A bill to be entitled 1 2 An act relating to the health care; amending s. 20.43, 3 F.S.; establishing the Office of Public Health Nutrition 4 within the Department of Health; amending ss. 20.435, 5 154.503, and 215.5602, F.S.; conforming cross-references; repealing s. 381.0053, F.S., relating to the comprehensive 6 7 nutrition program; repealing s. 381.0054, F.S., relating 8 to the promotion of healthy lifestyles; repealing ss. 381.732 and 381.733, F.S., relating to the Healthy 9 10 Communities, Healthy People Act; repealing s. 381.734, 11 F.S., relating to the Healthy Communities, Healthy People Program; repealing s. 381.912, F.S., relating to the 12 Cervical Cancer Elimination Task Force; repealing s. 13 14 385.103, F.S., relating to community intervention 15 programs; renumbering s. 381.91, F.S., relating to the 16 Jessie Trice Cancer Prevention Program; renumbering and amending s. 381.911, F.S., relating to the Prostate Cancer 17 Awareness Program; revising the criteria for members of 18 19 the prostate cancer advisory committee; renumbering s. 381.92, F.S., relating to the Florida Cancer Council; 20 21 renumbering s. 381.921, F.S., relating to the mission and 22 duties of the Florida Cancer Council; renumbering and 23 amending s. 381.922, F.S., relating to the William G. 24 "Bill" Bankhead, Jr., and David Coley Cancer Research 25 Program; conforming cross-references; renumbering s. 26 381.93, F.S., relating to a breast and cervical cancer 27 early detection program; renumbering and amending s. 28 381.931, F.S., relating to an annual report on Medicaid

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expenditures; removing a provision limiting the number of breast and cervical cancer screenings based on projected Medicaid expenditures; renumbering s. 381.932, F.S., relating to the breast cancer early detection and treatment referral program; renaming ch. 385, F.S., as the "Healthy and Fit Florida Act"; amending s. 385.101, F.S.; revising the short title; amending s. 385.102, F.S.; revising legislative intent with regard to chronic diseases and health promotion; creating s. 385.1021, F.S.; providing definitions; creating s. 385.1022, F.S.; requiring the Department of Health to support the creation of public health programs at the state and community levels to reduce the incidence of mortality and morbidity from chronic diseases; authorizing the department to advance funds for program startup and contracted services under certain conditions; creating s. 385.1023, F.S.; requiring the department to create state-level programs to address the preventable risk factors associated with chronic diseases; requiring the program to perform certain activities; requiring a biennial report to the Governor and Legislature; creating s. 385.1035, F.S.; providing for community-level programs for the prevention of chronic diseases and the promotion of health; requiring the department to develop and implement a community-level chronic disease prevention and health promotion program; providing the purpose of the program; providing requirements for the program; creating s. 385.104, F.S.; creating the State Employee Wellness Interagency Council;

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providing for purpose, membership, and duties of the council; creating s. 385.105, F.S.; requiring the department to develop programs to promote physical fitness, healthy lifestyles, and weight control; requiring the Office of Public Health Nutrition to promote optimal nutritional status in the state's population; requiring the department to promote personal responsibility and regular health visits; authorizing state agencies to conduct employee wellness programs; requiring the department to serve as a model for the development and implementation of wellness programs; requiring the department to assist state agencies in developing and implementing wellness programs; providing equal access to the programs by agency employees; requiring the department to coordinate efforts with the Department of Management Services and other state agencies; authorizing each state agency to establish an employee wellness workgroup to design the agency's wellness program; requiring the department to adopt rules to provide requirements for participation fees, collaboration with businesses, and procurement of equipment and incentives; amending s. 385.202, F.S.; requiring licensed laboratories and practitioners to report certain information to the department; authorizing the department to adopt rules regarding reporting requirements for the statewide cancer registry; removing a provision that provides for registration or licensure suspension or revocation for failure to comply with such requirements; providing

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immunity from liability for facilities, laboratories, and practitioners reporting certain information; authorizing the department to adopt rules regarding the establishment and operation of a statewide cancer registry program; permitting the department or contractual designee operating the statewide cancer registry program to use or publish information contained in the registry for the purpose of public health surveillance under certain circumstances; authorizing the department to exchange personal data with an agency or contractual designee for the purpose of public health surveillance under certain circumstances; authorizing additional uses for funds appropriated for the program; clarifying that the department may adopt rules regarding the classifications of facilities, laboratories, and practitioners related to reports made to the statewide cancer registry; removing an exemption from reporting requirements for certain facilities; requiring each facility, laboratory, and practitioner that reports cancer cases to the department to make their records available for onsite review; amending s. 385.203, F.S.; increasing the membership of the Diabetes Advisory Council; amending s. 385.206, F.S.; renaming the "Hematology-oncology care center program" as the "Pediatric Hematology-oncology Center Program"; revising the definition of the term "patient"; authorizing the department to designate centers and provide funding to maintain programs for the care of patients with hematologic and oncologic disorders; providing

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requirements for contracts that provide funding for the program; deleting a requirement for the establishment of district programs and annual review thereof; revising procedure for evaluation of services provided by the centers; requiring data from the centers and other sources relating to pediatric cancer to be available to the department for program planning and quality assurance initiatives; amending s. 385.207, F.S.; revising provisions that require the department to collect information regarding the number of clients served, outcomes reached, expenses incurred, and fees collected by providers of epilepsy services; deleting a provision that requires the department to limit administrative expenses from the Epilepsy Services Trust Fund to a certain percentage of annual receipts; amending s. 385.210, F.S.; revising legislative findings regarding the economic costs of treating arthritis and its complications; authorizing the State Surgeon General to seek any federal waivers necessary to maximize funds from the Federal Government to implement an arthritis prevention and education program; creating s. 385.301, F.S.; authorizing the department to adopt rules to administer ch. 385, F.S.; creating s. 385.401, F.S.; authorizing the department, with the approval of the State Surgeon General, to establish a direct-support organization; specifying duties; providing for appointment and terms of members of the board of directors; providing for the use of department and county health department property and facilities by the direct-

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support organization under certain conditions; requiring the direct-support organization to comply with directives and requirements established by funding sources; requiring the direct-support organization to submit certain forms to the department and reports to the Governor and Legislature; requiring an annual audit; amending s. 409.904, F.S.; conforming a cross-reference; providing an effective date.

WHEREAS, chronic diseases account for 70 percent of all deaths in the United States, and

WHEREAS, heart disease and stroke have remained the first and third leading causes of death in the United States for over seven decades and are responsible for approximately one-third of total deaths each year in this state, and

WHEREAS, cancer is the second leading cause of death and is responsible for one in every four deaths in this state, and

WHEREAS, lung disease is the fourth leading cause of death and is responsible for one in every six deaths in this state, and

WHEREAS, diabetes is the sixth leading cause of death in this state, and

WHEREAS, oral disease, specifically dental caries, commonly known as tooth decay, is the single most common chronic disease in children. Dental caries is the most prevalent chronic disease experienced by children that is not self-limiting or amenable to a short-term course of antibiotics, despite the fact that dental caries is usually preventable, and

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WHEREAS, arthritis is the leading cause of disability in the United States, limiting the daily activities of more than 19 million people across the country and more than 1 million people in this state alone, NOW, THEREFORE,

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

- Section 1. Subsection (10) is added to section 20.43, Florida Statutes, to read:
- 20.43 Department of Health.—There is created a Department of Health.
  - (10) There is established within the Department of Health the Office of Public Health Nutrition.
  - Section 2. Paragraph (a) of subsection (8) of section 20.435, Florida Statutes, is amended to read:
  - 20.435 Department of Health; trust funds.—The following trust funds shall be administered by the Department of Health:
    - (8) Biomedical Research Trust Fund.
  - (a) Funds to be credited to the trust fund shall consist of funds deposited pursuant to s. 215.5601 and any other funds appropriated by the Legislature. Funds shall be used for the purposes of the James and Esther King Biomedical Research Program and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program as specified in ss. 215.5602, 288.955, and 385.20252 381.922. The trust fund is exempt from the service charges imposed by s. 215.20.
  - Section 3. Paragraph (e) of subsection (2) of section 154.503, Florida Statutes, is amended to read:

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154.503 Primary Care for Children and Families Challenge Grant Program; creation; administration.—

(2) The department shall:

- (e) Coordinate with the primary care program developed pursuant to s. 154.011, the Florida Healthy Kids Corporation program created in s. 624.91, the school health services program created in ss. 381.0056 and 381.0057, the Healthy Communities, Healthy People Program created in s. 381.734, and the volunteer health care provider program developed pursuant to s. 766.1115.
- Section 4. Subsection (11) of section 215.5602, Florida Statutes, is amended to read:
- 215.5602 James and Esther King Biomedical Research Program.—
- (11) The council shall award grants for cancer research through the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created in s. 385.20252 s. 381.922.
- Section 5. <u>Sections 381.0053, 381.0054, 381.732, 381.733,</u> 381.734, 381.912, and 385.103, Florida Statutes, are repealed.
- Section 6. Section 381.91, Florida Statutes, is renumbered as section 385.2023, Florida Statutes, to read:
  - 385.2023 381.91 Jessie Trice Cancer Prevention Program.-
  - (1) It is the intent of the Legislature to:
- (a) Reduce the rates of illness and death from lung cancer and other cancers and improve the quality of life among low-income African-American and Hispanic populations through increased access to early, effective screening and diagnosis, education, and treatment programs.

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(b) Create a community faith-based disease-prevention program in conjunction with the Health Choice Network and other community health centers to build upon the natural referral and education networks in place within minority communities and to increase access to health service delivery in Florida.

- (c) Establish a funding source to build upon local private participation to sustain the operation of the program.
- (2)(a) There is created the Jessie Trice Cancer Prevention Program, to be located, for administrative purposes, within the Department of Health, and operated from the community health centers within the Health Choice Network in Florida.
- (b) Funding may be provided to develop contracts with community health centers and local community faith-based education programs to provide cancer screening, diagnosis, education, and treatment services to low-income populations throughout the state.
- Section 7. Section 381.911, Florida Statutes, is renumbered as section 385.2024, Florida Statutes, and amended to read:
  - 385.2024 381.911 Prostate Cancer Awareness Program.-
- (1) To the extent that funds are specifically made available for this purpose, the Prostate Cancer Awareness Program is established within the Department of Health. The purpose of this program is to implement the recommendations of January 2000 of the Florida Prostate Cancer Task Force to provide for statewide outreach and health education activities to ensure that men are aware of and appropriately seek medical

counseling for prostate cancer as an early-detection health care measure.

(2) For purposes of implementing the program, the Department of Health and the Florida Public Health Institute, Inc., may:

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- (a) Conduct activities directly or enter into a contract with a qualified nonprofit community education entity.
- (b) Seek any available gifts, grants, or funds from the state, the Federal Government, philanthropic foundations, and industry or business groups.
- (3) A prostate cancer advisory committee is created to advise and assist the Department of Health and the Florida Public Health Institute, Inc., in implementing the program.
- (a) The State Surgeon General shall appoint the advisory committee members, who shall consist of:
- 1. Three persons from prostate cancer survivor groups or cancer-related advocacy groups.
- 2. Three persons who are scientists or clinicians from public or nonpublic universities or research organizations.
- 3. Three persons who are engaged in the practice of a cancer-related medical specialty from health organizations committed to cancer research and control.
- (b) Members shall serve without compensation but are entitled to reimbursement, pursuant to s. 112.061, for per diem and travel expenses incurred in the performance of their official duties.
- (4) The program shall coordinate its efforts with those of the Florida Public Health Institute, Inc.

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Section 8. Section 381.92, Florida Statutes, is renumbered as section 385.2025, Florida Statutes, to read:

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- (1) Effective July 1, 2004, the Florida Cancer Council within the Department of Health is established for the purpose of making the state a center of excellence for cancer research.
- (2)(a) The council shall be representative of the state's cancer centers, hospitals, and patient groups and shall be organized and shall operate in accordance with this act.
- (b) The Florida Cancer Council may create not-for-profit corporate subsidiaries to fulfill its mission. The council and its subsidiaries are authorized to receive, hold, invest, and administer property and any moneys acquired from private, local, state, and federal sources, as well as technical and professional income generated or derived from the mission-related activities of the council.
  - (c) The members of the council shall consist of:
- 1. The chair of the Florida Dialogue on Cancer, who shall serve as the chair of the council:
  - 2. The State Surgeon General or his or her designee;
- 3. The chief executive officer of the H. Lee Moffitt Cancer Center or his or her designee;
- 4. The director of the University of Florida Shands Cancer Center or his or her designee;
- 5. The chief executive officer of the University of Miami Sylvester Comprehensive Cancer Center or his or her designee;
- 6. The chief executive officer of the Mayo Clinic, Jacksonville, or his or her designee;

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7. The chief executive officer of the American Cancer Society, Florida Division, Inc., or his or her designee;

- 8. The president of the American Cancer Society, Florida Division, Inc., Board of Directors or his or her designee;
- 9. The president of the Florida Society of Clinical Oncology or his or her designee;
- 10. The president of the American College of Surgeons, Florida Chapter, or his or her designee;
- 11. The chief executive officer of Enterprise Florida, Inc., or his or her designee;
- 12. Five representatives from cancer programs approved by the American College of Surgeons. Three shall be appointed by the Governor, one shall be appointed by the Speaker of the House of Representatives, and one shall be appointed by the President of the Senate;
- 13. One member of the House of Representatives, to be appointed by the Speaker of the House of Representatives; and
- 14. One member of the Senate, to be appointed by the President of the Senate.
- (d) Appointments made by the Speaker of the House of Representatives and the President of the Senate pursuant to paragraph (c) shall be for 2-year terms, concurrent with the bienniums in which they serve as presiding officers.
- (e) Appointments made by the Governor pursuant to
  paragraph (c) shall be for 2-year terms, although the Governor
  may reappoint members.

(f) Members of the council or any subsidiaries shall serve without compensation, and each organization represented on the council shall cover the expenses of its representatives.

- (3) The council shall issue an annual report to the Center for Universal Research to Eradicate Disease, the Governor, the Speaker of the House of Representatives, and the President of the Senate by December 15 of each year, with policy and funding recommendations regarding cancer research capacity in Florida and related issues.
- Section 9. Section 381.921, Florida Statutes, is renumbered as section 385.20251, Florida Statutes, to read:
- 385.20251 381.921 Florida Cancer Council mission and duties.—The council, which shall work in concert with the Florida Center for Universal Research to Eradicate Disease to ensure that the goals of the center are advanced, shall endeavor to dramatically improve cancer research and treatment in this state through:
- (1) Efforts to significantly expand cancer research capacity in the state by:
- (a) Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;
- (b) Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research institutes in this state;
- (c) Funding through available resources for those proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;

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(d) Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines, to facilitate the full spectrum of cancer investigations;

- (e) Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research; and
- (f) Aiding in other multidisciplinary research-support activities as they inure to the advancement of cancer research.
- (2) Efforts to improve both research and treatment through greater participation in clinical trials networks by:
- (a) Identifying ways to increase adult enrollment in cancer clinical trials;
- (b) Supporting public and private professional education programs designed to increase the awareness and knowledge about cancer clinical trials;
- (c) Providing tools to cancer patients and community-based oncologists to aid in the identification of cancer clinical trials available in the state; and
- (d) Creating opportunities for the state's academic cancer centers to collaborate with community-based oncologists in cancer clinical trials networks.
- (3) Efforts to reduce the impact of cancer on disparate groups by:
- (a) Identifying those cancers that disproportionately impact certain demographic groups; and

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(b) Building collaborations designed to reduce health disparities as they relate to cancer.

Section 10. Section 381.922, Florida Statutes, is renumbered as section 385.20252, Florida Statutes, and amended, to read:

385.20252 381.922 William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.—

- (1) The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program, which may be otherwise cited as the "Bankhead-Coley Program," is created within the Department of Health. The purpose of the program shall be to advance progress towards cures for cancer through grants awarded through a peer-reviewed, competitive process.
- (2) The program shall provide grants for cancer research to further the search for cures for cancer.
- (a) Emphasis shall be given to the goals enumerated in  $\underline{s}$ .  $\underline{385.20251}$   $\underline{s}$ .  $\underline{381.921}$ , as those goals support the advancement of such cures.
- (b) Preference may be given to grant proposals that foster collaborations among institutions, researchers, and community practitioners, as such proposals support the advancement of cures through basic or applied research, including clinical trials involving cancer patients and related networks.
- (3) (a) Applications for funding for cancer research may be submitted by any university or established research institute in the state. All qualified investigators in the state, regardless of institutional affiliation, shall have equal access and opportunity to compete for the research funding. Collaborative

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proposals, including those that advance the program's goals enumerated in subsection (2), may be given preference. Grants shall be awarded by the State Surgeon General, after consultation with the Biomedical Research Advisory Council, on the basis of scientific merit, as determined by an open, competitive peer review process that ensures objectivity, consistency, and high quality. The following types of applications shall be considered for funding:

- 1. Investigator-initiated research grants.
- 2. Institutional research grants.

- 3. Collaborative research grants, including those that advance the finding of cures through basic or applied research.
- (b) In order to ensure that all proposals for research funding are appropriate and are evaluated fairly on the basis of scientific merit, the State Surgeon General, in consultation with the council, shall appoint a peer review panel of independent, scientifically qualified individuals to review the scientific content of each proposal and establish its priority score. The priority scores shall be forwarded to the council and must be considered in determining which proposals shall be recommended for funding.
- (c) The council and the peer review panel shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest. A member of the council or panel may not participate in any discussion or decision with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the

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member has entered into a contractual arrangement. Meetings of the council and the peer review panels are subject to chapter 119, s. 286.011, and s. 24, Art. I of the State Constitution.

- (4) By December 15 of each year, the Department of Health shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report indicating progress towards the program's mission and making recommendations that further its purpose.
- (5) Funds appropriated for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer and cancer-related illnesses, with emphasis given to the goals enumerated in <a href="mailto:s.385.20251">s. 381.921</a>. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses. In the 2009-2010 fiscal year, 2.5 percent, not to exceed \$25 million, of the revenue deposited into the Health Care Trust Fund pursuant to s. 215.5602(12)(a) shall be transferred to the Biomedical Research Trust Fund within the Department of Health for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.
- (6) By June 1, 2009, the Division of Statutory Revision of the Office of Legislative Services shall certify to the President of the Senate and the Speaker of the House of Representatives the language and statutory citation of this section, which is scheduled to expire January 1, 2011.
- (7) The Legislature shall review the performance, the outcomes, and the financial management of the William G. "Bill"

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Bankhead, Jr., and David Coley Cancer Research Program during the 2010 Regular Session of the Legislature and shall determine the most appropriate funding source and means of funding the program based on its review.

- (8) This section expires January 1, 2011, unless reviewed and reenacted by the Legislature before that date.
- Section 11. Section 381.93, Florida Statutes, is renumbered as section 385.20253, Florida Statutes, to read:

385.20253 381.93 Breast and cervical cancer early detection program.—This section may be cited as the "Mary Brogan Breast and Cervical Cancer Early Detection Program Act."

- (1) It is the intent of the Legislature to reduce the rates of death due to breast and cervical cancer through early diagnosis and increased access to early screening, diagnosis, and treatment programs.
- (2) The Department of Health, using available federal funds and state funds appropriated for that purpose, is authorized to establish the Mary Brogan Breast and Cervical Cancer Screening and Early Detection Program to provide screening, diagnosis, evaluation, treatment, case management, and followup and referral to the Agency for Health Care Administration for coverage of treatment services.
- (3) The Mary Brogan Breast and Cervical Cancer Early Detection Program shall be funded through grants for such screening and early detection purposes from the federal Centers for Disease Control and Prevention under Title XV of the Public Health Service Act, 42 U.S.C. ss. 300k et seq.

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(4) The department shall limit enrollment in the program to persons with incomes up to and including 200 percent of the federal poverty level. The department shall establish an eligibility process that includes an income-verification process to ensure that persons served under the program meet income guidelines.

- (5) The department may provide other breast and cervical cancer screening and diagnostic services; however, such services shall be funded separately through other sources than this act.
- Section 12. Section 381.931, Florida Statutes, is renumbered as section 385.20254, Florida Statutes, and amended to read:

385.20254 381.931 Annual report on Medicaid expenditures. The Department of Health and the Agency for Health Care Administration shall monitor the total Medicaid expenditures for services made under this act. If Medicaid expenditures are projected to exceed the amount appropriated by the Legislature, the Department of Health shall limit the number of screenings to ensure Medicaid expenditures do not exceed the amount appropriated. The Department of Health, in cooperation with the Agency for Health Care Administration, shall prepare an annual report that must include the number of women screened; the percentage of positive and negative outcomes; the number of referrals to Medicaid and other providers for treatment services; the estimated number of women who are not screened or not served by Medicaid due to funding limitations, if any; the cost of Medicaid treatment services; and the estimated cost of treatment services for women who were not screened or referred

for treatment due to funding limitations. The report shall be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor by March 1 of each year.

Section 13. Section 381.932, Florida Statutes, is renumbered as section 385.20255, Florida Statutes, to read:

 $\underline{385.20255}$   $\underline{381.932}$  Breast cancer early detection and treatment referral program.—

- (1) For purposes of this section, the term:
- (a) "Breast cancer screening and referral services" means necessary breast cancer screening and referral services for a procedure intended to treat cancer of the human breast, including, but not limited to, surgery, radiation therapy, chemotherapy, hormonal therapy, and related medical followup services.
- (b) "Unserved or underserved populations" means women who are:
- 1. At or below 200 percent of the federal poverty level for individuals:
- 2. Without health insurance that covers breast cancer screenings; and
  - 3. Nineteen to 64 years of age, inclusive.
- (2) There is established, within existing or specific appropriations, a breast cancer early detection and treatment referral program within the Department of Health. The purposes of the program are to:

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(a) Promote referrals for the screening, detection, and treatment of breast cancer among unserved or underserved populations.

- (b) Educate the public regarding breast cancer and the benefits of early detection.
- (c) Provide referral services for persons seeking treatment.

- (3) The program shall include, but  $\underline{is}$  not  $\underline{be}$  limited to, the:
- (a) Establishment of a public education and outreach initiative to publicize breast cancer early detection services, the benefits of early detection of breast cancer, and the recommended frequency for receiving screening services, including clinical breast examinations and mammography guidelines established by the United States Preventive Services Task Force.
- (b) Development of professional education programs that include information regarding the benefits of the early detection of breast cancer and the recommended frequency for receiving a mammogram, as recommended in the most current breast cancer screening guidelines established by the United States Preventive Services Task Force.
- (c) Establishment of a system to track and monitor all women screened for breast cancer in the program. The system shall include, but <u>is</u> not <del>be</del> limited to, monitoring abnormal screening tests, referring women for treatment when needed, and tracking women to be screened at recommended screening intervals.

(4) The State Surgeon General shall submit an annual report to the appropriate substantive committees of the Legislature. The report shall include, but <u>is</u> not <del>be</del> limited to, a description of the rate of breast cancer morbidity and mortality in the state and the extent to which women are participating in breast cancer screening as reported by the Behavioral Risk Factor Surveillance System.

Section 14. <u>Chapter 385, Florida Statutes, entitled</u>
"Chronic Diseases," is renamed the "Healthy and Fit Florida
Act."

Section 15. Section 385.101, Florida Statutes, is amended to read:

385.101 Short title.—<u>This chapter Sections 385.101-385.103</u> may be cited as the "<u>Healthy and Fit Florida Chronic Diseases</u>
Act."

Section 16. Section 385.102, Florida Statutes, is amended to read:

385.102 Legislative intent.—It is the finding of the Legislature that:

death and disability in the state and the nation exist in high proportions among the people of this state. These Chronic diseases include, but are not limited to, arthritis, cardiovascular disease heart disease, hypertension, diabetes, renal disease, oral diseases, cancer, and chronic obstructive lung disease, including chronic obstructive pulmonary disease and asthma. These diseases are often have the same preventable risk factors and interrelated, and they directly and indirectly

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account for a high rate of death and <u>disability</u>, which results in higher costs to the state's health care system illness.

- (2) Chronic diseases have a significant impact on quality of life, not only for the individuals who experience the painful symptoms and resulting disabilities, but also for family members and caregivers.
- (3) Racial and ethnic minorities and other underserved populations are disproportionately affected by chronic diseases.
- (4) Chronic diseases and the complications associated with these diseases result in increased medical costs and lost wages.
- (5)(2) Advances in medical knowledge and technology <u>assist</u> have assisted in the prevention, detection, and management of chronic diseases. Comprehensive approaches <u>that stress the stressing</u> application of current <u>medical</u> treatment, continuing research, professional training, <u>and</u> patient education, <u>and state and local policy and environmental changes</u> should be <u>implemented encouraged</u>.
- (6) (3) A comprehensive program dealing with the early detection and prevention of chronic diseases is required to make knowledge and therapy available to all people of this state. The mobilization of scientific, medical, and educational resources and the implementation of state and local policies relating to chronic diseases under one comprehensive law chronic disease act will facilitate the prevention, early intervention, and management of chronic and treatment of these diseases and their symptoms. This integration of resources and policy will and result in a decline in death and disability illness among the people of this state.

(7) The department shall establish, promote, and maintain programs at the state and community levels for chronic disease prevention and health promotion as described in this chapter to the extent that funds are specifically made available for this purpose.

Section 17. Section 385.1021, Florida Statutes, is created to read:

- 385.1021 Definitions.—As used in this chapter, the term:
- (1) "Best and promising practices" means specific activities used to effect change, which may include guidelines developed by organizations, volunteer scientists, and health care professionals who have published medical or scientific articles on topics relating to chronic diseases in a generally available scientific journal that has a rigorous review and approval process.
- (2) "CDC" means the United States Centers for Disease Control and Prevention.
- (3) "Chronic disease" means an illness that is prolonged, does not resolve spontaneously, and is rarely cured completely.
  - (4) "Department" means the Department of Health.
- (5) "Environmental changes" means changes to the economic, social, or physical natural or built environment that encourage or enable healthy behavior.
- (6) "Policy change" means altering an informal or formal agreement between the public or private sector to identify values, behaviors, or resource allocation in order to improve health.
  - (7) "Primary prevention" means an intervention that is

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directed toward healthy populations and focuses on preventing a disease before it occurs.

- (8) "Risk factor" means a characteristic or condition identified during the course of an epidemiological study of a disease that appears to be statistically associated with a high incidence of that disease.
- (9) "Secondary prevention" means an intervention that is designed to promote the early detection and management of diseases and reduce the risks experienced by at-risk populations.
- (10) "System changes" means altering standard activities, protocols, policies, processes, and structures carried out in population-based settings, such as schools, worksites, health care facilities, faith-based organizations, and the overall community, which promote and support new behaviors.
- (11) "Tertiary prevention" means an intervention that is directed at rehabilitating and minimizing the effects of disease in a chronically ill population.
- (12) "Wellness program" means a structured program that is designed or approved by the department to offer intervention activities on or off the worksite which help state and local government employees change certain behaviors or adopt healthy lifestyles.
- Section 18. Section 385.1022, Florida Statutes, is created to read:
- 690 385.1022 Chronic disease prevention and health promotion 691 program.—

(1) The department shall support the creation of public health programs at the state and community levels to reduce the incidence of mortality and morbidity from chronic diseases for which risk factors can be identified. Such risk factors include, but are not limited to, being overweight or obese, physical inactivity, poor diet and nutrition habits, sun exposure, poor oral hygiene, and other practices that are detrimental to health.

- (2) For any contracts or grants awarded pursuant to this chapter, the department may make advances in total or periodically for program startup or contracted services to other governmental entities and not-for-profit corporations. The amount advanced may not exceed the expected financial needs of the contractor or recipient during the initial 3 months of the contract. Any agreement that provides for advancements may contain a clause that permits the contractor or recipient to temporarily invest the proceeds, provided that any interest income shall be returned to the agency or applied against the agency's obligation to pay the contract amount.
- Section 19. Section 385.1023, Florida Statutes, is created to read:
- 385.1023 State-level programs for chronic disease prevention.—
- (1) The department shall create state-level programs that address preventable chronic disease risk factors, such as being overweight or obese, physical inactivity, poor diet and nutrition habits, sun exposure, poor oral hygiene, and other practices that are detrimental to health, in order to decrease

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the incidence of arthritis, cancer, diabetes, heart disease, lung disease, including chronic obstructive pulmonary disease and asthma, stroke, and other chronic diseases.

- (2) State-level programs shall include, but not be limited to:
- (a) Monitoring specific causal and behavioral risk factors that affect the health of residents of this state.
- (b) Analyzing data regarding chronic disease mortality and morbidity to track changes.
- (c) Promoting public awareness and increasing knowledge concerning the causes of chronic diseases, including the importance of early detection, diagnosis, and appropriate evidence-based prevention, management, and treatment strategies.
- (d) Disseminating educational materials and information concerning evidence-based results, available services, and pertinent new research findings and prevention strategies to patients, health insurers, health professionals, and the public.
- (e) Providing technical assistance using educational and training resources and services developed by organizations with the appropriate expertise and knowledge of chronic diseases.
- (f) Evaluating the quality and accessibility of existing community-based services for persons with chronic diseases.
- (g) Increasing awareness among state and local officials involved in health and human services, health professionals and providers, and policymakers regarding evidence-based chronic disease prevention, treatment strategies, and benefits for persons with chronic diseases.

(h) Developing a partnership with state and local governments, voluntary health organizations, hospitals, health insurers, universities, medical centers, faith-based organizations, employer groups, private companies, and health care providers to address the issue of chronic diseases in this state.

- (i) Implementing and coordinating state-level policies in order to reduce the impact of chronic diseases.
- (j) Providing lasting improvements in the delivery of health care for individuals who have chronic diseases and their families, thus improving their quality of life while also containing health care costs.
- (3) The department shall prepare a biennial report on the status of chronic diseases, including current data regarding incidences of chronic disease in the state. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by March 1 and shall include:
- (a) An analysis reviewing and forecasting the correlation of chronic diseases and emerging related issues, as determined by the state chronic disease report, to the direct and indirect financial costs to the state, which may include costs relating to health care, lost productivity, and a reduced quality of life.
- (b) The reporting of health disparities regarding incidences of chronic diseases among different segments of the population.

(c) Recommendations supported by the data provided in the state chronic disease report.

Section 20. Section 385.1035, Florida Statutes, is created to read:

385.1035 Community-level programs for chronic disease prevention and health promotion.—The department shall develop and implement a comprehensive, community-level program for chronic disease prevention and health promotion. The program shall be designed to reduce major behavioral risk factors associated with chronic diseases by enhancing knowledge, skills, motivation, and opportunities to enable individuals, organizations, health care providers, small businesses, health insurers, and communities to develop and maintain healthy lifestyles. A community-level chronic disease prevention and health promotion program shall include, but not be limited to:

- (1) The employment of skilled staff who are trained in public health, community health, or school health education to facilitate the operation of the program.
- (2) A process for soliciting community input into the planning, implementation, and evaluation processes.
- (3) The use of local and statewide data as a basis for decisionmaking and the development and prioritization of community-based interventions focused on the risk factors associated with chronic diseases.
- (4) The development and implementation of interventions and activities through community organizations, schools, worksites, faith-based organizations, and health-care settings.

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(5) The use of evidence-based interventions as well as best and promising practices.

- (6) The use of policies, systems, and environmental changes that support healthy behaviors in order to affect large segments of the population and encourage healthy choices.
- (7) The provision of counseling in nutrition, physical activity, the effects of tobacco use, hypertension, blood pressure control, and diabetes control, and other clinical prevention services.

Section 21. Section 385.104, Florida Statutes, is created to read:

- 385.104 State Employee Wellness Interagency Council.-
- (1) The State Employee Wellness Interagency Council is created within the Department of Health for the purpose of developing policies to enhance the full implementation of employee wellness in state agencies. The council shall operate as a workgroup under the State Surgeon General.
- (2) The council shall be composed of representatives of no fewer than six agencies, including, but not limited to, the Departments of Health, Revenue, Education, and Management Services. The council shall include state agency representatives in leadership positions in the areas of human resources, risk assessment, or existing employee wellness programs. Council members shall be appointed in such a manner as to equitably represent the state agencies on the council. Not more than two members of the council may be from any one state agency.
- (3) Council members shall be nominated by the agency head and appointed by the State Surgeon General to 4-year terms,

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except that the initial terms shall be staggered, with three members appointed to 3-year terms and three members appointed to 4-year terms.

- (4) A member's absence from three consecutive meetings shall result in his or her automatic removal from the council. A vacancy on the council shall be filled for the remainder of the unexpired term.
- (5) The council shall annually elect from its membership one member to serve as chair of the council and one member to serve as vice chair. The State Surgeon General shall serve as chair until an election is held.
- (6) The first meeting of the council shall be called by the chair not more than 60 days after the council members are appointed by the State Surgeon General. The council shall thereafter meet at least once quarterly and may meet more often as necessary. The department shall provide staff assistance to the council which shall include, but is not limited to, keeping records of the proceedings of the council and serving as custodian of all books, documents, and papers filed with the council.
- (7) A majority of the members of the council constitutes a quorum.
- (8) Service on the council shall be considered a part of a member's job duties and responsibilities.
  - (9) The council shall:

(a) Work to develop and implement policies that offer evidence-based wellness programs to employees of state agencies.

(b) Work to encourage state employees to participate in wellness programs. The council may prepare informational programs and brochures for state agencies and employees.

- (c) In consultation with the department, develop standards and criteria for age-based and gender-based wellness programs.
- (d) Define employee wellness and establish the minimum elements of any employee wellness program and specify those activities that are prohibited.
- Section 22. Section 385.105, Florida Statutes, is created to read:
- 385.105 Physical activity, obesity prevention, nutrition, and other health-promotion services and wellness programs.—
  - (1) PHYSICAL ACTIVITY.—The department shall:
- (a) Promote programs for people at every stage of their lives to increase physical fitness and encourage healthy behavior changes.
- (b) Work with school health advisory committees in each school district as established in s. 381.0056 to encourage the physical activity of students, staff, and teachers.
- (c) Develop public and private partnerships that allow the public to easily access recreational facilities and public land areas that are suitable for physical activity.
- (d) Work in collaboration with the Executive Office of the Governor and Volunteer Florida, Inc., to promote school initiatives, such as the Governor's Fitness Challenge.
- (e) Collaborate with the Department of Education in recognizing nationally accepted best practices for improving physical education in schools.

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(2) OBESITY PREVENTION.—The department shall promote healthy lifestyles to reduce the rate of obesity and encourage weight control and weight reduction through programs that are directed towards all residents of this state by:

- (a) Using all appropriate media to promote maximum public awareness of the latest research on healthy lifestyles and chronic diseases and disseminating relevant information relating to wellness, physical activity, and nutrition and the effect of these factors on chronic diseases and disabling conditions through a statewide clearinghouse.
- (b) Providing technical assistance, training, and resources on healthy lifestyles and chronic diseases to the public, health care providers, school districts, and other persons or entities, including faith-based organizations, that request such assistance to promote physical activity, nutrition, and healthy lifestyle programs.
- (c) Developing, implementing, and using all available research methods to collect data, including, but not limited to, population-specific data, and tracking the incidence and effects of weight gain, obesity, and related chronic diseases. All research conducted under this paragraph is subject to review and approval as required by the department's Institutional Review Board under s. 381.86.
- (d) Entering into partnerships with the Department of Education, local communities, school districts, and other entities to encourage schools in the state to promote activities during and after school to help students meet a minimum goal of 30 minutes of physical fitness activities per day.

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(e) Entering into partnerships with the Department of Education, school districts, and the Florida Sports Foundation to develop programs recognizing the schools at which students demonstrate excellent physical fitness or fitness improvement.

- (f) Collaborating with other state agencies to develop policies and strategies for preventing and treating obesity, which shall be incorporated into programs administered by each agency and shall include promoting healthy lifestyles among the employees of each agency.
- g) Advising, in accordance with s. 456.081, health care practitioners about the morbidity, mortality, and costs associated with being overweight or obese; informing practitioners of promising clinical practices for preventing and treating obesity; and encouraging practitioners to counsel their patients regarding the adoption of healthy lifestyles.
- (h) Maximizing all local, state, and federal funding sources, including seeking grants, public-private partnerships, and other mechanisms, to strengthen the department's programs that promote physical activity and nutrition.
- (3) NUTRITION.—The Office of Public Health Nutrition shall:
- (a) Promote the maintenance of optimal nutritional status
  in the state's population through activities, including, but not
  limited to:
- 1. Nutrition screening and assessment and nutrition counseling, including nutrition therapy, followup, case management, and referrals, for persons who have medical conditions or nutrition risk factors and who receive health

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services through public health programs or through referrals from private health care providers or facilities.

- 2. Nutrition education to assist residents of the state in achieving optimal health and preventing chronic disease.
- 3. Consultative nutrition services to group facilities which promote the provision of safe and nutritionally adequate diets.
- (b) Monitor and conduct surveillance of the nutritional status of the state's population.
- (c) Conduct or support research or evaluations related to public health nutrition. All research conducted under this paragraph is subject to review and approval as required by the department's Institutional Review Board under s. 381.86.
- (d) Establish policies and standards for public health nutrition practices.
- (e) Promote interagency cooperation, professional education, and consultation.
- (f) Provide technical assistance and advise state agencies, private institutions, and local organizations regarding public health nutrition standards.
- (g) Work with the Department of Agriculture and Consumer Services, the Department of Education, and the Department of Management Services to further the use of the state's fresh produce in schools and encourage the development of community gardens. Nutritional services shall be available to eligible persons in accordance with eligibility criteria adopted by the department. The department shall provide by rule requirements

for the service fees, when applicable, which may not exceed the department's actual costs.

- The department may adopt rules to administer this subsection.
- 971 (4) OTHER HEALTH PROMOTION SERVICES.—The department shall:
  - (a) Promote personal responsibility by encouraging residents of this state to be informed, follow health recommendations, seek medical consultations and health assessments, and comply with medical guidelines, including those that lead to earlier detection of chronic diseases, in order to prevent chronic diseases or slow the progression of established chronic diseases.
  - (b) Promote regular health visits during a person's lifetime, including annual physical examinations that include measuring body mass index and vital signs, blood work, immunizations, screenings, and dental examinations, in order to reduce the financial, social, and personal burden of chronic disease.
    - (5) WELLNESS PROGRAMS.—
  - (a) Each state agency may conduct employee wellness programs in buildings and on lands owned or leased by the state. The department shall serve as a model for the development and implementation of employee wellness programs that may include physical fitness, healthy nutrition, self-management of disease, wellness and fitness education, and behavioral change elements. The department shall assist other state agencies in developing and implementing employee wellness programs. These programs shall use existing resources, facilities, and programs or

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CODING: Words stricken are deletions; words underlined are additions.

resources procured through grant funding and donations that are obtained in accordance with state ethics and procurement policies, and shall provide equal access to any such programs, resources, and facilities to all state employees.

- (b) The department shall coordinate its efforts with the Department of Management Services and other state agencies.
- (c) Each state agency may establish an employee wellness workgroup to design the agency's wellness program. The department shall provide policy guidance and assist in identifying effective wellness program strategies.
- (d) The department shall provide by rule requirements for nominal participation fees, when applicable, which may not exceed the department's actual costs, collaboration with businesses, and the procurement of equipment and incentives.

Section 23. Section 385.202, Florida Statutes, is amended to read:

385.202 Statewide cancer registry.-

(1) Each facility, laboratory, or practitioner licensed under chapter 395, chapter 458, chapter 459, chapter 464, chapter 483, or chapter 485, and each freestanding radiation therapy center as defined in s. 408.07, shall report to the department of Health such information, specified by the department, by rule. The department may adopt rules regarding reporting requirements for the statewide cancer registry, which shall include the data required, the timeframe for reporting, and those professionals who are responsible for ensuring compliance with reporting requirements, which indicates diagnosis, stage of disease, medical history, laboratory data,

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tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by the facility or center. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation.

- established, by contract with a recognized medical organization in this state and its affiliated institutions, a statewide cancer registry program to ensure that cancer reports required under this section shall be maintained and available for use in the course of <u>public health surveillance and</u> any study for the purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or be enforced against any <u>facility</u>, <u>laboratory</u>, or <u>practitioner hospital</u> by reason of having provided such information or material to the department.
- (3) The department may adopt rules regarding the establishment and operation of a statewide cancer registry program.
- (4)(3) The department or a contractual designee operating the statewide cancer registry program required by this section shall use or publish such said material only for the purpose of public health surveillance and advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released for general publication. Information which discloses or could lead to the disclosure of the identity of any person whose condition or treatment has been reported and studied shall be

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confidential and exempt from the provisions of s. 119.07(1), except that:

- (a) Release may be made with the written consent of all persons to whom the information applies;
- (b) The department or a contractual designee may contact individuals for the purpose of epidemiologic investigation and monitoring, provided information that is confidential under this section is not further disclosed; or
- (c) The department may exchange personal data with any other governmental agency or a contractual designee for the purpose of <u>public health surveillance and</u> medical or scientific research, <u>if provided</u> such governmental agency or contractual designee <u>does shall</u> not further disclose information that is confidential under this section.
- (5)(4) Funds appropriated for this section shall be used for establishing, administering, compiling, processing, and providing biometric and statistical analyses to the reporting facilities, laboratories, and practitioners. Funds may also be used to ensure the quality and accuracy of the information reported and to provide management information to the reporting facilities, laboratories, and practitioners.
- (6)(5) The department may adopt rules regarding the classifications of, by rule, classify facilities, laboratories, and practitioners that are responsible for making reports to the statewide cancer registry, the content and frequency of the reports, and the penalty for failure to comply with these requirements for purposes of reports made to the cancer registry and specify the content and frequency of the reports. In

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classifying facilities, the department shall exempt certain facilities from reporting cancer information that was previously reported to the department or retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of this section shall not apply to any facility whose primary function is to provide psychiatric care to its patients.

- (7) Notwithstanding subsection (1), each facility, laboratory, and practitioner that reports cancer cases to the department shall make their records available for onsite review by the department or its authorized representative.
- Section 24. Subsection (3) of section 385.203, Florida Statutes, is amended to read:
- 385.203 Diabetes Advisory Council; creation; function; membership.—
- (3) The council shall be composed of  $\underline{26}$   $\underline{25}$  citizens of the state who have knowledge of, or work in, the area of diabetes mellitus as follows:
- (a) Five interested citizens, three of whom are affected by diabetes.
- (b) Twenty-one Twenty members, who must include one representative from each of the following areas: nursing with diabetes-educator certification; dietary with diabetes educator certification; podiatry; ophthalmology or optometry; psychology; pharmacy; adult endocrinology; pediatric endocrinology; the American Diabetes Association (ADA); the Juvenile Diabetes Foundation (JDF); the Florida Academy of Family Physicians; a community health center; a county health department; an American

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Diabetes Association recognized community education program; each medical school in the state; an osteopathic medical school; the insurance industry; a Children's Medical Services diabetes regional program; and an employer.

- (c) One or more representatives from the Department of Health, who shall serve on the council as ex officio members.
- Section 25. Section 385.206, Florida Statutes, is amended to read:
  - 385.206 <u>Pediatric</u> Hematology-oncology <del>care</del> Center Program.—

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- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Department" means the Department of Health.
- (b) "Hematology" means the study, diagnosis, and treatment of blood and blood-forming tissues.
- (c) "Oncology" means the study, diagnosis, and treatment of malignant neoplasms or cancer.
- (d) "Hemophilia" or "other hemostatic disorder" means a bleeding disorder resulting from a genetic abnormality of mechanisms related to the control of bleeding.
- (e) "Sickle-cell anemia or other hemoglobinopathy" means an hereditary, chronic disease caused by an abnormal type of hemoglobin.
- (f) "Patient" means a person under the age of 21 who is in need of hematologic-oncologic services and who is <u>enrolled in</u>

  the Children's Medical Services Network declared medically and financially eligible by the department; or a person who received such services prior to age 21 and who requires long-term

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monitoring and evaluation to ascertain the sequelae and the effectiveness of treatment.

- (g) "Center" means a facility designated by the department as having a program specifically designed to provide a full range of medical and specialty services to patients with hematologic and oncologic disorders.
- (2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM; AUTHORITY.—The department may designate is authorized to make grants and reimbursements to designated centers and provide funding to establish and maintain programs for the care of patients with hematologic and oncologic disorders. Program administration costs shall be paid by the department from funds appropriated for this purpose.
- (3) <u>FUNDING; CONTRACT REQUIREMENTS</u> <del>CRANT AGREEMENTS;</del>
- (a) Funding provided A grant made under this section shall be pursuant to a contract contractual agreement made between a center and the department. Each contract agreement shall provide that patients will receive services specified types of treatment and care from the center without additional charge to the patients or their parents or guardians. Grants shall be disbursed in accordance with conditions set forth in the disbursement guidelines.
- (4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL PROGRAMS.
- (b) (a) Funding may be provided Grant disbursements may be made to centers that which meet the following criteria:

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1. The personnel shall include at least one board-certified pediatric hematologist-oncologist, at least one board-certified pediatric surgeon, at least one board-certified radiotherapist, and at least one board-certified pathologist.

- 2. As approved by the department, The center shall actively participate in a national children's cancer study group, maintain a pediatric tumor registry, have a multidisciplinary pediatric tumor board, and meet other guidelines for development, including, but not limited to, guidelines from such organizations as the American Academy of Pediatrics and the American Pediatric Surgical Association.
- (b) Programs shall also be established to provide care to hematology-oncology patients within each district of the department. The guidelines for local programs shall be formulated by the department. Special disbursements may be made by the program office to centers for educational programs designed for the districts of the department. These programs may include teaching total supportive care of the dying patient and his or her family, home therapy to hemophiliacs and patients with other hemostatic disorders, and screening and counseling for patients with sickle-cell anemia or other hemoglobinopathies.
- (4)(5) PROGRAM AND PEER REVIEW.—The department shall evaluate at least annually during the grant period the services rendered by the centers and the districts of the department.

  Data from the centers and other sources relating to pediatric cancer shall be reviewed annually by the Florida Association of Pediatric Tumor Programs, Inc.; and a written report with

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recommendations shall be made to the department. This database will be available to the department for program planning and quality assurance initiatives formulation of its annual program and financial evaluation report. A portion of the funds appropriated for this section may be used to provide statewide consultation, supervision, and evaluation of the programs of the centers, as well as central program office support personnel.

Section 26. Paragraph (g) of subsection (2) and subsection (7) of section 385.207, Florida Statutes, are amended to read:

385.207 Care and assistance of persons with epilepsy; establishment of programs in epilepsy control.—

(2) The Department of Health shall:

- programs and services designed to enhance the vocational rehabilitation of epilepsy clients, including the current jobs programs. The department shall, as part of its contract with a provider of epilepsy services, collect information regarding the number of clients served, the outcomes reached, the expenses incurred, and the fees collected by such providers for the provision of services keep and make this information available to the Governor and the Legislature upon request information regarding the number of clients served, the outcome reached, and the expense incurred by such programs and services.
- (7) The department shall limit total administrative expenditures from the Epilepsy Services Trust Fund to 5 percent of annual receipts.

Section 27. Paragraphs (b), (d), and (g) of subsection (2) and paragraph (b) of subsection (5) of section 385.210, Florida Statutes, are amended to read:

- 385.210 Arthritis prevention and education.-
- (2) LEGISLATIVE FINDINGS.—The Legislature finds the following:
- (b) Arthritis is the leading cause of disability in the United States, limiting daily activities for more than 7 million citizens.
- (d) There are enormous economic and social costs associated with treating arthritis and its complications; the economic costs are estimated at over \$116 billion (1997) annually in the United States.
- (g) The National Arthritis Foundation, the <u>CDC</u> <del>Centers for</del> <del>Disease Control and Prevention</del>, and the Association of State and Territorial Health Officials have led the development of a public health strategy, the National Arthritis Action Plan, to respond to this challenge.
  - (5) FUNDING.-

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- (b) The State Surgeon General  $\underline{may}$  shall seek any federal waiver or waivers that may be necessary to maximize funds from the Federal Government to implement this program.
- 1237 Section 28. Section 385.301, Florida Statutes, is created 1238 to read:
- 1239 385.301 Rulemaking authority.—The department may adopt
  1240 rules pursuant to ss. 120.536(1) and 120.54 to implement the
  1241 provisions of this chapter.

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Section 29. Section 385.401, Florida Statutes, is created to read:

385.401 Direct-support organization.

- (1) DIRECT-SUPPORT ORGANIZATION ESTABLISHED.—The

  Department of Health may establish a direct-support organization
  to provide assistance, funding, and support for the department
  in carrying out the specific mission of promoting a range of
  collaborations to prevent and alleviate the effects of chronic
  disease upon written approval by the State Surgeon General. This
  section governs the creation, use, powers, and duties of the
  direct-support organization. Such direct-support organization is
  an organization that is:
- (a) A Florida corporation, not for profit, incorporated under chapter 617, exempted from filing fees, and approved by the Department of State.
- (b) Organized and operated to conduct programs and activities; to initiate developmental projects; to raise funds; to request and receive grants, gifts, and bequests of moneys; to acquire, receive, hold, invest, and administer in its own name securities, funds, or property; and to make expenditures to or for the direct or indirect benefit of the state public health system for promoting a range of collaborations to prevent and alleviate the effects of chronic disease through the department or its individual county health departments and the health care system.
- (c) Determined by the department to be operating in a manner consistent with the priority issues and objectives of the department and in the best interest of the state.

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(d) Approved in writing by the State Surgeon General to operate for the direct or indirect benefit of the department or its individual county health departments. This approval shall be in a form determined by the department.

- (2) BOARD OF DIRECTORS.—The direct-support organization shall be governed by a board of directors.
- members, five of whom shall be appointed by the State Surgeon

  General, one of whom shall be appointed by the President of the

  Senate, and one of whom shall be appointed by the Speaker of the

  House of Representatives. Networks and partnerships in the state

  that are involved in issues related to chronic disease may

  recommend nominees to the State Surgeon General.
- (b) The term of office of the board members shall be 3 years, except that the terms of the initial appointees shall be for 1 year, 2 years, or 3 years in order to achieve staggered terms. A member may be reappointed when his or her term expires. The State Surgeon General or his or her designee shall serve as an ex officio member of the board.
- (c) Members must be current residents of this state. A majority of the board members must be highly knowledgeable about the department, its service personnel, and its missions. The board shall include representatives of county government, the health care industry, the medical community, and other components of the public health system. The State Surgeon General may remove any member of the board for cause and with the approval of a majority of the members. The State Surgeon General shall appoint a replacement for any vacancy that occurs.

(3) USE OF PROPERTY.-

- (a) The department and each county health department may allow, without charge, the use of the department's fixed property and facilities within the state public health system by the direct-support organization, subject to this section. Use of the fixed property and facilities by the direct-support organization may not interfere with use of the fixed property and facilities by the department's clients or staff.
- (b) The department may not allow the use of its fixed property and facilities by a direct-support organization that is organized under this section and does not provide equal employment opportunities to all persons regardless of race, color, national origin, gender, age, or religion.
- (4) DIRECTIVES.—The direct-support organization must comply with directives and requirements established by the sources of its funding.
  - (5) ANNUAL BUDGETS AND REPORTS.-
- (a) The fiscal year of the direct-support organization shall begin on July 1 of each year and end on June 30 of the following year.
- (b) The direct-support organization shall submit to the department its federal Internal Revenue Service Application for Recognition of Exemption form and its federal Internal Revenue Service Return of Organization Exempt from Income Tax form.
- (c) By January 15th of each year, the direct-support organization shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representative a report describing the progress of the organization in meeting the goals

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of its mission, making recommendations that further its purpose, and providing an audit of its expenditures.

- (6) ANNUAL AUDIT.—The direct-support organization shall provide for an annual financial audit in accordance with s. 215.981.
- Section 30. Subsection (9) of section 409.904, Florida Statutes, is amended to read:
- 409.904 Optional payments for eligible persons.—The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.
- (9) Eligible women with incomes at or below 200 percent of the federal poverty level and under age 65, for cancer treatment pursuant to the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, screened through the Mary Brogan Breast and Cervical Cancer Early Detection Program established under <u>s. 385.20253</u> <u>s. 381.93</u>.
- Section 31. This act shall take effect July 1, 2010.

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