1 A bill to be entitled 2 An act relating to public health emergency actions; 3 providing a short title; amending s. 381.00315, F.S.; 4 revising and providing definitions; requiring the 5 State Health Officer to obtain consent from the 6 Governor and the Legislature before the declaration or 7 continuation of a public health emergency; providing 8 requirements for the renewal of such declaration; 9 authorizing the State Health Officer to take certain 10 actions during a public health emergency; authorizing 11 the State Health Officer to request rather than order 12 an individual to be examined, tested, treated, 13 isolated, or quarantined for certain communicable 14 diseases; providing requirements for isolation or quarantine; requiring a judicial review for the State 15 16 Health Officer to request an individual to be 17 examined, treated, isolated, or quarantined for 18 certain communicable diseases; prohibiting certain 19 closures or adjustments of election procedures and protocols; requiring a two-thirds vote of the 20 membership of both houses of the Legislature to allow 21 22 actions that affect entire groups or communities; 23 revising procedures for imposing and releasing an 24 isolation or quarantine; amending s. 381.003, F.S.; revising requirements of the communicable disease 25

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26 prevention and control program; requiring written 27 consent of participating individuals or their legal 28 guardians for any medical care offered or provided through such program; providing an effective date. 29 30 31 Be It Enacted by the Legislature of the State of Florida: 32 This act may be cited as the "Medical Emergency 33 Section 1. 34 Requirement for Clear and Convincing Information and Evidence 35 (MERCCIE) Act." 36 Section 2. Paragraphs (a) and (b) of subsection (1), 37 paragraphs (b) and (d) of subsection (2), subsection (4), and paragraphs (a) and (b) of subsection (5) of section 381.00315, 38 39 Florida Statutes, are amended, and paragraph (e) is added to subsection (1) of that section, to read: 40 41 381.00315 Public health advisories; public health emergencies; isolation and quarantines.-The State Health Officer 42 43 is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation or quarantines. 44 45 As used in this section, the term: (1)46 (a) "Isolation" means the separation of an individual who is reasonably believed beyond a reasonable doubt to be infected 47 48 with a communicable disease from individuals who are not 49 infected, to prevent the possible spread of the disease. "Public health advisory" means any warning or report 50 (b) Page 2 of 12

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51	giving information to the public about a potential public health
52	threat. Before issuing any public health advisory, the State
53	Health Officer must consult with any state or local agency
54	regarding areas of responsibility which may be affected by such
55	advisory. Upon determining that issuing a public health advisory
56	is necessary to protect the public health and safety, and prior
57	to issuing the advisory, the State Health Officer must notify
58	each county health department within the area which is affected
59	by the advisory of the State Health Officer's intent to issue
60	the advisory. The State Health Officer is authorized to take any
61	action that is legal and appropriate to enforce any public
62	health advisory.
63	(e) The term "treat," "treated," or "treatment" does not
64	include administration of vaccinations.
64 65	<u>include administration of vaccinations.</u> (2)
65	(2)
65 66	(2) (b) Before declaring a public health emergency, the State
65 66 67	 (2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of</u> shall, to the extent
65 66 67 68	 (2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of</u> shall, to the extent possible, consult with the Governor, the President of the
65 66 67 68 69	 (2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of shall, to the extent</u> possible, consult with the Governor, the President of the Senate, and the Speaker of the House of Representatives and
65 66 67 68 69 70	(2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of shall, to the extent</u> possible, consult with the Governor <u>, the President of the</u> <u>Senate, and the Speaker of the House of Representatives</u> and shall notify the Chief of Domestic Security. The declaration of
65 66 67 68 69 70 71	(2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of shall, to the extent</u> possible, consult with the Governor <u>, the President of the</u> <u>Senate, and the Speaker of the House of Representatives</u> and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health
65 66 67 68 69 70 71 72	(2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of shall, to the extent</u> possible, consult with the Governor <u>, the President of the</u> <u>Senate, and the Speaker of the House of Representatives</u> and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer <u>, the Governor, the Senate President</u> , or the Speaker of
65 66 67 68 69 70 71 72 73	(2) (b) Before declaring a public health emergency, the State Health Officer <u>must obtain the consent of shall, to the extent</u> possible, consult with the Governor, the President of the Senate, and the Speaker of the House of Representatives and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer, the Governor, the Senate President, or the Speaker of the House of Representatives notifies the Chief of Domestic

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conditions no longer exist and <u>wish to remove consent to the</u> <u>continuation of the emergency and terminate</u> he or she terminates the declaration. However, A declaration of a public health emergency <u>will automatically expire</u> may not continue for longer than 60 days <u>after the declaration</u> unless the Governor <u>files in</u> <u>writing a</u> concurs in the renewal of the declaration. <u>A renewal</u> <u>declaration by the Governor will be valid for 30 days after</u> which the Governor may file additional renewal declarations in

84 writing. Each subsequent renewal declaration will extend the 85 termination of the emergency an additional 30 days after the 86 date of the last renewal declaration. The declaration of a 87 public health emergency will automatically expire if the 88 Governor does not timely file a renewal declaration.

(d) The State Health Officer, <u>during upon declaration of</u> a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:

93 1. Directing manufacturers of prescription drugs or over-94 the-counter drugs who are permitted under chapter 499 and 95 wholesalers of prescription drugs located in this state who are 96 permitted under chapter 499 to give priority to the shipping of 97 specified drugs to pharmacies and health care providers within 98 geographic areas identified by the State Health Officer. The 99 State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond 100

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101 to the State Health Officer's priority shipping directive before 102 shipping the specified drugs.

2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

Notwithstanding s. 456.036, temporarily reactivating 110 3. 111 the inactive license of the following health care providers practitioners, when such providers practitioners are needed to 112 113 respond to the public health emergency: physicians licensed 114 under chapter 458 or chapter 459; physician assistants licensed 115 under chapter 458 or chapter 459; licensed practical nurses, 116 registered nurses, and advanced practice registered nurses 117 licensed under part I of chapter 464; respiratory therapists 118 licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 119 120 401. Only those health care practitioners specified in this 121 paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for 122 123 reactivation. An inactive license that is reactivated under this 124 paragraph shall return to inactive status when the public health 125 emergency ends or before the end of the public health emergency

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126 if the State Health Officer determines that the health care 127 provider practitioner is no longer needed to provide services 128 during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting 129 130 the requirements of s. 456.036 or chapter 401, as applicable. 131 Requesting Ordering an individual to be examined, 4. 132 tested, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and 133 134 present a severe danger to public health. Individuals who are 135 unable or unwilling to be examined, tested, or treated for reasons of health, religion, or conscience may be subjected to 136 137 isolation or guarantine.

a. Examination, testing, or treatment may be performed byany qualified person authorized by the State Health Officer.

140 If isolation or quarantine is permitted by this section b. 141 to protect public health, such isolation or quarantine shall be 142 carried out by the least restrictive means that protects the 143 liberty, safety, and comfort of the individual and that 144 minimizes the cost of such isolation and quarantine the 145 individual poses a danger to the public health, the State Health 146 Officer may subject the individual to isolation or quarantine. 147 If there is no practical method to isolate or quarantine the 148 individual, the State Health Officer may use any means necessary 149 to treat the individual. c. An individual subject to a request under this section 150

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151 <u>may request judicial review of such request with the burden on</u> 152 <u>the state to prove, beyond a reasonable doubt, that such actions</u> 153 <u>are necessary for public health and will benefit public health.</u> 154 <u>d.e.</u> Any <u>request order</u> of the State Health Officer given 155 to effectuate this paragraph is <u>immediately</u> enforceable by a law

enforcement officer under s. 381.0012.

157 <u>e. Closures of churches, businesses, government buildings</u>
158 <u>and services, schools, groups of private residences, and public</u>
159 <u>domains, and altering or adjusting elections procedures and</u>
160 <u>protocols, are prohibited. Any such actions that affect entire</u>
161 <u>groups or communities are only permitted when approved by a two-</u>
162 <u>thirds vote of the membership of each house of the Legislature.</u>

The department has the duty and the authority to 163 (4) 164 declare, enforce, modify, and abolish the isolation and 165 quarantine of persons, animals, and premises as the 166 circumstances indicate for controlling communicable diseases or 167 providing protection from unsafe conditions that pose a threat to public health, except as provided in ss. 384.28 and 392.545-168 169 392.60. Any order of the department issued pursuant to this 170 subsection shall be immediately enforceable by a law enforcement officer under s. 381.0012. 171

(5) The department shall adopt rules to specify the conditions and procedures for imposing and releasing an isolation or a quarantine. The rules must include provisions related to:

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(a) The closure of <u>individual</u> premises.

(b) The movement of <u>individuals on a case by case basis</u>
persons or animals exposed to or infected with a communicable
disease.

180 Section 3. Paragraph (e) of subsection (1) of section181 381.003, Florida Statutes, is amended to read:

182 381.003 Communicable disease and AIDS prevention and 183 control.-

184 (1)The department shall conduct a communicable disease prevention and control program as part of fulfilling its public 185 health mission. A communicable disease is any disease caused by 186 187 transmission of a specific infectious agent, or its toxic 188 products, from an infected person, an infected animal, or the 189 environment to a susceptible host, either directly or 190 indirectly. The communicable disease program must include, but 191 need not be limited to:

192 Develop and provide access to, but not require the (e) 193 participation in programs for the prevention and control of 194 vaccine-preventable diseases, including programs to immunize 195 school children as required by s. 1003.22(3)-(11) and the development of an automated, electronic, and centralized 196 database and registry of immunizations. The department shall 197 198 ensure that all children in this state are afforded access to be 199 immunized against vaccine-preventable diseases. The immunization registry must allow the department to enhance current 200

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201 immunization activities for the purpose of improving the 202 immunization of all children in this state.

1. Except as provided in subparagraph 2., the department shall include all children born in this state in the immunization registry by using the birth records from the Office of Vital Statistics. The department shall add other children to the registry as immunization services are provided.

The parent or guardian of a child may refuse to have 208 2. 209 the child included in the immunization registry by signing a 210 form obtained from the department, or from the health care practitioner or entity that provides the immunization, which 211 indicates that the parent or quardian does not wish to have the 212 child included in the immunization registry. Each consent to 213 214 treatment form provided by a health care practitioner or by an 215 entity that administers vaccinations or causes vaccinations to 216 be administered to children from birth through 17 years of age 217 must contain a notice stating that the parent or guardian of a 218 child may refuse to have his or her child included in the 219 immunization registry. The parent or guardian must provide such 220 opt-out form to the health care practitioner or entity upon 221 administration of the vaccination. Such health care practitioner 222 or entity shall submit the form to the department. A parent or 223 guardian may submit the opt-out form directly to the department. 224 Any records or identifying information pertaining to the child 225 shall be removed from the registry, if the parent or guardian

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226 has refused to have his or her child included in the 227 immunization registry.

228 3. A college or university student, from 18 years of age 229 to 23 years of age, who obtains a vaccination from a college or 230 university student health center or clinic in the state may 231 refuse to be included in the immunization registry by signing a 232 form obtained from the department, health center, or clinic 233 which indicates that the student does not wish to be included in 234 the immunization registry. The student must provide such opt-out 235 form to the health center or clinic upon administration of the 236 vaccination. Such health center or clinic shall submit the form 237 to the department. A student may submit the opt-out form 238 directly to the department. Any records or identifying 239 information pertaining to the student shall be removed from the 240 registry if the student has refused to be included in the 241 immunization registry.

4. The immunization registry shall allow for immunization
records to be electronically available to entities that are
required by law to have such records, including, but not limited
to, schools and licensed child care facilities.

5. A health care practitioner licensed under chapter 458, chapter 459, or chapter 464 in this state who administers vaccinations or causes vaccinations to be administered to children from birth through 17 years of age is required to report vaccination data to the immunization registry, unless a

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251 parent or guardian of a child has refused to have the child 252 included in the immunization registry by meeting the 253 requirements of subparagraph 2. A health care practitioner 254 licensed under chapter 458, chapter 459, or chapter 464 in this 255 state who administers vaccinations or causes vaccinations to be 256 administered to college or university students from 18 years of 257 age to 23 years of age at a college or university student health 258 center or clinic is required to report vaccination data to the 259 immunization registry, unless the student has refused to be 260 included in the immunization registry by meeting the requirements of subparagraph 3. Vaccination data for students in 261 262 other age ranges may be submitted to the immunization registry only if the student consents to inclusion in the immunization 263 264 registry. The upload of data from existing automated systems is 265 an acceptable method for updating immunization information in 266 the immunization registry. The information in the immunization 267 registry must include the child's name, date of birth, address, 268 and any other unique identifier necessary to correctly identify 269 the child; the immunization record, including the date, type of 270 administered vaccine, and vaccine lot number; and the presence 271 or absence of any adverse reaction or contraindication related 272 to the immunization. Information received by the department for 273 the immunization registry retains its status as confidential 274 medical information and the department must maintain the confidentiality of that information as otherwise required by 275

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276 law. A health care practitioner or other agency that obtains 277 information from the immunization registry must maintain the 278 confidentiality of any medical records in accordance with s. 279 456.057 or as otherwise required by law. 280 6. This section does not prevent individuals from refusing 281 all medical treatments, procedures, and prophylactic medical 282 measures, including, but not limited to, testing, treatment, 283 gene therapy, and vaccinations. All medical care offered or 284 implemented through a communicable disease prevention and 285 control program shall be done with the written consent of participating individuals or their legal guardians. 286 287 Section 4. This act shall take effect July 1, 2023.

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