

By Senator Stargel

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1 A bill to be entitled
2 An act relating to fetal and infant mortality
3 reduction; amending s. 381.84, F.S.; revising the
4 purpose and requirements for the Comprehensive
5 Statewide Tobacco Education and Use Prevention
6 Program; revising a provision relating to a certain
7 annual report to conform to changes made by the act;
8 creating s. 383.21625, F.S.; defining the term
9 "department"; requiring the Department of Health to
10 contract with local healthy start coalitions for the
11 creation of fetal and infant mortality review
12 committees in all regions of this state; providing
13 requirements for such committees; requiring local
14 healthy start coalitions to report the findings and
15 recommendations developed by the committees to the
16 department annually; requiring the department to
17 compile such findings and recommendations in a report
18 and submit such report to the Governor and the
19 Legislature by a specified date and annually
20 thereafter; authorizing the department to adopt rules;
21 amending s. 390.011, F.S.; defining the terms "fatal
22 fetal abnormality" and "medical abortion"; revising
23 the definition of the term "gestation"; amending s.
24 390.0111, F.S.; prohibiting a physician from
25 performing a termination of pregnancy if the physician
26 determines the gestational age of a fetus is more than
27 a specified number of weeks, with exceptions; amending
28 s. 390.0112, F.S.; requiring the directors of certain
29 medical facilities and certain physicians to submit a

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30 certain report to the Agency for Health Care
31 Administration monthly; requiring that such report be
32 submitted electronically on a form adopted by the
33 agency, the Board of Medicine, and the Board of
34 Osteopathic Medicine; revising requirements for the
35 report; creating s. 395.1054, F.S.; requiring that
36 certain hospitals participate in a minimum number of
37 quality improvement initiatives developed in
38 collaboration with the Florida Perinatal Quality
39 Collaborative within the University of South Florida
40 College of Public Health; providing an appropriation;
41 providing an effective date.

42
43 Be It Enacted by the Legislature of the State of Florida:

44
45 Section 1. Subsections (2), (3), and (7) of section 381.84,
46 Florida Statutes, are amended to read:

47 381.84 Comprehensive Statewide Tobacco Education and Use
48 Prevention Program.—

49 (2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of
50 this section to implement s. 27, Art. X of the State
51 Constitution. The Legislature finds that s. 27, Art. X of the
52 State Constitution requires the funding of a statewide tobacco
53 education and use prevention program that focuses on tobacco use
54 by youth. The Legislature further finds that the primary goals
55 of the program are to reduce the prevalence of tobacco use among
56 youth, adults, ~~and~~ pregnant women, and women who may become
57 pregnant; reduce per capita tobacco consumption; and reduce
58 exposure to environmental tobacco smoke. Further, it is the

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59 intent of the Legislature to base increases in funding for
60 individual components of the program on the results of
61 assessments and evaluations. Recognizing that some components
62 will need to grow faster than inflation, it is the intent of the
63 Legislature to fund portions of the program on a nonrecurring
64 basis in the early years so that those components that are most
65 effective can be supported as the program matures.

66 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department
67 shall conduct a comprehensive, statewide tobacco education and
68 use prevention program consistent with the recommendations for
69 effective program components contained in the 1999 Best
70 Practices for Comprehensive Tobacco Control Programs of the CDC,
71 as amended by the CDC. The program shall include the following
72 components, each of which shall focus on educating people,
73 particularly pregnant women, women who may become pregnant, and
74 youth and their parents, about the health hazards of tobacco and
75 discouraging the use of tobacco:

76 (a) *Counter-marketing and advertising; Internet resource*
77 *center.*—The counter-marketing and advertising campaign shall
78 include, at a minimum, Internet, print, radio, and television
79 advertising and shall be funded with a minimum of one-third of
80 the total annual appropriation required by s. 27, Art. X of the
81 State Constitution.

82 1. The campaign shall include an Internet resource center
83 for copyrighted materials and information concerning tobacco
84 education and use prevention, including cessation. The Internet
85 resource center must be accessible to the public, including
86 parents, teachers, and students, at each level of public and
87 private schools, universities, and colleges in the state and

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88 shall provide links to other relevant resources. The Internet
89 address for the resource center must be incorporated in all
90 advertising. The information maintained in the resource center
91 shall be used by the other components of the program.

92 2. The campaign shall use innovative communication
93 strategies, such as targeting specific audiences who use
94 personal communication devices and frequent social networking
95 websites.

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

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

102 2. A local community-based program to disseminate
103 information about tobacco-use cessation, how tobacco-use
104 cessation relates to prenatal care and obesity prevention, and
105 other chronic tobacco-related diseases.

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

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

116 (e) *Community programs and chronic disease prevention.*—The

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117 department shall promote and support local community-based
118 partnerships that emphasize programs involving youth, pregnant
119 women, and women who may become pregnant, including programs for
120 the prevention, detection, and early intervention of tobacco-
121 related chronic diseases.

122 (f) *Training.*—The program shall include the training of
123 health care practitioners, tobacco-use cessation counselors, and
124 teachers by health professional students and other tobacco-use
125 prevention specialists who are trained in preventing tobacco use
126 and health education. Tobacco-use cessation counselors shall be
127 trained by specialists who are certified in tobacco-use
128 cessation.

129 (g) *Administration and management, statewide programs, and*
130 *county health departments.*—The department shall administer the
131 program within the expenditure limit established in subsection
132 (8). Each county health department is eligible to receive a
133 portion of the annual appropriation, on a per capita basis, for
134 coordinating tobacco education and use prevention programs
135 within that county. Appropriated funds may be used to improve
136 the infrastructure of the county health department to implement
137 the comprehensive, statewide tobacco education and use
138 prevention program. Each county health department shall
139 prominently display in all treatment rooms and waiting rooms
140 counter-marketing and advertisement materials in the form of
141 wall posters, brochures, television advertising if televisions
142 are used in the lobby or waiting room, and screensavers and
143 Internet advertising if computer kiosks are available for use or
144 viewing by people at the county health department.

145 (h) *Enforcement and awareness of related laws.*—In

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146 coordination with the Department of Business and Professional
147 Regulation, the program shall monitor the enforcement of laws,
148 rules, and policies prohibiting the sale or other provision of
149 tobacco to minors, as well as the continued enforcement of the
150 Clean Indoor Air Act prescribed in chapter 386. The
151 advertisements produced in accordance with paragraph (a) may
152 also include information designed to make the public aware of
153 these related laws and rules. The departments may enter into
154 interagency agreements to carry out this program component.

155 (i) *AHEC tobacco-use cessation initiative.*—The AHEC network
156 may administer the AHEC tobacco-use cessation initiative in each
157 county within the state and perform other activities as
158 determined by the department.

159 (7) ANNUAL REPORT REQUIRED.—By January 31 of each year, the
160 department shall provide to the Governor, the President of the
161 Senate, and the Speaker of the House of Representatives a report
162 that evaluates the program's effectiveness in reducing and
163 preventing tobacco use and that recommends improvements to
164 enhance the program's effectiveness. The report must contain, at
165 a minimum, an annual survey of youth attitudes and behavior
166 toward tobacco, as well as a description of the progress in
167 reducing the prevalence of tobacco use among youth, adults, ~~and~~
168 pregnant women, and women who may become pregnant; reducing per
169 capita tobacco consumption; and reducing exposure to
170 environmental tobacco smoke.

171 Section 2. Section 383.21625, Florida Statutes, is created
172 to read:

173 383.21625 Fetal and infant mortality review committees.—

174 (1) As used in this section, the term "department" means

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175 the Department of Health.

176 (2) The department shall contract with local healthy start
177 coalitions for the creation of fetal and infant mortality review
178 committees in all regions of this state to reduce the incidence
179 of fetal and infant mortality and morbidity in each region. Each
180 committee shall:

181 (a) Review and analyze rates, trends, causes, and other
182 data related to fetal and infant mortality and morbidity in its
183 geographic area.

184 (b) Develop findings and recommendations for interventions
185 and policy changes to reduce fetal and infant mortality and
186 morbidity rates.

187 (c) Engage with local communities and stakeholders to
188 implement recommended policies and procedures to reduce fetal
189 and infant mortality and morbidity.

190 (3) Each local healthy start coalition shall report the
191 findings and recommendations developed by its fetal and infant
192 mortality review committee to the department annually. Beginning
193 October 1, 2023, the department shall compile such findings and
194 recommendations in an annual report, which must be submitted to
195 the Governor, the President of the Senate, and the Speaker of
196 the House of Representatives. The department may adopt rules
197 necessary to implement this section.

198 Section 3. Present subsections (6), (7), and (8) through
199 (13) of section 390.011, Florida Statutes, are redesignated as
200 subsections (7), (8), and (10) through (15), respectively, new
201 subsections (6) and (9) are added to that section, and present
202 subsection (6) of that section is amended, to read:

203 390.011 Definitions.—As used in this chapter, the term:

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204 (6) "Fatal fetal abnormality" means a terminal condition
205 that, in reasonable medical judgment, regardless of the
206 provision of life-saving medical treatment, is incompatible with
207 life outside the womb and will result in death upon birth or
208 imminently thereafter.

209 (7) ~~(6)~~ "Gestation" means the development of a human embryo
210 or fetus as calculated from the first day of the pregnant
211 woman's last menstrual period ~~between fertilization and birth.~~

212 (9) "Medical abortion" means the administration or use of
213 an abortion-inducing drug to induce an abortion.

214 Section 4. Subsection (1) of section 390.0111, Florida
215 Statutes, is amended to read:

216 390.0111 Termination of pregnancies.—

217 (1) TERMINATION AFTER GESTATIONAL AGE OF 15 WEEKS ~~IN THIRD~~
218 ~~TRIMESTER~~; WHEN ALLOWED.—A physician may not perform a ~~No~~
219 termination of pregnancy if the physician determines the
220 gestational age of the fetus is more than 15 weeks ~~shall be~~
221 ~~performed on any human being in the third trimester of pregnancy~~
222 unless one of the following conditions is met:

223 (a) Two physicians certify in writing that, in reasonable
224 medical judgment, the termination of the pregnancy is necessary
225 to save the pregnant woman's life or avert a serious risk of
226 substantial and irreversible physical impairment of a major
227 bodily function of the pregnant woman other than a psychological
228 condition.

229 (b) The physician certifies in writing that, in reasonable
230 medical judgment, there is a medical necessity for legitimate
231 emergency medical procedures for termination of the pregnancy to
232 save the pregnant woman's life or avert a serious risk of

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233 imminent substantial and irreversible physical impairment of a
234 major bodily function of the pregnant woman other than a
235 psychological condition, and another physician is not available
236 for consultation.

237 (c) The fetus has not achieved viability under s.
238 390.01112, and two physicians certify in writing that, in
239 reasonable medical judgment, the fetus has a fatal fetal
240 abnormality.

241 Section 5. Subsections (1), (2), and (3) of section
242 390.0112, Florida Statutes, are amended to read:

243 390.0112 Termination of pregnancies; reporting.-

244 (1) The director of any medical facility in which abortions
245 are performed, including surgical procedures and medical
246 abortions ~~a physician's office~~, shall submit a report each month
247 to the agency. If the abortion is not performed in a medical
248 facility, the physician performing the abortion must submit the
249 monthly report. The report must ~~may~~ be submitted electronically
250 on a form adopted by the agency, the Board of Medicine, and the
251 Board of Osteopathic Medicine which ~~7~~ may not include personal
252 identifying information, must be consistent with the United
253 States Standard Report of Induced Termination of Pregnancy
254 adopted by the Centers for Disease Control and Prevention, and
255 must include:

256 ~~(a) Until the agency begins collecting data under paragraph~~
257 ~~(e)~~ 7 The number of abortions performed.

258 (b) The reasons such abortions were performed. If the woman
259 has provided evidence that she is a victim of human trafficking
260 pursuant to s. 390.0111(3)(a)1., such reason must be included in
261 the information reported pursuant to this section.

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262 (c) For each abortion, the period of gestation at the time
263 the abortion was performed.

264 (d) The number of infants born alive or alive immediately
265 after an attempted abortion.

266 (e) The number of drug regimens dispensed or prescribed for
267 a medical abortion ~~Beginning no later than January 1, 2017,~~
268 ~~information consistent with the United States Standard Report of~~
269 ~~Induced Termination of Pregnancy adopted by the Centers for~~
270 ~~Disease Control and Prevention.~~

271 (2) The agency shall keep such reports in a central
272 location for the purpose of compiling and analyzing statistical
273 data and shall submit data reported pursuant to subsection (1)
274 ~~paragraph (1)(e)~~ to the Division of Reproductive Health within
275 the Centers for Disease Control and Prevention, as requested by
276 the Centers for Disease Control and Prevention.

277 ~~(3) If the termination of pregnancy is not performed in a~~
278 ~~medical facility, the physician performing the procedure shall~~
279 ~~be responsible for reporting such information as required in~~
280 ~~subsection (1).~~

281 Section 6. Section 395.1054, Florida Statutes, is created
282 to read:

283 395.1054 Birthing quality improvement initiatives.—A
284 hospital that provides birthing services shall at all times
285 participate in at least two quality improvement initiatives
286 developed in collaboration with the Florida Perinatal Quality
287 Collaborative within the University of South Florida College of
288 Public Health.

289 Section 7. For the 2022-2023 fiscal year, the sum of
290 \$260,000 in recurring funds from the General Revenue Fund is

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291 appropriated to the Department of Health for the purpose of
292 establishing fetal and infant mortality review committees under
293 s. 383.21625, Florida Statutes, in areas of this state in which
294 such state-funded fetal and infant mortality review committees
295 do not exist.

296 Section 8. This act shall take effect July 1, 2022.