chapter 463, chapter 465, chapter 466, chapter 478, <u>part I of chapter 483 chapter 480</u>, chapter 484, or chapter 651; <u>end-stage renal disease providers authorized under 42 C.F.R. part 405</u>, subpart U; or providers <u>certified under 42 C.F.R. part 485</u>, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital licensed under chapter 395.</u>
- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395; or entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their

respective licenses granted under s. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 chapter 480, chapter 484, or chapter 651, end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers certified under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital licensed under chapter 395.

- entity licensed or registered by the state pursuant to chapter 395; or entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses granted under s. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 chapter 480, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital under chapter 395.
- (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 395; or entities that are under common

- 1124 ownership, directly or indirectly, with an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses granted under s. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 480, chapter 484, or chapter 651; endstage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital licensed under chapter 395.
 - (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or s. 501(c)(4) and any community college or university clinic, and any entity owned or operated by federal or state government, including agencies, subdivisions, or municipalities thereof.
 - (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, child, or sibling of that physician.
 - (g)(f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,

1125

1126

1127

1128

1129

1130

1131

1132

1133 1134

1135

1136

1137

1138

1139

1140 1141

1142

1143

1144

1145 1146

1147

1148

1149

1150

chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, 1152 1153 chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, which are 1154 1155 wholly owned by one or more a licensed health care practitioners 1156 practitioner, or the licensed health care practitioners set 1157 forth in this paragraph practitioner and the spouse, parent, or 1158 child, or sibling of a licensed health care practitioner, so 1159 long as one of the owners who is a licensed health care 1160 practitioner is supervising the business activities services performed therein and is legally responsible for the entity's 1161 1162 compliance with all federal and state laws. However, a health 1163 care practitioner may not supervise services beyond the scope of the practitioner's license, except that, for the purposes of 1164 this part, a clinic owned by a licensee in s. 456.053(3)(b) that 1165 provides only services authorized pursuant to s. 456.053(3)(b) 1166 1167 may be supervised by a licensee specified in s. 456.053(3)(b).

 $\frac{(h)(g)}{(g)}$ Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.

- (i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459.
- (5)(4) "Medical director" means a physician who is employed or under contract with a clinic and who maintains a full and unencumbered physician license in accordance with chapter 458, chapter 459, chapter 460, or chapter 461. However, if the clinic does not provide services pursuant to the respective physician practices acts listed in this subsection,

432837

1168

1169

1170

1171

1172

1173

1174

1175

1176

1177

1178

- it is limited to providing health care services pursuant to 1180 chapter 457, chapter 484, chapter 486, chapter 490, or chapter 1181 491 or part I, part III, part X, part XIII, or part XIV of 1182 1183 chapter 468, the clinic may appoint a Florida-licensed health care practitioner who does not provide services pursuant to the 1184 respective physician practices acts listed in this subsection 1185 1186 licensed under that chapter to serve as a clinic director who is responsible for the clinic's activities. A health care 1187 1188 practitioner may not serve as the clinic director if the services provided at the clinic are beyond the scope of that 1189 practitioner's license, except that a licensee specified in s. 1190 456.053(3)(b) who provides only services authorized pursuant to 1191 s. 456.053(3)(b) may serve as clinic director of an entity 1192 1193 providing services as specified in s. 456.053(3)(b).
 - (6) "Mobile clinic" means a movable or detached selfcontained health care unit within or from which direct health care services are provided to individuals and which otherwise meets the definition of a clinic in subsection (4).
 - (7) "Portable equipment provider" means an entity that contracts with or employs persons to provide portable equipment to multiple locations performing treatment or diagnostic testing of individuals, that bills third-party payors for those services, and that otherwise meets the definition of a clinic in subsection (4).

Section 32. The creation of s. 400.9905(4)(i), Florida Statutes, by this act is intended to clarify the legislative intent of this provision as it existed at the time the provisions initially took effect as ss. 456.0375(1)(b) and

432837

1194 1195

1196

1197

1198

1199 1200

1201

1202

1203

1204

1205

1206

- 400.9905(4)(i), Florida Statutes, as created by this act, shall operate retroactively to October 1, 2001. Nothing in this section shall be construed as amending, modifying, limiting, or otherwise affecting in any way the legislative intent, scope, terms, prohibition, or requirements of s. 456.053, Florida Statutes.
 - Section 33. Subsections (1), (2), and (3) and paragraphs (a) and (b) of subsection (7) of section 400.991, Florida Statutes, are amended to read:
- 400.991 License requirements; background screenings; prohibitions.--
- (1)(a) Each clinic, as defined in s. 400.9905, must be licensed and shall at all times maintain a valid license with the agency. Each clinic location shall be licensed separately regardless of whether the clinic is operated under the same business name or management as another clinic.
- (b) Each mobile clinic must obtain a separate health care clinic license and clinics must provide to the agency, at least quarterly, its their projected street location locations to enable the agency to locate and inspect such clinic clinics. A portable equipment provider must obtain a health care clinic license for a single administrative office and is not required to submit quarterly projected street locations.
- (2) The initial clinic license application shall be filed with the agency by all clinics, as defined in s. 400.9905, on or before <u>July March</u> 1, 2004. A clinic license must be renewed biennially.

- July March 1, 2004, which meets all requirements for initial licensure as specified in this section shall receive a temporary license until the completion of an initial inspection verifying that the applicant meets all requirements in rules authorized in s. 400.9925. However, a clinic engaged in magnetic resonance imaging services may not receive a temporary license unless it presents evidence satisfactory to the agency that such clinic is making a good faith effort and substantial progress in seeking accreditation required under s. 400.9935.
- (7) Each applicant for licensure shall comply with the following requirements:
- (a) As used in this subsection, the term "applicant" means individuals owning or controlling, directly or indirectly, 5 percent or more of an interest in a clinic; the medical or clinic director, or a similarly titled person who is responsible for the day-to-day operation of the licensed clinic; the financial officer or similarly titled individual who is responsible for the financial operation of the clinic; and licensed health care-practitioners-medical-providers at the clinic.
- (b) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care licensure requirements of this state

is acceptable in fulfillment of this paragraph. Applicants who

own less than 10 percent of a health care clinic are not

required to submit fingerprints under this section.

Section 34. Paragraph (g) of subsection (1), subsection (9), and paragraph (b) of subsection (11) of section 400.9935, Florida Statutes, are amended to read:

400.9935 Clinic responsibilities .--

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (g) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography and provides the professional interpretation of such services, in a fixed facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for Ambulatory Health Care and the American College of Radiology, and if, in the preceding quarter, the percentage of scans performed by that clinic that were billed to a personal injury protection insurance carrier was less than 15 percent, the chief financial officer of the clinic may, in a written acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of

1266

1267

1268

1269

1270

1271

1272

12731274

1275

1276

1277

1278

1279

1280

1281

1282

1283

1284

1285

1286

1287

1288

clinic billings to ensure that the billings are not fraudulent or unlawful.

which is not a clinic, as defined under s. 400.9905, may voluntarily apply for a certificate of exemption from licensure under its exempt status with the agency on a form that sets forth its name or names and addresses, a statement of the reasons why it cannot be defined as a clinic, and other information deemed necessary by the agency. An exemption is not transferable. The agency may charge an applicant for a certificate of exemption in an amount equal to \$100 or the actual cost of processing the certificate, whichever is less.

(11)

(b) The agency may <u>deny</u> disallow the application <u>or revoke</u> the license of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this subsection and whose principals were previously principals of an entity that was unable to meet the accreditation requirements within the specified timeframes. The agency may adopt rules as to the accreditation of magnetic resonance imaging clinics.

Section 35. Subsections (1) and (3) of section 400.995, Florida Statutes, are amended, and a new subsection (10) is added to said section, to read:

400.995 Agency administrative penalties .--

(1) The agency may <u>deny the application for a license</u>

<u>renewal, revoke or suspend the license, and impose</u>

administrative <u>fines</u> <u>penalties against clinics</u> of up to \$5,000

per violation for violations of the requirements of this part <u>or</u>

rules of the agency. In determining if a penalty is to be imposed and in fixing the amount of the fine, the agency shall consider the following factors:

- (a) The gravity of the violation, including the probability that death or serious physical or emotional harm to a patient will result or has resulted, the severity of the action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated.
- (b) Actions taken by the owner, medical director, or clinic director to correct violations.
 - (c) Any previous violations.
- (d) The financial benefit to the clinic of committing or continuing the violation.
- (3) Any action taken to correct a violation shall be documented in writing by the owner, medical director, or clinic director of the clinic and verified through followup visits by agency personnel. The agency may impose a fine and, in the case of an owner-operated clinic, revoke or deny a clinic's license when a clinic medical director or clinic director knowingly fraudulently misrepresents actions taken to correct a violation.
- (10) If the agency issues a notice of intent to deny a license application after a temporary license has been issued pursuant to s. 400.991(3), the temporary license shall expire on the date of the notice and may not be extended during any proceeding for administrative or judicial review pursuant to chapter 120.
- Section 36. The Agency for Health Care Administration is directed to make refunds to applicants that submitted their

- health care clinic licensure fees and applications but were
 subsequently exempted from licensure by this act as follows:
 - (1) Seventy-five percent of the application fee if the temporary license has not been issued;
 - (2) Fifty percent of the application fee if the temporary license has been issued but the inspection has not been completed; or
 - (3) No refund if the inspection has been completed.

Section 37. Any person or entity defined as a clinic under s. 400.9905, Florida Statutes, shall not be in violation of part XIII of chapter 400, Florida Statutes, due to failure to apply for a clinic license by March 1, 2004, as previously required by s. 400.991, Florida Statutes. Payment to any such person or entity by an insurer or other person liable for payment to such person or entity may not be denied on the grounds that the person or entity failed to apply for or obtain a clinic license before March 1, 2004.

Section 38. <u>Section 33 of this act shall apply</u> retroactively to March 1, 2004.

Section 39. Section 401.211, Florida Statutes, is amended to read:

401.211 Legislative intent.--The Legislature recognizes that the systematic provision of emergency medical services saves lives and reduces disability associated with illness and injury. In addition, that system of care must be equally capable of assessing, treating, and transporting children, adults, and frail elderly persons. Further, it is the intent of the Legislature to encourage the development and maintenance of

emergency medical services because such services are essential to the health and well-being of all citizens of the state. The Legislature also recognizes that the establishment of a comprehensive statewide injury prevention program supports state and community health systems by further enhancing the total delivery system of emergency medical services and reduces injuries for all persons. The purpose of this part is to protect and enhance the public health, welfare, and safety through the establishment of an emergency medical services state plan, an advisory council, a comprehensive statewide injury prevention program, minimum standards for emergency medical services personnel, vehicles, services and medical direction, and the establishment of a statewide inspection program created to monitor the quality of patient care delivered by each licensed service and appropriately certified personnel.

Section 40. Section 401.243, Florida Statutes, is created to read:

- 401.243 Injury prevention. -- The department shall establish an injury prevention program which shall be responsible for the statewide coordination and expansion of injury prevention activities. The duties of the program may include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. In addition, the program may:
- (1) Provide communities, county health departments, and other state agencies with injury prevention expertise and guidance.

- (2) Seek, receive, and expend funds received from grants, donations, or contributions from public or private sources for program purposes.
- (3) Develop, and revise as necessary, a comprehensive state plan for injury prevention.
- (4) Adopt rules governing the implementation of grant programs. Rules may include, but need not be limited to, criteria regarding the application process, the selection of grantees, the implementation of injury prevention activities, data collection, surveillance, education, and the promotion of interventions.
- Section 41. Subsection (4) of section 404.056, Florida Statutes, is amended to read:
- 404.056 Environmental radiation standards and projects; certification of persons performing measurement or mitigation services; mandatory testing; notification on real estate documents; rules.--
- (4) MANDATORY TESTING.—All public and private school buildings or school sites housing students in kindergarten through grade 12; all state—owned, state—operated, state—regulated, or state—licensed 24—hour care facilities; and all state—licensed day care centers for children or minors which are located in counties designated within the Department of Community Affairs' Florida Radon Protection Map Categories as "Intermediate" or "Elevated Radon Potential" shall be measured to determine the level of indoor radon, using measurement procedures established by the department. Initial measurements Testing shall be conducted completed within the first year of

1428 construction in 20 percent of the habitable first floor spaces 1429 within any of the regulated buildings and. Initial measurements shall be completed and reported to the department within 1 by 1430 1431 July 1 of the year after the date the building is opened for 1432 occupancy or within 1 year after license approval for the entity residing in the existing building. Followup testing must be 1433 1434 completed in 5 percent of the habitable first floor spaces 1435 within any of the regulated buildings after the building has 1436 been occupied for 5 years, and results must be reported to the department by the 1st day July 1 of the 6th 5th year of 1437 1438 occupancy. After radon measurements have been made twice, 1439 regulated buildings need not undergo further testing unless 1440 significant structural changes occur. No funds collected pursuant to s. 553.721 shall be used to carry out the provisions 1441 1442 of this subsection.

Section 42. Subsection (1) and paragraph (g) of subsection (3) of section 468.302, Florida Statutes, are amended to read:

468.302 Use of radiation; identification of certified persons; limitations; exceptions.--

- (1) Except as hereinafter provided, no person shall use radiation or otherwise practice radiologic technology on a human being unless he or she:
 - (a) Is a licensed practitioner; or
- (b) Is the holder of a certificate, as provided in this part, and is operating under the direct supervision or general supervision of a licensed practitioner in each particular case.
- 1454 (3)

1443

1444

1445

1446

1447

1448 1449

1450

1451

1452

- 1455 (g)1. A person holding a certificate as a nuclear medicine 1456 technologist may only:
 - a. Conduct in vivo and in vitro measurements of radioactivity and administer radiopharmaceuticals to human beings for diagnostic and therapeutic purposes.
 - b. Administer X-radiation from a combination nuclear medicine-computed tomography device if that radiation is administered as an integral part of a nuclear medicine procedure that uses an automated computed tomography protocol for the purposes of attenuation correction and anatomical localization and the person has received device-specific training on the combination device.
 - 2. However, The authority of a nuclear medicine technologist under this paragraph excludes:
 - a. Radioimmunoassay and other clinical laboratory testing regulated pursuant to chapter 483.
 - b. Creating or modifying automated computed tomography protocols.
 - c. Any other operation of a computed tomography device, especially for the purposes of stand-alone diagnostic imaging, which must be performed by a general radiographer certified under this part.
- Section 43. Section 468.304, Florida Statutes, is amended to read: 1478
- 1479 468.304 Certification examination; admission. -- The 1480 department shall certify admit to examination for certification any applicant who meets the following criteria: 1481

432837

1457

1458

1459

1460

1461

1462

1463

1464

1465

1466

1467

1468

1469

1470

1471

1472

1473

1474

1475

1476

- (1) Pays to the department a nonrefundable fee not to exceed \$100 plus the actual per-applicant cost to the department for purchasing the examination from a national organization.
- (2) Submits a completed application on a form specified by the department. An incomplete application shall expire 6 months after initial filing. The application shall require the social security number of the applicant. Each applicant shall notify the department in writing of his or her current mailing address. Notwithstanding the provisions of any other statute, service by regular mail to an applicant's last reported mailing address constitutes adequate and sufficient notice of any official department communication to the applicant.
- (3) and Submits satisfactory evidence, verified by oath or affirmation, that she or he:
- $\underline{\text{(a)}(1)}$ Is at least 18 years of age at the time of application;
- (b)(2) Is a high school, vocational school, technical school, or college graduate or has successfully completed the requirements for a graduate equivalency diploma (GED) or its equivalent;
 - (c)(3) Is of good moral character; and
- (d) Has passed an examination as specified in s. 468.306 or meets the requirements specified in s. 468.3065; and
- $\underline{(e)1.(4)(a)}$ Has successfully completed an educational program, which program may be established in a hospital licensed pursuant to chapter 395 or in an accredited postsecondary academic institution which is subject to approval by the department as maintaining a satisfactory standard; or

2.a.(b)1. With respect to an applicant for a basic X-ray machine operator's certificate, has completed a course of study approved by the department with appropriate study material provided the applicant by the department;

- <u>b.2.</u> With respect to an applicant for a basic X-ray machine operator-podiatric medicine certificate, has completed a course of study approved by the department, provided that such course of study shall be limited to that information necessary to perform radiographic procedures within the scope of practice of a podiatric physician licensed pursuant to chapter 461;
- c.3. With respect only to an applicant for a general radiographer's certificate who is a basic X-ray machine operator certificateholder, has completed an educational program or a 2-year training program that takes into account the types of procedures and level of supervision usually and customarily practiced in a hospital, which educational or training program complies with the rules of the department; or
- <u>d.4.</u> With respect only to an applicant for a nuclear medicine technologist's certificate who is a general radiographer certificateholder, has completed an educational program or a 2-year training program that takes into account the types of procedures and level of supervision usually and customarily practiced in a hospital, which educational or training program complies with the rules of the department.
- (4) Submits complete documentation of any criminal offense in any jurisdiction of which the applicant has been found guilty, regardless of whether adjudication of guilt was

withheld, or to which the applicant has pled guilty or nolo contendere.

disciplinary action taken against the applicant by a licensing or regulatory body in any jurisdiction, by a national organization, or by a specialty board that is recognized by the department. Disciplinary action includes revocation, suspension, probation, reprimand, or being otherwise acted against, including being denied certification, or resigning from or nonrenewal of membership taken in lieu of or in settlement of a pending disciplinary case.

The department may not certify any applicant who has committed an offense that would constitute a violation of any of the provisions of s. 468.3101 or the rules adopted thereunder if the applicant had been certified by the department at the time of the offense. In addition, no application for a limited computed tomography certificate shall be accepted, and all persons holding valid computed tomography certificates as of October 1, 1984, are subject to the provisions of s. 468.309.

Section 44. Section 468.306, Florida Statutes, is amended to read:

468.306 Examinations.--All applicants, except those certified pursuant to s. 468.3065, shall be required to pass an examination. The department is authorized to develop or use examinations for each type of certificate. The department may require an applicant who does not pass an examination after five attempts to complete additional remedial education, as specified

by rule of the department, before admitting the applicant to subsequent examinations.

- (1) The department shall have the authority to contract with organizations that develop such test examinations. Examinations may be administered by the department or the contracting organization.
- (2) Examinations shall be given for each type of certificate at least twice a year at such times and places as the department may determine to be advantageous for applicants.

 If an applicant applies less than 75 days before an examination, the department may schedule the applicant for a later examination.
- (3) All examinations shall be written and include positioning, technique, and radiation protection. The department shall either pass or fail each applicant on the basis of his or her final grade. The examination for a basic X-ray machine operator shall include basic positioning and basic techniques directly related to the skills necessary to safely operate radiographic equipment.
- (4) A nonrefundable fee not to exceed \$75 plus the actual per-applicant cost for purchasing the examination from a national organization shall be charged for any subsequent examination.

Section 45. Section 468.3065, Florida Statutes, is amended to read:

468.3065 Certification by endorsement.--The department may issue a certificate by endorsement to practice radiologic technology to an applicant who, upon applying to the department

and remitting a <u>nonrefundable</u> fee not to exceed \$50, demonstrates to the department that he or she holds a current certificate, license, or registration to practice radiologic technology, provided that the requirements for such certificate, license, or registration are deemed by the department to be substantially equivalent to those established under this part and rules adopted hereunder.

Section 46. Subsection (1) of section 468.307, Florida Statutes, is amended to read:

468.307 Certificate; issuance; display.--

(1) The department shall issue a certificate to each candidate who has met the requirements of ss. 468.304 and 468.306 or has qualified under s. 468.3065. The department may by rule establish a subcategory of a certificate issued under this part limiting the certificateholder to a specific procedure or specific type of equipment. The first regular certificate issued to a new certificateholder shall expire on the last day of the certificateholder's birth month and shall be at least 12 months but no more than 24 months in duration. However, if the new certificateholder already holds a regular, active certificate in a different category under this part, the new certificate shall be combined with and expire on the same date as the existing certificate.

Section 47. Section 468.309, Florida Statutes, is amended to read:

468.309 Certificate; duration; renewal; reversion to inactive status; members of Armed Forces and spouses.--

- (1)(a) A radiologic technologist's certificate issued in accordance with this part expires as specified in rules adopted by the department which establish a procedure for the biennial renewal of certificates. A certificate shall be renewed by the department for a period of 2 years upon payment of a renewal fee in an amount not to exceed \$75 and upon submission of a renewal application containing such information as the department deems necessary to show that the applicant for renewal is a radiologic technologist in good standing and has completed any continuing education requirements that the department establishes.
- (b) Sixty days before the end of the biennium, the department shall mail a notice of renewal to the last known address of the certificateholder.
- (c) Each certificateholder shall notify the department in writing of his or her current mailing address and place of practice. Notwithstanding the provisions of any other statute, service by regular mail to a certificateholder's last reported mailing address constitutes adequate and sufficient notice of any official department communication to the certificateholder.
- (2) The department shall adopt rules establishing a procedure for the biennial renewal of certificates.
- (3) The department may, by rule, prescribe continuing education requirements, not to exceed 24 hours each licensure period, as a condition for renewal of a certificate. The criteria for approval of continuing education providers, courses, and programs shall be as specified approved by the department. Continuing education, which may be required for

persons certified under this part, may be obtained through home study courses approved by the department.

- (4) Any certificate which is not renewed by its expiration date at the end of the biennium prescribed by the department shall automatically be placed in an expired status and the certificateholder shall not practice radiologic technology until the certificate has been reactivated revert to an inactive status. Such certificate may be reactivated only if the certificateholder meets the other qualifications for reactivation in s. 468.3095.
- (5) A certificateholder in good standing remains in good standing when he or she becomes a member of the Armed Forces of the United States on active duty without paying renewal fees or accruing continuing education credits as long as he or she is a member of the Armed Forces on active duty and for a period of 6 months after discharge from active duty, if he or she is not engaged in practicing radiologic technology in the private sector for profit. The certificateholder must pay a renewal fee and complete continuing education not to exceed 12 classroom hours to renew the certificate.
- (6) A certificateholder who is in good standing remains in good standing if he or she is absent from the state because of his or her spouse's active duty with the Armed Forces of the United States. The certificateholder remains in good standing without paying renewal fees or completing continuing education as long as his or her spouse is a member of the Armed Forces on active duty and for a period of 6 months after the spouse's discharge from active duty, if the certificateholder is not

engaged in practicing radiologic technology in the private sector for profit. The certificateholder must pay a renewal fee and complete continuing education not to exceed 12 classroom hours to renew the certificate.

(7) A certificateholder may resign his or her certification by submitting to the department a written, notarized resignation on a form specified by the department. The resignation shall automatically become effective upon the department's receipt of the resignation form, at which time the certificateholder's certification automatically becomes null and void and cannot be reactivated or renewed or used to practice radiologic technology. A certificateholder who has resigned may become certified again only by reapplying to the department for certification as a new applicant and meeting the certification requirements pursuant to s. 468.304 or s. 468.3065. Any disciplinary action that had been imposed on the certificateholder prior to his or her resignation shall be tolled until he or she again becomes certified. Any disciplinary action proposed at the time of the certificateholder's resignation shall be tolled until he or she again becomes certified.

Section 48. Subsection (2) of section 468.3095, Florida Statutes, is amended to read:

468.3095 <u>Expired or inactive status; reactivation;</u> automatic suspension; reinstatement.--

(2)(a) A certificate which has been <u>expired</u> inactive for less than <u>10 years</u> 1 year after the end of the biennium prescribed by the department may be <u>reactivated</u> renewed pursuant

432837

1675

1676

1677 1678

1679

1680

1681

1682

1683

1684

1685

1686

1687

1688

1689

1690

1691

1692

1693

1694

1695

1696

1697

1698

1699

1700

1701

to s. 468.309 upon payment of the biennial renewal fee and a late renewal fee not to exceed \$100 and submission of a reactivation application containing such information as the department deems necessary to show that the applicant is a radiologic technologist in good standing and has met the continuing education requirements. The renewed certificate shall expire 2 years after the date the certificate automatically reverted to inactive status.

- years more than 1 year may be reactivated by meeting all of the requirements of s. 468.3095(2)(a) for expired certificates except for payment of the late renewal fee upon application to the department. The department shall prescribe, by rule, continuing education requirements as a condition of reactivating a certificate. The continuing education requirements for reactivating a certificate shall not exceed 10 classroom hours for each year the certificate was inactive and shall in no event exceed 100 classroom hours for all years in which the certificate was inactive.
- (c) A certificate which has been inactive or expired for more than 10 years or more shall automatically become void and cannot be reactivated, renewed, or used to practice radiologic technology be suspended. One year before the suspension, the department shall give notice to the certificateholder. A suspended certificate may be reinstated as provided for original issuance in s. 468.307. A certificateholder whose certificate has become null and void may only become certified again by

- reapplying to the department as a new applicant and meeting the requirements pursuant to s. 468.304 or s. 468.3065.
 - (d) When an expired or inactive certificate is reactivated, the reactivated certificate shall expire on the last day of the certificateholder's birth month and shall be at least 12 months but no more than 24 months in duration. However, if the reactivating certificateholder already holds a regular, active certificate in a different category under this part, then the reactivated certificate shall be combined with and expire on the same date as the existing certificate.
 - Section 49. Subsection (1) of section 468.3101, Florida Statutes, is amended, and subsections (5) and (6) are added to said section, to read:

468.3101 Disciplinary grounds and actions.--

- investigations, inspections, evaluations, and tests, and require the submission of such documents and statements, as it deems necessary to determine whether a violation of this part has occurred. The following acts shall be grounds for disciplinary action as set forth in this section:
- (a) Procuring, attempting to procure, or renewing a certificate to practice radiologic technology by bribery, by fraudulent misrepresentation, or through an error of the department.
- (b) Having a <u>voluntary or mandatory</u> certificate to practice radiologic technology revoked, suspended, or otherwise acted against, including being denied certification, <u>by a national organization</u>, by a specialty board recognized by the

department, or by <u>a</u> the certification authority of another state, territory, or country.

- (c) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime which directly relates to the practice of radiologic technology or to the ability to practice radiologic technology. Pleading A plea of nolo contendere shall be considered a conviction for the purpose of this provision.
- (d) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime against a person.

 Pleading A plea of nolo contendere shall be considered a conviction for the purposes of this provision.
- (e) Making or filing a false report or record which the certificateholder knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing such filing or inducing another to do so. Such reports or records include only those reports or records which are signed in the capacity as a radiologic technologist.
- (f) Engaging in unprofessional conduct, which includes, but is not limited to, any departure from, or the failure to conform to, the standards of practice of radiologic technology as established by the department, in which case actual injury need not be established.
- (g) Being unable to practice radiologic technology with reasonable skill and safety to patients by reason of illness; drunkenness; or use of alcohol, drugs, narcotics, chemicals, or other materials or as a result of any mental or physical

condition. A radiologic technologist affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that he or she can resume the competent practice of radiologic technology with reasonable skill and safety.

- (h) Failing to report to the department any person who the certificateholder knows is in violation of this part or of the rules of the department.
- (i) Violating any provision of this part, any rule of the department, or any lawful order of the department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.
- (j) Employing, for the purpose of applying ionizing radiation or otherwise practicing radiologic technology on to any human being, any individual who is not certified under the provisions of this part.
- (k) Testing positive for any drug, as defined in s.

 112.0455, on any confirmed preemployment or employer-required

 drug screening when the radiologic technologist does not have a

 lawful prescription and legitimate medical reason for using such

 drug.
- (1) Failing to report to the department in writing within 30 days after the certificateholder has had a voluntary or mandatory certificate to practice radiologic technology revoked, suspended, or otherwise acted against, including being denied certification, by a national organization, by a specialty board recognized by the department, or by a certification authority of another state, territory, or country.

- (m) Having been found guilty of, regardless of adjudication, or pleading nolo contendere or guilty to, any offense prohibited under s. 435.03 or under any similar statute of another jurisdiction.
- (n) Failing to comply with the recommendations of the department's impaired practitioner program for treatment, evaluation, or monitoring. A letter from the director of the impaired practitioner program that the certificateholder is not in compliance shall be considered conclusive proof under this part.
- (5) A final disciplinary action taken against a radiologic technologist in another jurisdiction, whether voluntary or mandatory, shall be considered conclusive proof of grounds for a disciplinary proceeding under this part.
- (6) The department may revoke a continuing education provider and its approved courses if the provider has been revoked, suspended, or otherwise acted against by a national organization, by a specialty board recognized by the department, or by a certification authority of another state, territory, or country. The department may, by rule, establish additional guidelines and criteria for the discipline of continuing education providers, including, but not limited to, revocation of a continuing education provider or continuing education course and the refusal to approve a continuing education provider or continuing education provider or continuing education course.

Section 50. Paragraph (a) of subsection (5) of section 489.553, Florida Statutes, is amended to read:

489.553 Administration of part; registration qualifications; examination.--

- (5) To be eligible for registration by the department as a master septic tank contractor, the applicant must:
- (a) Have been a registered septic tank contractor in Florida for at least 3 years or a plumbing contractor certified under part I of this chapter who has provided septic tank contracting services for at least 3 years. The 3 years must immediately precede the date of application and may not be interrupted by any probation, suspension, or revocation imposed by the licensing agency.

Section 51. Section 489.554, Florida Statutes, is amended to read:

489.554 Registration renewal. --

- (1) The department shall prescribe by rule the method for approval of continuing education courses, and for renewal of annual registration, for inactive status for late filing of renewal applications, for allowing contractors to hold their registration in inactive status for a specified time period, and for reactivating registrations.
- (2) At a minimum, annual renewal shall include continuing education requirements of not less than 6 classroom hours annually for septic tank contractors and not less than 12 classroom hours annually for master septic tank contractors. The 12 classroom hours of continuing education required for master septic tank contractors may include the 6 classroom hours required for septic tank contractors, but at a minimum must

include 6 classroom hours of approved master septic tank contractor coursework.

- when a renewal application is not filed in a timely manner. A certificate that has become inactive may be reactivated under this section by application to the department. A licensed contractor may apply to the department for voluntary inactive status at any time during the period of registration.
- (4) Master septic tank contractors may elect to revert to registered septic tank contractor status at any time during the period of registration. The department shall prescribe by rule the method for a master septic tank contractor who has reverted to registered septic tank contractor status to reapply for master septic tank contractor status.
- (5) The department shall deny an application for renewal if there is any outstanding administrative penalty with the department when the penalty is final agency action and all judicial reviews are exhausted.
- Section 52. Paragraph (d) is added to subsection (1) of section 766.309, Florida Statutes, to read:
- 766.309 Determination of claims; presumption; findings of administrative law judge binding on participants.--
- (1) The administrative law judge shall make the following determinations based upon all available evidence:
- (d) Whether, if raised by the claimant or other party, the factual determinations regarding the notice requirements in s.

 766.316 are satisfied. The administrative law judge has the exclusive jurisdiction to make these factual determinations.

Section 53. The amendment to s. 766.309, Florida Statutes, contained in this act, is intended to clarify that the administrative law judge has always had the exclusive jurisdiction to make factual determinations as to whether the notice requirements in s. 766.316, Florida Statutes, are satisfied.

Section 54. Paragraph (e) of subsection (5) of section 766.315, Florida Statutes, is amended to read:

766.315 Florida Birth-Related Neurological Injury Compensation Association; board of directors.--

(5)

(e) Funds held on behalf of the plan are funds of the State of Florida. The association may only invest plan funds in the investments and securities described in s. 215.47, and shall be subject to the limitations on investments contained in that section. All income derived from such investments will be credited to the plan. The State Board of Administration may invest and reinvest funds held on behalf of the plan in accordance with the trust agreement approved by the association and the State Board of Administration and within the provisions of ss. 215.44 through 215.53.

Section 55. Section 784.081, Florida Statutes, is amended to read:

784.081 Assault or battery on specified officials or employees; reclassification of offenses.--Whenever a person is charged with committing an assault or aggravated assault or a battery or aggravated battery upon any elected official or employee of: a school district; a private school; the Florida

School for the Deaf and the Blind; a university developmental research school; a state university or any other entity of the state system of public education, as defined in s. 1000.04; an employee or protective investigator of the Department of Children and Family Services; or an employee of a lead community-based provider and its direct service contract providers; or an employee of the Department of Health or its direct service contract providers, when the person committing the offense knows or has reason to know the identity or position or employment of the victim, the offense for which the person is charged shall be reclassified as follows:

- (1) In the case of aggravated battery, from a felony of the second degree to a felony of the first degree.
- (2) In the case of aggravated assault, from a felony of the third degree to a felony of the second degree.
- (3) In the case of battery, from a misdemeanor of the first degree to a felony of the third degree.
- (4) In the case of assault, from a misdemeanor of the second degree to a misdemeanor of the first degree.

Section 56. Effective July 1, 2004, there is appropriated the sum of \$150,000 from the General Revenue Fund, and one full-time equivalent position is authorized, for the Department of Health to implement the establishment of the Officer of Women's Health Strategy by this act.

Section 57. Subsection (9) of section 381.0098, Florida Statutes, is repealed:

381.0098 Biomedical waste.--

(9) TRANSITION.--

(a) Nothing in this act is intended to repeal or modify any existing rules of the Department of Environmental Protection relating to biomedical waste unless such rule or part thereof is in direct conflict with this act. Rules of the Department of Environmental Protection relating to transport, storage, or treatment of biomedical waste existing on the effective date of this act shall remain in effect and be enforceable by the department until comparable rules are adopted by the department, and no judicial or administrative proceeding pending on the effective date of this act shall be abated as a result of the provisions of this act.

(b) Any person operating or in the process of constructing a biomedical storage or treatment facility, or any person transporting biomedical waste, in accordance with a permit or registration issued by the Department of Environmental Protection on the effective date of this act, may continue to operate under that permit or registration until that permit or registration expires, or until December 31, 1996, whichever is later. The department's rules concerning the permitting or registering of biomedical waste storage facilities, treatment facilities, and transporters shall be designed to accomplish a smooth transition between permitting or registration authorities.

(c) A permit application which is received after or which is pending on the effective date of this act, which would have been considered a renewal application if submitted to the Department of Environmental Protection, will be considered a

renewal application for purposes of s. 120.60 when submitted to the department.

- (d) Prior to implementing the change in the regulation of offsite treatment facilities described in this act, and after full consultation with affected persons, the department and the Department of Environmental Protection shall establish an interagency agreement to streamline the permitting and inspection of these treatment facilities. The agreement also shall be designed to avoid any duplicative or overlapping regulation of these treatment facilities. Such agreement shall at least provide:
- 1. That the Department of Environmental Protection will continue to accept and act on permit applications for these facilities;
- 2. That the department will review these permit applications with respect to those matters within its jurisdiction;
- 3. That these permits will be consolidated with other required Department of Environmental Protection permits, where possible; and
- 4. That any inspections will be consolidated to avoid duplicate inspections, where possible.
- Section 58. Paragraph (f) of subsection (2) of section 385.103, Florida Statutes, is repealed:
 - 385.103 Community intervention programs.--
 - (2) OPERATION OF COMMUNITY INTERVENTION PROGRAMS. --
- 2005 (f) The department shall adopt rules governing the operation of the community intervention programs.

2007 Section 59. Subsection (5) of section 393.064, Florida 2008 Statutes, is repealed:

393.064 Prevention. --

(5) The Department of Children and Family Services shall have the authority, within available resources, to contract for the supervision and management of the Raymond C. Philips

Research and Education Unit, and such contract shall include specific program objectives.

Section 60. Subsection (7) of section 445.033, Florida Statutes, is repealed:

445.033 Evaluation. -- The board of directors of Workforce Florida, Inc., and the Department of Children and Family Services shall arrange for evaluation of TANF-funded programs operated under this chapter, as follows:

(7) Evaluations described in this section are exempt from the provisions of s. 381.85.

Section 61. <u>Sections 381.85</u>, 385.205, and 385.209, Florida Statutes, are repealed.

Section 62. Except as otherwise provided herein, this act shall take effect upon becoming a law.

2030 A bill to be entitled

An act relating to public health; amending s. 17.41, F.S.; authorizing the Department of Financial Services to disburse funds into the Biomedical Research Trust Fund in the Department of Health; amending s. 20.43, F.S.;

establishing the Officer of Women's Health Strategy in the Department of Health; revising the names of certain divisions of the Department of Health; creating the Division of Disability Determinations; creating the Office of Minority Health; amending and renumbering s. 216.341, F.S.; providing an exemption from legislative funding for certain authorized Department of Health positions; amending s. 381.0011, F.S.; deleting a requirement that the Department of Health work with other departments to develop and implement a statewide injury control program; requiring the department to maintain a statewide injury prevention program; creating s. 381.0033, F.S.; requiring hospitals to implement a program to offer immunizations against the influenza virus and pneumococcal bacteria; amending s. 381.006, F.S.; authorizing each county to expend funds to conduct elevated blood lead level investigations; amending s. 381.0065, F.S.; revising a definition; deleting a requirement that the Department of Health make a certain report to the Legislature; specifying a certain annual flood line; authorizing the department to require the submission of certain onsite sewage treatment and disposal system construction plans; requiring the department to establish rules for submission of such plans; amending s. 381.0066, F.S.; extending the period in which a certain fee is collected; amending s. 381.0066, F.S.; authorizing the continuation of permit fees for system construction permits for onsite sewage treatment and disposal systems; amending s. 381.0072,

2035

2036

2037

2038

2039

2040

2041

2042

2043

2044

2045

2046

2047

2048

2049

2050

2051

2052

2053

2054

20552056

2057

2058

2059

2060

2061

F.S.; providing limitations on a certain exemption from food service protection requirements; removing a license exemption; creating s. 381.04015, F.S.; providing legislative intent; providing the duties of the Officer of Women's Health Strategy; requiring an annual report to the Governor and Legislature with policy recommendations for implementing the Women's Health Strategy; requiring consideration of women's health issues and gender in state policy, planning, and budgeting; providing for responsibility and coordination; creating s. 381.86, F.S.; creating the Department of Health Institutional Review Board; authorizing the secretary of the department to appoint members and a chair; authorizing the board to serve as the institutional review board for other agencies at the department secretary's discretion; providing for per diem and travel expenses for members of the board; requiring the department to charge for review costs incurred; providing an exception; authorizing rulemaking; amending s. 381.7353, F.S.; providing an additional program for department coordination; amending s. 381.7355, F.S.; providing an additional priority area; amending s. 381.89, F.S.; providing for late payment fees for tanning facility licenses; deleting the minimum license fee; authorizing a maximum total fee for each facility to be set by rule; revising the annual renewal fees to be prorated quarterly; amending s. 381.90, F.S.; revising the membership of the Health Information Systems Council; revising the date by which the council must develop and

2063

2064

20652066

2067

2068

2069

2070

2071

2072

2073

2074

2075

2076

2077

2078

2079

2080

2081

2082

20832084

2085

2086

2087

2088

2089

approve its strategic plan; deleting a requirement to provide copies of such plan to the Governor and Legislature; amending s. 383.14, F.S.; revising references to infants; providing for release of certain screening results; revising the age by which a newborn shall have certain tests; requiring the department to adopt certain additional rules; providing additional members on the Genetics and Newborn Screening Advisory Council; amending s. 383.402, F.S.; requiring child abuse or neglect to be verified before inclusion in a certain assessment; amending s. 391.021, F.S.; revising a definition; amending s. 391.025, F.S.; limiting the applicability and scope of Children's Medical Services program components; amending s. 391.029, F.S.; limiting certain services for availability of funds under such program; providing an additional eligibility requirement; amending s. 391.035, F.S.; allowing the program to contract with providers licensed in other states; amending s. 391.055, F.S.; requiring newborn screening results to be reported to the department if abnormal; amending ss. 391.301 and 391.305, F.S., deleting provisions for screening hearing impaired infants; amending s. 391.302, F.S.; deleting definitions relating to hearing-impaired infants; amending s. 391.303, F.S.; removing risk of hearing impairment as a condition that requires referrals to an intervention program; creating s. 391.308, F.S.; providing that the Department of Health may implement and administer certain federal programs as part of the Infants and Toddlers Early

2091

2092

2093

2094

2095

2096

2097

2098

2099

2100 2101

2102

2103

2104

2105

2106

2107

2108

2109

2110

21112112

2113

2114

2115

2116

2117

Intervention program; requiring the department to apply for federal funding for the program in conjunction with the Department of Education; amending s. 395.1027, F.S.; requiring licensed facilities to release to a regional poison control center certain patient information upon request; amending s. 395.404, F.S.; requiring trauma centers to report to a central registry; requiring the reporting of certain information to the department's brain and spinal cord injury central registry; amending s. 400.9905, F.S.; revising and providing definitions; amending s. 400.991, F.S.; revising health care clinic licensing requirements; requiring separate licenses for each mobile clinic; providing licensing requirements for portable equipment providers; amending s. 400.9935, F.S.; providing that a chief financial officer may assume responsibility for clinic billings under certain circumstances; providing that an exemption is not transferable; authorizing a fee for a certificate of exemption; allowing the agency to deny or revoke a license; amending s. 400.995, F.S.; allowing the agency to deny the renewal of a license or to revoke or suspend a license; prohibiting extension of a temporary license under certain circumstances; requiring the Agency for Health Care Administration to refund certain application fees; providing exceptions for certain late filed applications and providing for contingent effect; amending s. 401.211, F.S.; specifying legislative intent with respect to a comprehensive statewide injury prevention

2119

2120

21212122

2123

2124

2125

2126

2127

2128

2129

2130

2131

2132

2133

2134

2135

2136

2137

2138

2139

2140

2141

2142

2143

2144

2145

2147 program; creating s. 401.243, F.S.; requiring the 2148 department to establish an injury prevention program; specifying the duties of the program; allowing the 2149 2150 department to obtain and expend funds from grants, 2151 donations, or contributions; authorizing rulemaking; 2152 amending s. 404.056, F.S.; changing mandatory radon 2153 testing criteria; amending s. 468.302, F.S.; specifying 2154 the use of medical radiation; specifying persons that may 2155 use a nuclear medicine-computed tomography device; specifying the authority of a nuclear medicine 2156 2157 technologist; amending s. 468.304, F.S.; providing 2158 additional certification requirements; amending s. 2159 468.306, F.S.; authorizing the department to require 2160 additional education of certain applicants; amending s. 2161 468.3065, F.S.; specifying that the fee for certification 2162 by endorsement is nonrefundable; amending s. 468.307, 2163 F.S.; specifying the expiration date of a certificate; 2164 amending s. 468.309, F.S.; requiring notification of 2165 mailing address and place of practice; revising continuing education provider, course, and program approval 2166 provisions; providing for expired status and prohibiting 2167 2168 practice under such status; specifying the process of 2169 certificate resignation; amending s. 468.3095, F.S.; 2170 providing the process to reactivate an expired or inactive 2171 certificate; specifying a timeframe for the automatic 2172 nullification of a certificate; specifying the expiration 2173 date of a reactivated certificate; amending s. 468.3101, 2174 F.S.; authorizing the department to investigate or compel

document production to determine compliance; revising and providing grounds for disciplinary action; providing disciplinary actions; providing for actions against continuing education providers and courses; amending s. 489.553, F.S.; setting criteria to register as a master septic tank contractor; amending s. 489.554, F.S.; revising the registration renewal process; providing when certificates of registration shall become inactive; allowing a master septic tank contractor to revert to registered status; requiring the department to deny certain applications for renewal; amending s. 499.003, F.S.; providing a definition; amending s. 499.01, F.S.; requiring a person or establishment to obtain a permit in order to operate as a veterinary prescription drug wholesaler; amending s. 499.012, F.S.; requiring a person to have a veterinary prescription drug wholesaler permit to distribute veterinary prescription drugs in or into this state; requiring a veterinary prescription drug wholesaler who also distributes human prescription drugs that it did not manufacture to obtain a prescription drug wholesaler or out-of-state prescription drug wholesaler permit in lieu of the veterinary prescription drug wholesaler permit; amending s. 499.0121, F.S.; requiring certain prescription wholesalers and repackagers to use due diligence when purchasing prescription drugs from certain distributors; amending s. 499.041, F.S.; requiring an annual fee for a veterinary prescription drug wholesaler's permit; amending s. 499.065, F.S.; requiring

2175

2176

2177

2178

2179

2180

2181

2182

2183

2184

2185

2186

2187

2188

2189

2190

21912192

2193

2194

2195

2196

2197

2198

2199

2200

2201

2203 the Department of Health to inspect veterinary 2204 prescription drug wholesale establishments; authorizing 2205 the department to close the establishment if it creates an 2206 imminent danger to the public health; amending s. 784.081, 2207 F.S.; providing additional officials covered under 2208 penalties for assault and battery on specified officials; 2209 providing an appropriation; repealing s. 381.0098(9), 2210 F.S., relating to transition provisions involving 2211 regulation of biomedical waste; repealing s. 385.103(2)(f), F.S., relating to authority to adopt rules 2212 2213 to govern the operation of community intervention 2214 programs; repealing s. 393.064(5), F.S., relating to 2215 authority to contract for supervision and management of 2216 the Raymond C. Philips Research and Education Unit; repealing s. 445.033(7), F.S., relating to an exemption 2217 2218 for evaluations of TANF-funded programs; repealing ss. 381.85, 385.205, and 385.209, F.S., relating to biomedical 2219 2220 and social research, care and assistance of persons suffering from chronic renal diseases and establishment of 2221 programs in kidney disease control, and dissemination of 2222 2223 information on cholesterol health risks, respectively; 2224 providing an effective date.