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A bill to be entitled

2 An act relating to the Comprehensive Statewide Tobacco 3 Education and Use Prevention Program; amending s. 381.84, 4 F.S.; providing for the counter-marketing and advertising 5 campaign to include innovative communication strategies; 6 revising terminology; providing requirements for 7 administration and management of the program by the 8 Department of Health; deleting county health department 9 funding eligibility; specifying purpose of funds 10 distributed under the program; revising the area health 11 education center network program component functions and requirements; authorizing community mental health 12 providers under contract with the Department of Children 13 14 and Family Services to receive a share of the annual 15 appropriation for specified purposes, subject to a 16 specific appropriation in the General Appropriations Act; requiring the Department of Health to submit a proposal to 17 the Governor and Legislature for developing a pilot 18 19 program by a specified date; specifying elements of the proposal; deleting obsolete language; providing an 20 21 effective date. 22 23 Be It Enacted by the Legislature of the State of Florida: 24 25 Section 1. Subsection (3), paragraph (a) of subsection 26 (4), and subsections (6), (7), and (9) of section 381.84, Florida Statutes, are amended to read: 27 28 381.84 Comprehensive Statewide Tobacco Education and Use

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29 Prevention Program.-

30 (3)PROGRAM COMPONENTS AND REQUIREMENTS.-The department 31 shall conduct a comprehensive, statewide tobacco education and 32 use prevention program consistent with the recommendations for 33 effective program components contained in the 1999 Best 34 Practices for Comprehensive Tobacco Control Programs of the CDC, 35 as amended by the CDC. The program shall include the following 36 components, each of which shall focus on educating people, 37 particularly youth and their parents, about the health hazards 38 of tobacco and discouraging the use of tobacco:

(a) Counter-marketing and advertising; <u>Internet</u> cyberspace resource center.—The counter-marketing and advertising campaign shall include, at a minimum, Internet, print, radio, and television advertising and shall be funded with a minimum of one-third of the total annual appropriation required by s. 27, Art. X of the State Constitution.

1. The campaign shall include an Internet A cyberspace 45 resource center for copyrighted materials and information 46 47 concerning tobacco education and use prevention, including 48 cessation, shall be maintained by the program. The Internet Such 49 resource center must be accessible to the public, including 50 parents, teachers, and students, at each level of public and 51 private schools, universities, and colleges in the state and 52 shall provide links to other relevant resources. The Internet 53 address for the resource center must be incorporated in all 54 advertising. The information maintained in the resource center 55 shall be used by the other components of the program. 56 The campaign shall use innovative communication 2.

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57 <u>strategies, such as targeting specific audiences who use</u> 58 <u>personal communication devices and frequent social networking</u> 59 <u>websites.</u>

(b) Cessation programs, counseling, and treatment.—This
 program component shall include two subcomponents:

A statewide toll-free cessation service, which may
include counseling, referrals to other local resources and
support services, and treatment to the extent funds are
available for treatment services; and

A local community-based program to disseminate
 information about <u>tobacco-use</u> <del>smoking</del> cessation, how <u>tobacco-use</u>
 <del>smoking</del> cessation relates to prenatal care and obesity
 prevention, and other chronic tobacco-related diseases.

(c) Surveillance and evaluation.—The program shall conduct ongoing epidemiological surveillance and shall contract for annual independent evaluations of the effectiveness of the various components of the program in meeting the goals as set forth in subsection (2).

(d) Youth school programs.—School and after-school programs shall use current evidence-based curricula and programs that involve youth to educate youth about the health hazards of tobacco, help youth develop skills to refuse tobacco, and demonstrate to youth how to stop using tobacco.

(e) Community programs and chronic disease prevention.—The
department shall promote and support local community-based
partnerships that emphasize programs involving youth, including
programs for the prevention, detection, and early intervention
of tobacco-related smoking-related chronic diseases.

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85 Training.-The program shall include the training of (f) 86 health care practitioners, tobacco-use cessation smoking-87 cessation counselors, and teachers by health professional 88 students and other tobacco-use prevention specialists who are 89 trained in preventing tobacco use and health education. Tobacco-90 use cessation Smoking-cessation counselors shall be trained by 91 specialists who are certified in tobacco-use cessation. 92 Administration and management, statewide programs, and (q) 93 county health departments. - The department shall administer the program within the expenditure limit established in subsection 94 95 (8). As part of this component, the department shall coordinate 96 the activities of state and community-based tobacco control organizations. In addition, Each county health department is 97 98 eligible to receive a portion of the annual appropriation, on a 99 per capita basis, for coordinating tobacco education and use 100 prevention programs within that county. Appropriated funds may 101 be used to improve the infrastructure of the county health

102 department to implement the comprehensive, statewide tobacco 103 education and use prevention program. each county health 104 department shall prominently display in all treatment rooms and 105 waiting rooms $_{\tau}$  counter-marketing and advertisement materials in the form of wall posters, brochures, television advertising if 106 107 televisions are used in the lobby or waiting room, and 108 screensavers and Internet advertising if computer kiosks are available for use or viewing by people at the county health 109 110 department.

(h) Enforcement and awareness of related laws.-In
 coordination with the Department of Business and Professional

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113 Regulation, the program shall monitor the enforcement of laws, 114 rules, and policies prohibiting the sale or other provision of 115 tobacco to minors, as well as the continued enforcement of the 116 Clean Indoor Air Act prescribed in chapter 386. The 117 advertisements produced in accordance with paragraph (a) may 118 also include information designed to make the public aware of 119 these related laws and rules. The departments may enter into 120 interagency agreements to carry out this program component.

(i) AHEC tobacco-use cessation smoking-cessation
 initiative. For the 2009-2010 fiscal year, The AHEC network may
 administer shall expand the AHEC tobacco-use cessation smoking cessation initiative in to each county within the state and
 perform other activities as determined by the department.

126 Community-based organizations providing services to (j) 127 specific populations.-Subject to a specific appropriation in the 128 General Appropriations Act, and in order to reach, involve, and mobilize tobacco-users with mental illness, community mental 129 130 health providers under contract with the Department of Children 131 and Family Services pursuant to s. 394.74 are eligible to 132 receive a portion of the annual appropriation to provide intervention services and tobacco-use cessation treatments for 133 134 persons with mental illness.

(4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND
MEETINGS.—The Tobacco Education and Use Prevention Advisory
Council is created within the department.

(a) The council shall consist of 23 members, including:
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The State Surgeon General, who shall serve as the

140 chairperson.

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One county health department director, appointed by the
 State Surgeon General.
 Two members appointed by the Commissioner of Education,
 of whom one must be a school district superintendent.

145 4. The chief executive officer of the Florida Division of146 the American Cancer Society, or his or her designee.

147 5. The chief executive officer of the Greater Southeast
148 Affiliate of the American Heart Association, or his or her
149 designee.

150 6. The chief executive officer of the American Lung151 Association of Florida, or his or her designee.

152 7. The dean of the University of Miami School of Medicine,153 or his or her designee.

154 8. The dean of the University of Florida College of155 Medicine, or his or her designee.

156 9. The dean of the University of South Florida College of157 Medicine, or his or her designee.

158 10. The dean of the Florida State University College of159 Medicine, or his or her designee.

160 11. The dean of Nova Southeastern College of Osteopathic161 Medicine, or his or her designee.

162 12. The dean of the Lake Erie College of Osteopathic163 Medicine in Bradenton, Florida, or his or her designee.

164 13. The chief executive officer of the Campaign for165 Tobacco Free Kids, or his or her designee.

166 14. The chief executive officer of the Legacy Foundation,167 or his or her designee.

168 15. Four members appointed by the Governor, of whom two Page 6 of 10

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169 must have expertise in the field of tobacco-use prevention and 170 education or <u>tobacco-use</u> <del>smoking</del> cessation and one individual 171 who shall be between the ages of 16 and 21 at the time of his or 172 her appointment.

173 16. Two members appointed by the President of the Senate, 174 of whom one must have expertise in the field of tobacco-use 175 prevention and education or <u>tobacco-use</u> <del>smoking</del> cessation.

176 17. Two members appointed by the Speaker of the House of 177 Representatives, of whom one must have expertise in the field of 178 tobacco-use prevention and education or <u>tobacco-use</u> <del>smoking</del> 179 cessation.

180 (6) CONTRACT REQUIREMENTS.-Contracts or grants for the 181 program components or subcomponents described in paragraphs 182 (3) (a)-(f) shall be awarded by the State Surgeon General, after consultation with the council, on the basis of merit, as 183 184 determined by an open, competitive, peer-reviewed process that 185 ensures objectivity, consistency, and high quality. The 186 department shall award such grants or contracts no later than 187 October 1 for each fiscal year. A recipient of a contract or 188 grant for the program component described in paragraph (3)(c) is 189 not eligible for a contract or grant award for any other program 190 component described in subsection (3) in the same state fiscal 191 year. A school or college of medicine that is represented on the 192 council is not eligible to receive a contract or grant under this section. For the 2009-2010 fiscal year only, the department 193 194 shall award a contract or grant in the amount of \$10 million to 195 the AHEC network for the purpose of developing the components 196 described in paragraph (3) (i). The AHEC network may apply <del>for a</del> Page 7 of 10

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competitive contract or grant after the 2009-2010 fiscal year. 198 (a) In order to ensure that all proposals for funding are 199 appropriate and are evaluated fairly on the basis of merit, the 200 State Surgeon General, in consultation with the council, shall 201 appoint a peer review panel of independent, qualified experts in 202 the field of tobacco control to review the content of each 203 proposal and establish its priority score. The priority scores 204 shall be forwarded to the council and must be considered in 205 determining which proposals will be recommended for funding.

206 (b) The council and the peer review panel shall establish and follow rigorous guidelines for ethical conduct and adhere to 207 a strict policy with regard to conflicts of interest. A member 208 of the council or panel may not participate in any discussion or 209 decision with respect to a research proposal by any firm, 210 211 entity, or agency with which the member is associated as a 212 member of the governing body or as an employee or with which the 213 member has entered into a contractual arrangement. Meetings of 214 the council and the peer review panels are subject to chapter 215 119, s. 286.011, and s. 24, Art. I of the State Constitution.

216 (e) Notwithstanding the competitive process for contracts 217 prescribed in this subsection, each county health department 218 eligible for core funding, on a per capita basis, to implement 219 tobacco education and use prevention activities within that 220 county.

(c) (d) In each advertising contract, the department shall 221 limit the total of production fees, buyer commissions, and 222 223 related costs to no more than 10 percent of the total contract 224 amount.

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225 <u>(d) (e)</u> Notwithstanding the competitive process for 226 contracts prescribed in this subsection, each county health 227 department is eligible for core funding, on a per capita basis, 228 to implement tobacco education and use prevention activities 229 within that county.

230

(7) ANNUAL REPORT REQUIRED.-

231 (a) By January 31 of each year, the department shall 232 provide to the Governor, the President of the Senate, and the 233 Speaker of the House of Representatives a report that evaluates 234 the program's effectiveness in reducing and preventing tobacco 235 use and that recommends improvements to enhance the program's 236 effectiveness. The report must contain, at a minimum, an annual 237 survey of youth attitudes and behavior toward tobacco, as well 238 as a description of the progress in reducing the prevalence of tobacco use among youth, adults, and pregnant women; reducing 239 240 per capita tobacco consumption; and reducing exposure to 241 environmental tobacco smoke.

242 By December 1, 2010, the department shall submit to (b) 243 the Governor, the President of the Senate, the Speaker of the 244 House of Representatives, and the appropriate substantive 245 committees of the Legislature a written proposal for 246 implementing an incentive-based pilot program using commitment 247 contracts for tobacco-users. The proposal shall include a recommended amount and source of funding for the pilot program, 248 249 as well as recommendations related to: 250 1. The location of the pilot program. 251 2. The type of commitment contract to be used. 252 3. Proposed terms for the commitment contract, including Page 9 of 10

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253	any additional incentives that could be provided by the state
254	and penalties or consequences for failure to abstain from using
255	tobacco by program participants.
256	4. The method for testing for tobacco abstention by
257	program participants.
258	5. The locations of testing site centers, which may
259	include area health education centers, county health
260	departments, and federally qualified health centers.
261	(8) LIMITATION ON ADMINISTRATIVE EXPENSESFrom the total
262	funds appropriated for the Comprehensive Statewide Tobacco
263	Education and Use Prevention Program in the General
264	Appropriations Act, an amount of up to 5 percent may be used by
265	the department for administrative expenses.
266	(9) RULEMAKING AUTHORIZEDBy January 1, 2008, The
267	department shall adopt rules pursuant to ss. 120.536(1) and
268	120.54 to administer this section.
269	Section 2. This act shall take effect July 1, 2010.

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