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1  
2 An act relating to laboratory screening; amending s.  
3 381.004, F.S.; clarifying that certain requirements  
4 relating to the reporting of positive HIV test results  
5 to county health departments apply only to testing  
6 performed in a nonhealth care setting; amending s.  
7 381.0202, F.S.; authorizing the Department of Health  
8 to perform laboratory testing for other states;  
9 amending s. 381.983, F.S.; redefining the term  
10 "elevated blood-lead levels"; amending s. 381.984,  
11 F.S.; revising provisions relating to a public  
12 information initiative on lead-based paint hazards;  
13 amending s. 381.985, F.S.; revising requirements for  
14 the State Surgeon General's program for early  
15 identification of persons at risk of having elevated  
16 blood-lead levels; requiring the department to  
17 maintain records showing elevated blood-lead levels;  
18 requiring that health care providers report to the  
19 individual who was screened the results that indicate  
20 elevated blood-lead levels; amending s. 383.14, F.S.;  
21 authorizing the State Public Health Laboratory to  
22 release the results of a newborn's hearing and  
23 metabolic tests to certain individuals; requiring the  
24 department to promote the availability of services to  
25 promote detection of genetic conditions; clarifying

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26 |           that the membership of the Genetics and Newborn  
 27 |           Screening Advisory Council must include one member  
 28 |           representing each of four medical schools in this  
 29 |           state; providing an effective date.

30 |

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

32 |

33 |           Section 1. Paragraph (a) of subsection (2) of section  
 34 | 381.004, Florida Statutes, is amended to read:

35 |           381.004 HIV testing.—

36 |           (2) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED  
 37 | CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.—

38 |           (a) Before performing an HIV test:

39 |           1. In a health care setting, the person to be tested shall  
 40 | be notified orally or in writing that the test is planned and  
 41 | that he or she has the right to decline the test. If the person  
 42 | to be tested declines the test, such decision shall be  
 43 | documented in the medical record. A person who has signed a  
 44 | general consent form for medical care is not required to sign or  
 45 | otherwise provide a separate consent for an HIV test during the  
 46 | period in which the general consent form is in effect.

47 |           2. In a nonhealth care setting, a provider shall obtain  
 48 | the informed consent of the person upon whom the test is to be  
 49 | performed. Informed consent shall be preceded by an explanation  
 50 | of the right to confidential treatment of information

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51 identifying the subject of the test and the results of the test  
52 as provided by law. The provider shall also inform the test  
53 subject that a positive HIV test result will be reported to the  
54 county health department with sufficient information to identify  
55 the test subject and provide him or her with information on the  
56 availability and location of sites where anonymous testing is  
57 performed. As required in paragraph (3) (c), each county health  
58 department shall maintain a list of sites where anonymous  
59 testing is performed which includes site locations, telephone  
60 numbers, and hours of operation.

61  
62 ~~The test subject shall also be informed that a positive HIV test~~  
63 ~~result will be reported to the county health department with~~  
64 ~~sufficient information to identify the test subject and of the~~  
65 ~~availability and location of sites at which anonymous testing is~~  
66 ~~performed. As required in paragraph (3) (c), each county health~~  
67 ~~department shall maintain a list of sites at which anonymous~~  
68 ~~testing is performed, including the locations, telephone~~  
69 ~~numbers, and hours of operation of the sites.~~

70 Section 2. Section 381.0202, Florida Statutes, is amended  
71 to read:

72 381.0202 Laboratory services.—

73 (1) The department shall establish and maintain, in  
74 suitable and convenient places in the state, laboratories for  
75 microbiological and chemical analyses and any other purposes it

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76 | determines necessary for the protection of the public health.

77 |       (2) The department may contract or agree with any person  
78 | or public or private agency to provide laboratory services  
79 | relating to or having potential impact on the public health or  
80 | relating to the health of clients directly under the care of the  
81 | state.

82 |       (3) The department is authorized to establish and collect  
83 | reasonable fees and charges for laboratory services provided.  
84 | Such fees and charges shall be deposited in a trust fund  
85 | administered by the department and shall be used solely for this  
86 | purpose.

87 |       (4) The department may perform laboratory testing related  
88 | to public health for other states on a fee-for-service basis.

89 |       Section 3. Subsection (3) of section 381.983, Florida  
90 | Statutes, is amended to read:

91 |       381.983 Definitions.—As used in this act, the term:

92 |       (3) "Elevated blood-lead level" means a quantity of lead  
93 | in the whole venous blood, measured from a venous or capillary  
94 | draw expressed in micrograms per deciliter (ug/dL), which  
95 | exceeds the cutpoint specified in department rule. The  
96 | determination of elevated blood-lead level must be based on  
97 | national recommendations developed by the Council of State and  
98 | Territorial Epidemiologists and the Centers for Disease Control  
99 | and Prevention. 10 ug/dL or such other level as specifically  
100 | provided in this act.

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101 Section 4. Subsections (2) and (3) of section 381.984,  
 102 Florida Statutes, are amended to read:

103 381.984 Educational programs.—

104 (2) PUBLIC INFORMATION INITIATIVE.—The Governor, in  
 105 conjunction with the State Surgeon General and his or her  
 106 designee, shall sponsor a series of public service announcements  
 107 on radio, on television, on the Internet, or in ~~and~~ print media  
 108 about the nature of lead-based-paint hazards, the importance of  
 109 standards for lead poisoning prevention in properties, and the  
 110 purposes and responsibilities set forth in this act. In  
 111 developing and coordinating this public information initiative,  
 112 the sponsors shall seek the participation and involvement of  
 113 private industry organizations, including those involved in real  
 114 estate, insurance, mortgage banking, or ~~and~~ pediatrics.

115 (3) DISTRIBUTION OF INFORMATION ~~LITERATURE~~ ABOUT CHILDHOOD  
 116 LEAD POISONING. ~~By January 1, 2007,~~ The State Surgeon General or  
 117 his or her designee shall develop culturally and linguistically  
 118 appropriate information and distribution methods ~~pamphlets~~  
 119 regarding childhood lead poisoning, the importance of testing  
 120 for elevated blood-lead levels, prevention of childhood lead  
 121 poisoning, treatment of childhood lead poisoning, and, as where  
 122 appropriate, the requirements of this act. This ~~These~~  
 123 information ~~pamphlets~~ shall be distributed to parents or ~~the~~  
 124 ~~other~~ legal guardians of children 6 years of age or younger on  
 125 the following occasions:

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126 (a) By a health care provider at the time of a child's  
 127 birth and at the time of any childhood immunization or  
 128 vaccination unless it is established that such information  
 129 ~~pamphlet~~ has been provided ~~previously~~ to the parent or legal  
 130 guardian by the health care provider within the prior 12 months.

131 (b) By the owner or operator of any child care facility or  
 132 preschool or kindergarten class on or before each October 15 ~~of~~  
 133 ~~the calendar year~~.

134 Section 5. Section 381.985, Florida Statutes, is amended  
 135 to read:

136 381.985 Screening program.—

137 (1) The State Surgeon General shall establish guidelines ~~a~~  
 138 ~~program~~ for early identification of persons at risk of having  
 139 elevated blood-lead levels and for the systematic screening of ~~-~~  
 140 ~~Such program shall systematically screen~~ children under 6 years  
 141 of age in the target populations identified in subsection (2)  
 142 for the presence of elevated blood-lead levels. Children within  
 143 the specified target populations shall be screened with a blood-  
 144 lead test at age 12 months and age 24 months, or between the  
 145 ages of 36 months and 72 months if they have not previously been  
 146 screened. The State Surgeon General shall, after consultation  
 147 with recognized professional medical groups and such other  
 148 sources as the State Surgeon General deems appropriate, adopt  
 149 rules to follow established national guidelines or  
 150 recommendations such as those issued by the Council of State and

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151 Territorial Epidemiologists and the Centers for Disease Control  
 152 and Prevention related to reporting elevated blood-lead levels  
 153 and screening results to the department pursuant to this  
 154 section. ~~promulgate rules establishing:~~

155 ~~(a) The means by which and the intervals at which such~~  
 156 ~~children under 6 years of age shall be screened for lead~~  
 157 ~~poisoning and elevated blood-lead levels.~~

158 ~~(b) Guidelines for the medical followup on children found~~  
 159 ~~to have elevated blood-lead levels.~~

160 (2) In developing screening programs to identify persons  
 161 at risk with elevated blood-lead levels, priority shall be given  
 162 to persons within the following categories:

163 (a) All children enrolled in the Medicaid program at ages  
 164 12 months and 24 months, or between the ages of 36 months and 72  
 165 months if they have not previously been screened.

166 (b) Children under the age of 6 years exhibiting delayed  
 167 cognitive development or other symptoms of childhood lead  
 168 poisoning.

169 (c) Persons at risk residing in the same household, or  
 170 recently residing in the same household, as another person at  
 171 risk with an elevated a blood-lead level ~~of 10 ug/dL or greater.~~

172 (d) Persons at risk residing, or who have recently  
 173 resided, in buildings or geographical areas in which significant  
 174 numbers of cases of lead poisoning or elevated blood-lead levels  
 175 have recently been reported.

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176 (e) Persons at risk residing, or who have recently  
 177 resided, in an affected property contained in a building that  
 178 during the preceding 3 years has been subject to enforcement for  
 179 violations of lead-poisoning-prevention statutes, ordinances,  
 180 rules, or regulations ~~as specified by the State Surgeon General.~~

181 (f) Persons at risk residing, or who have recently  
 182 resided, in a room or group of rooms contained in a building  
 183 whose owner also owns a building containing affected properties  
 184 which, during the preceding 3 years, has been subject to an  
 185 enforcement action for a violation of lead-poisoning-prevention  
 186 statutes, ordinances, rules, or regulations.

187 (g) Persons at risk residing in other buildings or  
 188 geographical areas in which the State Surgeon General reasonably  
 189 determines there is to be a significant risk of affected  
 190 individuals having an elevated blood-lead level. ~~a blood-lead~~  
 191 ~~level of 10 ug/dL or greater.~~

192 (3) The department ~~State Surgeon General~~ shall maintain  
 193 comprehensive records of all screenings indicating an elevated  
 194 blood-lead level. ~~conducted pursuant to this section. Such~~  
 195 ~~records shall be indexed geographically and by owner in order to~~  
 196 ~~determine the location of areas of relatively high incidence of~~  
 197 ~~lead poisoning and other elevated blood-lead levels.~~

198  
 199 ~~All cases or probable cases of lead poisoning found in the~~  
 200 ~~course of screenings conducted pursuant to this section shall be~~

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201 ~~reported to the affected individual, to his or her parent or~~  
 202 ~~legal guardian if he or she is a minor, and to the State Surgeon~~  
 203 ~~General.~~

204 (4) The results of screenings conducted pursuant to this  
 205 section shall be reported by the health care provider who  
 206 conducted or ordered the screening to the individual who was  
 207 screened, or to the individual's parent or legal guardian if he  
 208 or she is a minor.

209 Section 6. Paragraph (c) of subsection (1), paragraph (f)  
 210 of subsection (3), and subsection (5) of section 383.14, Florida  
 211 Statutes, are amended to read:

212 383.14 Screening for metabolic disorders, other hereditary  
 213 and congenital disorders, and environmental risk factors.-

214 (1) SCREENING REQUIREMENTS.-To help ensure access to the  
 215 maternal and child health care system, the Department of Health  
 216 shall promote the screening of all newborns born in Florida for  
 217 metabolic, hereditary, and congenital disorders known to result  
 218 in significant impairment of health or intellect, as screening  
 219 programs accepted by current medical practice become available  
 220 and practical in the judgment of the department. The department  
 221 shall also promote the identification and screening of all  
 222 newborns in this state and their families for environmental risk  
 223 factors such as low income, poor education, maternal and family  
 224 stress, emotional instability, substance abuse, and other high-  
 225 risk conditions associated with increased risk of infant

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226 mortality and morbidity to provide early intervention,  
227 remediation, and prevention services, including, but not limited  
228 to, parent support and training programs, home visitation, and  
229 case management. Identification, perinatal screening, and  
230 intervention efforts shall begin prior to and immediately  
231 following the birth of the child by the attending health care  
232 provider. Such efforts shall be conducted in hospitals,  
233 perinatal centers, county health departments, school health  
234 programs that provide prenatal care, and birthing centers, and  
235 reported to the Office of Vital Statistics.

236 (c) *Release of screening results.*—Notwithstanding any law  
237 to the contrary, the State Public Health Laboratory may release,  
238 directly or through the Children's Medical Services program, the  
239 results of a newborn's hearing and metabolic tests or screenings  
240 to the newborn's health care practitioner, the newborn's parent  
241 or legal guardian, the newborn's personal representative, or a  
242 person designated by the newborn's parent or legal guardian. As  
243 used in this paragraph, the term "health care practitioner"  
244 means a physician or physician assistant licensed under chapter  
245 458; an osteopathic physician or physician assistant licensed  
246 under chapter 459; an advanced registered nurse practitioner,  
247 registered nurse, or licensed practical nurse licensed under  
248 part I of chapter 464; a midwife licensed under chapter 467; a  
249 speech-language pathologist or audiologist licensed under part I  
250 of chapter 468; or a dietician or nutritionist licensed under

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251 part X of chapter 468.

252 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The  
 253 department shall administer and provide certain services to  
 254 implement the provisions of this section and shall:

255 (f) Promote the availability of genetic studies, services,  
 256 and counseling in order that the parents, siblings, and affected  
 257 newborns may benefit from detection and available knowledge of  
 258 the condition.

259  
 260 All provisions of this subsection must be coordinated with the  
 261 provisions and plans established under this chapter, chapter  
 262 411, and Pub. L. No. 99-457.

263 (5) ADVISORY COUNCIL.—There is established a Genetics and  
 264 Newborn Screening Advisory Council made up of 15 members  
 265 appointed by the State Surgeon General. The council shall be  
 266 composed of two consumer members, three practicing  
 267 pediatricians, at least one of whom must be a pediatric  
 268 hematologist, a ~~one~~ representative from each of ~~the~~ four medical  
 269 schools in this ~~the~~ state, the State Surgeon General or his or  
 270 her designee, one representative from the Department of Health  
 271 representing Children's Medical Services, one representative  
 272 from the Florida Hospital Association, one individual with  
 273 experience in newborn screening programs, one individual  
 274 representing audiologists, and one representative from the  
 275 Agency for Persons with Disabilities. All appointments shall be

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276 | for a term of 4 years. The chairperson of the council shall be  
277 | elected from the membership of the council and shall serve for a  
278 | period of 2 years. The council shall meet at least semiannually  
279 | or upon the call of the chairperson. The council may establish  
280 | ad hoc or temporary technical advisory groups to assist the  
281 | council with specific topics which come before the council.  
282 | Council members shall serve without pay. Pursuant to the  
283 | provisions of s. 112.061, the council members are entitled to be  
284 | reimbursed for per diem and travel expenses. It is the purpose  
285 | of the council to advise the department about:

286 |       (a) Conditions for which testing should be included under  
287 | the screening program and the genetics program.

288 |       (b) Procedures for collection and transmission of  
289 | specimens and recording of results.

290 |       (c) Methods whereby screening programs and genetics  
291 | services for children now provided or proposed to be offered in  
292 | the state may be more effectively evaluated, coordinated, and  
293 | consolidated.

294 |       Section 7. This act shall take effect July 1, 2017.

295 |