A bill to be entitled An act relating to an infectious disease elimination pilot program; creating the “Miami-Dade Infectious Disease Elimination Act (IDEA)”; amending s. 381.0038, F.S.; authorizing the University of Miami and its affiliates to establish a sterile needle and syringe exchange pilot program in Miami-Dade County; establishing the pilot program criteria; providing that the possession, distribution, or exchange of needles and syringes under the pilot program is not a violation of the Florida Comprehensive Drug Abuse Prevention and Control Act or any other law; providing conditions under which a pilot program staff member, volunteer, or participant may be prosecuted; requiring the pilot program to collect certain data; prohibiting the collection of personal identifying information from program participants; prohibiting state funds from being used to operate the pilot program; requiring the pilot program to be funded through private grants and donations; providing for expiration of the pilot program; requiring the Office of Program Policy Analysis and Government Accountability to submit a report and recommendations regarding the pilot program to the Legislature; providing for severability; providing an effective date.

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

Section 1. This act may be cited as the “Miami-Dade
Infectious Disease Elimination Act (IDEA)."

Section 2. Section 381.0038, Florida Statutes, is amended to read:

381.0038 Education; sterile needle and syringe exchange pilot program.—The Department of Health shall establish a program to educate the public about the threat of acquired immune deficiency syndrome.

(1) The acquired immune deficiency syndrome education program shall:

(a) Be designed to reach all segments of Florida’s population;

(b) Contain special components designed to reach non-English-speaking and other minority groups within the state;

(c) Impart knowledge to the public about methods of transmission of acquired immune deficiency syndrome and methods of prevention;

(d) Educate the public about transmission risks in social, employment, and educational situations;

(e) Educate health care workers and health facility employees about methods of transmission and prevention in their unique workplace environments;

(f) Contain special components designed to reach persons who may frequently engage in behaviors placing them at a high risk for acquiring acquired immune deficiency syndrome;

(g) Provide information and consultation to state agencies to educate all state employees; and

(h) Provide information and consultation to state and local agencies to educate law enforcement and correctional personnel and inmates:—
(i) Provide information and consultation to local
  governments to educate local government employees; and

(j) Make information available to private employers and
  encourage them to distribute this information to their
  employees; and

(k) Contain special components which emphasize appropriate
  behavior and attitude change; and

(l) Contain components that include information about
  domestic violence and the risk factors associated with domestic
  violence and AIDS.

(2) The education program designed by the Department of
  Health shall use all forms of the media and shall place
  emphasis on the design of educational materials that can be used
  by businesses, schools, and health care providers in the regular
  course of their business.

(3) The department may contract with other persons in the
  design, development, and distribution of the components of the
  education program.

(4) The University of Miami and its affiliates may
  establish a single sterile needle and syringe exchange pilot
  program in Miami-Dade County. The pilot program may operate at a
  fixed location or through a mobile health unit. The pilot
  program shall offer the free exchange of clean, unused needles
  and hypodermic syringes for used needles and hypodermic syringes
  as a means to prevent the transmission of HIV, AIDS, viral
  hepatitis, or other blood-borne diseases among intravenous drug
  users and their sexual partners and offspring.

   (a) The pilot program must:

    1. Provide for maximum security of exchange sites and
equipment, including an accounting of the number of needles and syringes in use, the number of needles and syringes in storage, safe disposal of returned needles, and any other measure that may be required to control the use and dispersal of sterile needles and syringes.

2. Operate a one-to-one exchange, whereby the participant shall receive one sterile needle and syringe unit in exchange for each used one.

3. Make available educational materials; HIV, AIDS, and viral hepatitis counseling and testing; referral services to provide education regarding the transmission of HIV, AIDS, viral hepatitis, and other blood-borne diseases; and drug abuse prevention and treatment counseling and referral services.

(b) The possession, distribution, or exchange of needles or syringes as part of the pilot program established under this subsection is not a violation of any part of chapter 893 or any other law.

(c) A pilot program staff member, volunteer, or participant is not immune from criminal prosecution for:

1. The possession of needles or syringes that are not a part of the pilot program; or

2. The redistribution of needles or syringes in any form, if acting outside the pilot program.

(d) The pilot program must collect data for annual and final reporting purposes, which must include information on the number of participants served, the number of needles and syringes exchanged and distributed, the demographic profiles of the participants served, the number of participants entering drug counseling and treatment, the number of participants
receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases, and other data deemed necessary for the pilot program. However, personal identifying information may not be collected from a participant for any purpose.

(e) State funds may not be used to operate the pilot program. The pilot program shall be funded through grants and donations from private resources and funds.

(f) The pilot program shall expire July 1, 2020. By January 1, 2020, the Office of Program Policy Analysis and Government Accountability shall submit a report to the President of the Senate and the Speaker of the House of Representatives which includes the data collection requirements established in this subsection; the rates of HIV, AIDS, viral hepatitis, or other blood-borne diseases before the pilot program began and for every subsequent year; and a recommendation on whether to continue the pilot program.

Section 3. If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Section 4. This act shall take effect July 1, 2016.