

By the Committee on Fiscal Policy; the Appropriations Committee on Health and Human Services; the Committee on Health Policy; and Senator Rodriguez

594-03817-24

20241582c3

1 A bill to be entitled
2 An act relating to the Department of Health; amending
3 s. 381.0101, F.S.; defining the term "environmental
4 health technician"; exempting environmental health
5 technicians from certain certification requirements
6 under certain circumstances; requiring the department,
7 in conjunction with the Department of Environmental
8 Protection, to adopt rules that establish certain
9 standards for environmental health technician
10 certification; requiring the Department of Health to
11 adopt by rule certain standards for environmental
12 health technician certification; revising provisions
13 related to exemptions and fees to conform to changes
14 made by the act; creating s. 381.991, F.S.; creating
15 the Andrew John Anderson Pediatric Rare Disease Grant
16 Program within the department for a specified purpose;
17 subject to an appropriation by the Legislature,
18 requiring the program to award grants for certain
19 scientific and clinical research; specifying entities
20 eligible to apply for the grants; specifying the types
21 of applications that may be considered for grant
22 funding; providing for a competitive, peer-reviewed
23 application and selection process; providing that the
24 remaining balance of appropriations for the program as
25 of a specified date may be carried forward for a
26 specified timeframe under certain circumstances;
27 amending s. 383.14, F.S.; providing that any health
28 care practitioner present at a birth or responsible
29 for primary care during the neonatal period has the

594-03817-24

20241582c3

30 primary responsibility of administering certain
31 screenings; defining the term "health care
32 practitioner"; deleting identification and screening
33 requirements for newborns and their families for
34 certain environmental and health risk factors;
35 deleting certain related duties of the department;
36 revising the definition of the term "health care
37 practitioner" to include licensed genetic counselors;
38 requiring that blood specimens for screenings of
39 newborns be collected before a specified age;
40 requiring that newborns have a blood specimen
41 collected for newborn screenings, rather than only a
42 test for phenylketonuria, before a specified age;
43 deleting certain rulemaking authority of the
44 department; deleting a requirement that the department
45 furnish certain forms to specified entities; deleting
46 the requirement that such entities report the results
47 of certain screenings to the department; making
48 technical and conforming changes; deleting a
49 requirement that the department submit certain
50 certifications as part of its legislative budget
51 request; requiring certain health care practitioners
52 to prepare and send all newborn screening specimen
53 cards to the State Public Health Laboratory; defining
54 the term "health care practitioner"; amending s.
55 383.145, F.S.; defining the term "toddler"; revising
56 hearing loss screening requirements to include infants
57 and toddlers; revising hearing loss screening
58 requirements for licensed birth centers; revising the

594-03817-24

20241582c3

59 timeframe in which a newborn's primary health care
60 provider must refer a newborn for congenital
61 cytomegalovirus screening after the newborn fails the
62 hearing loss screening; requiring licensed birth
63 centers to complete newborn hearing loss screenings
64 before discharge, with an exception; amending s.
65 383.147, F.S.; revising sickle cell disease and sickle
66 cell trait screening requirements; requiring screening
67 providers to notify a newborn's parent or guardian,
68 rather than the newborn's primary care physician, of
69 certain information; authorizing the parents or
70 guardians of a newborn to opt out of the newborn's
71 inclusion in the sickle cell registry; specifying the
72 manner in which a parent or guardian may opt out;
73 authorizing certain persons other than newborns who
74 have been identified as having sickle cell disease or
75 carrying a sickle cell trait to choose to be included
76 in the registry; creating s. 383.148, F.S.; requiring
77 the department to promote the screening of pregnant
78 women and infants for specified environmental risk
79 factors; requiring the department to develop a
80 multilevel screening process for prenatal and
81 postnatal risk screenings; specifying requirements for
82 such screening processes; providing construction;
83 requiring persons who object to a screening to give a
84 written statement of such objection to the physician
85 or other person required to administer and report the
86 screening; amending s. 1004.435, F.S.; revising the
87 membership of the Florida Cancer Control and Research

594-03817-24

20241582c3

88 Advisory Council; revising quorum requirements for
89 council actions; amending ss. 383.318, 395.1053, and
90 456.0496, F.S.; conforming cross-references; requiring
91 the department to grant certain applicants 90 days to
92 cure deficiencies with their medical marijuana
93 treatment center license applications pursuant to a
94 specified errors and omissions process; requiring the
95 department to grant such applicants a marijuana
96 treatment center license if they cure the deficiencies
97 within the specified timeframe; providing
98 construction; providing that the death of an applicant
99 during the cure process may not be a reason to deny
100 the application or any resulting legal challenge;
101 requiring the department to issue the license to the
102 estate of a deceased applicant in the event of a
103 successful cure or legal challenge; providing
104 effective dates.

105
106 Be It Enacted by the Legislature of the State of Florida:

107
108 Section 1. Present subsections (5), (6), and (7) of section
109 381.0101, Florida Statutes, are redesignated as subsections (6),
110 (7), and (8), respectively, a new subsection (5) is added to
111 that section, and subsections (1), (2), and (4) and present
112 subsections (5) and (6) of that section are amended, to read:

113 381.0101 Environmental health professionals.—

114 (1) DEFINITIONS.—As used in this section, the term:

115 (a) "Board" means the Environmental Health Professionals
116 Advisory Board.

594-03817-24

20241582c3

117 (c)~~(b)~~ "Department" means the Department of Health.

118 (d)~~(e)~~ "Environmental health" means that segment of public
119 health work which deals with the examination of those factors in
120 the human environment which may impact adversely on the health
121 status of an individual or the public.

122 (e)~~(d)~~ "Environmental health professional" means a person
123 who is employed or assigned the responsibility for assessing the
124 environmental health or sanitary conditions, as defined by the
125 department, within a building, on an individual's property, or
126 within the community at large, and who has the knowledge,
127 skills, and abilities to carry out these tasks. Environmental
128 health professionals may be either field, supervisory, or
129 administrative staff members.

130 (b)~~(e)~~ "Certified" means a person who has displayed
131 competency to perform evaluations of environmental or sanitary
132 conditions through examination.

133 (f) "Environmental health technician" means a person who is
134 employed or assigned the responsibility for conducting septic
135 inspections under the supervision of a certified environmental
136 health professional. An environmental health technician must
137 have completed training approved by the department and have the
138 knowledge, skills, and abilities to carry out these tasks.

139 (h)~~(f)~~ "Registered sanitarian," "R.S.," "Registered
140 Environmental Health Specialist," or "R.E.H.S." means a person
141 who has been certified by either the National Environmental
142 Health Association or the Florida Environmental Health
143 Association as knowledgeable in the environmental health
144 profession.

145 (g) "Primary environmental health program" means those

594-03817-24

20241582c3

146 programs determined by the department to be essential for
147 providing basic environmental and sanitary protection to the
148 public. At a minimum, these programs shall include food
149 protection program work.

150 (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not
151 perform environmental health or sanitary evaluations in any
152 primary program area of environmental health without being
153 certified by the department as competent to perform such
154 evaluations. This section does not apply to any of the
155 following:

156 (a) Persons performing inspections of public food service
157 establishments licensed under chapter 509. ~~7-01~~

158 (b) Persons performing site evaluations in order to
159 determine proper placement and installation of onsite wastewater
160 treatment and disposal systems who have successfully completed a
161 department-approved soils morphology course and who are working
162 under the direct responsible charge of an engineer licensed
163 under chapter 471.

164 (c) Environmental health technicians employed by a
165 department as defined in s. 20.03 who are assigned the
166 responsibility for conducting septic tank inspections under the
167 supervision of an environmental health professional certified in
168 onsite sewage treatment and disposal.

169 (4) STANDARDS FOR CERTIFICATION.—The department shall adopt
170 rules that establish definitions of terms and minimum standards
171 of education, training, or experience for those persons subject
172 to this subsection ~~section~~. The rules must also address the
173 process for application, examination, issuance, expiration, and
174 renewal of certification and ethical standards of practice for

594-03817-24

20241582c3

175 the profession.

176 (a) Persons employed as environmental health professionals
177 shall exhibit a knowledge of rules and principles of
178 environmental and public health law in Florida through
179 examination. A person may not conduct environmental health
180 evaluations in a primary program area unless he or she is
181 currently certified in that program area or works under the
182 direct supervision of a certified environmental health
183 professional.

184 1. All persons who begin employment in a primary
185 environmental health program on or after September 21, 1994,
186 must be certified in that program within 6 months after
187 employment.

188 2. Persons employed in the primary environmental health
189 program of a food protection program or an onsite sewage
190 treatment and disposal system prior to September 21, 1994, shall
191 be considered certified while employed in that position and
192 shall be required to adhere to any professional standards
193 established by the department pursuant to paragraph (b),
194 complete any continuing education requirements imposed under
195 paragraph (d), and pay the certificate renewal fee imposed under
196 subsection (7) ~~(6)~~.

197 3. Persons employed in the primary environmental health
198 program of a food protection program or an onsite sewage
199 treatment and disposal system prior to September 21, 1994, who
200 change positions or program areas and transfer into another
201 primary environmental health program area on or after September
202 21, 1994, must be certified in that program within 6 months
203 after such transfer, except that they will not be required to

594-03817-24

20241582c3

204 possess the college degree required under paragraph (e).

205 4. Registered sanitarians shall be considered certified and
206 shall be required to adhere to any professional standards
207 established by the department pursuant to paragraph (b).

208 (b) At a minimum, the department shall establish standards
209 for professionals in the areas of food hygiene and onsite sewage
210 treatment and disposal.

211 (c) Those persons conducting primary environmental health
212 evaluations shall be certified by examination to be
213 knowledgeable in any primary area of environmental health in
214 which they are routinely assigned duties.

215 (d) Persons who are certified shall renew their
216 certification biennially by completing not less than 24 contact
217 hours of continuing education for each program area in which
218 they maintain certification, subject to a maximum of 48 hours
219 for multiprogram certification.

220 (e) Applicants for certification shall have graduated from
221 an accredited 4-year college or university with a degree or
222 major coursework in public health, environmental health,
223 environmental science, or a physical or biological science.

224 (f) A certificateholder shall notify the department within
225 60 days after any change of name or address from that which
226 appears on the current certificate.

227 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN
228 CERTIFICATION.—The department, in conjunction with the
229 Department of Environmental Protection, shall adopt rules that
230 establish definitions of terms and minimum standards of
231 education, training, and experience for those persons subject to
232 this subsection. The rules must also address the process for

594-03817-24

20241582c3

233 application, examination, issuance, expiration, and renewal of
234 certification, and ethical standards of practice for the
235 profession.

236 (a) At a minimum, the department shall establish standards
237 for technicians in the areas of onsite sewage treatment and
238 disposal.

239 (b) A person conducting septic inspections must be
240 certified by examination to be knowledgeable in the area of
241 onsite sewage treatment and disposal.

242 (c) An applicant for certification as an environmental
243 health technician must, at a minimum, have received a high
244 school diploma or its equivalent.

245 (d) An applicant for certification as an environmental
246 health technician must be employed by a department as defined in
247 s. 20.30.

248 (e) An applicant for certification as an environmental
249 health technician must complete supervised field inspection work
250 as prescribed by department rule before examination.

251 (f) A certified environmental health technician must renew
252 his or her certification biennially by completing at least 24
253 contact hours of continuing education for each program area in
254 which he or she maintains certification, subject to a maximum of
255 48 hours for multiprogram certification.

256 (g) A certified environmental health technician shall
257 notify the department within 60 days after any change of name or
258 address from that which appears on the current certificate.

259 (6) ~~(5)~~ EXEMPTIONS.—A person who conducts primary
260 environmental evaluation activities and maintains a current
261 registration or certification from another state agency which

594-03817-24

20241582c3

262 examined the person's knowledge of the primary program area and
263 requires comparable continuing education to maintain the
264 certificate shall not be required to be certified by this
265 section. ~~Examples of persons not subject to certification are~~
266 ~~physicians, registered dietitians, certified laboratory~~
267 ~~personnel, and nurses.~~

268 (7)~~(6)~~ FEES.—The department shall charge fees in amounts
269 necessary to meet the cost of providing environmental health
270 professional certification. Fees for certification shall be not
271 less than \$10 or more than \$300 and shall be set by rule.
272 Application, examination, and certification costs shall be
273 included in this fee. Fees for renewal of a certificate shall be
274 no less than \$25 nor more than \$150 per biennium.

275 Section 2. Section 381.991, Florida Statutes, is created to
276 read:

277 381.991 Andrew John Anderson Pediatric Rare Disease Grant
278 Program.—

279 (1) (a) There is created within the Department of Health the
280 Andrew John Anderson Pediatric Rare Disease Grant Program. The
281 purpose of the program is to advance the progress of research
282 and cures for pediatric rare diseases by awarding grants through
283 a competitive, peer-reviewed process.

284 (b) Subject to an annual appropriation by the Legislature,
285 the program shall award grants for scientific and clinical
286 research to further the search for new diagnostics, treatments,
287 and cures for pediatric rare diseases.

288 (2) (a) Applications for grants for pediatric rare disease
289 research may be submitted by any university or established
290 research institute in the state. All qualified investigators in

594-03817-24

20241582c3

291 the state, regardless of institutional affiliation, shall have
292 equal access and opportunity to compete for the research
293 funding. Preference may be given to grant proposals that foster
294 collaboration among institutions, researchers, and community
295 practitioners, as such proposals support the advancement of
296 treatments and cures of pediatric rare diseases through basic or
297 applied research. Grants shall be awarded by the department,
298 after consultation with the Rare Disease Advisory Council,
299 pursuant to s. 381.99, on the basis of scientific merit, as
300 determined by the competitive, peer-reviewed process to ensure
301 objectivity, consistency, and high quality. The following types
302 of applications may be considered for funding:

- 303 1. Investigator-initiated research grants.
304 2. Institutional research grants.
305 3. Collaborative research grants, including those that
306 advance the finding of treatment and cures through basic or
307 applied research.

308 (b) To ensure appropriate and fair evaluation of grant
309 applications based on scientific merit, the department shall
310 appoint peer review panels of independent, scientifically
311 qualified individuals to review the scientific merit of each
312 proposal and establish its priority score. The priority scores
313 shall be forwarded to the council and must be considered in
314 determining which proposals shall be recommended for funding.

315 (c) The council and the peer review panels shall establish
316 and follow rigorous guidelines for ethical conduct and adhere to
317 a strict policy with regard to conflicts of interest. A member
318 of the council or panel may not participate in any discussion or
319 decision of the council or panel with respect to a research

594-03817-24

20241582c3

320 proposal by any firm, entity, or agency that the member is
321 associated with as a member of the governing body or as an
322 employee or with which the member has entered into a contractual
323 arrangement.

324 (d) Notwithstanding s. 216.301 and pursuant to s. 216.351,
325 the balance of any appropriation from the General Revenue Fund
326 for the Andrew John Anderson Pediatric Rare Disease Grant
327 Program that is not disbursed but that is obligated pursuant to
328 contract or committed to be expended by June 30 of the fiscal
329 year in which the funds are appropriated may be carried forward
330 for up to 5 years after the effective date of the original
331 appropriation.

332 Section 3. Present subsection (5) of section 383.14,
333 Florida Statutes, is redesignated as subsection (6), a new
334 subsection (5) is added to that section, and subsections (1),
335 (2), and (3) of that section are amended, to read:

336 383.14 Screening for metabolic disorders, other hereditary
337 and congenital disorders, and environmental risk factors.—

338 (1) SCREENING REQUIREMENTS.—To help ensure access to the
339 maternal and child health care system, the Department of Health
340 shall promote the screening of all newborns born in Florida for
341 metabolic, hereditary, and congenital disorders known to result
342 in significant impairment of health or intellect, as screening
343 programs accepted by current medical practice become available
344 and practical in the judgment of the department. Any health care
345 practitioner present at a birth or responsible for primary care
346 during the neonatal period has the primary responsibility of
347 administering screenings as required in ss. 383.14 and 383.145.
348 As used in this subsection, the term "health care practitioner"

594-03817-24

20241582c3

349 means a physician or physician assistant licensed under chapter
350 458, an osteopathic physician or physician assistant licensed
351 under chapter 459, an advanced practice registered nurse
352 licensed under part I of chapter 464, or a midwife licensed
353 under chapter 467 ~~The department shall also promote the~~
354 ~~identification and screening of all newborns in this state and~~
355 ~~their families for environmental risk factors such as low~~
356 ~~income, poor education, maternal and family stress, emotional~~
357 ~~instability, substance abuse, and other high-risk conditions~~
358 ~~associated with increased risk of infant mortality and morbidity~~
359 ~~to provide early intervention, remediation, and prevention~~
360 ~~services, including, but not limited to, parent support and~~
361 ~~training programs, home visitation, and case management.~~
362 ~~Identification, perinatal screening, and intervention efforts~~
363 ~~shall begin prior to and immediately following the birth of the~~
364 ~~child by the attending health care provider. Such efforts shall~~
365 ~~be conducted in hospitals, perinatal centers, county health~~
366 ~~departments, school health programs that provide prenatal care,~~
367 ~~and birthing centers, and reported to the Office of Vital~~
368 ~~Statistics.~~

369 ~~(a) Prenatal screening. The department shall develop a~~
370 ~~multilevel screening process that includes a risk assessment~~
371 ~~instrument to identify women at risk for a preterm birth or~~
372 ~~other high-risk condition. The primary health care provider~~
373 ~~shall complete the risk assessment instrument and report the~~
374 ~~results to the Office of Vital Statistics so that the woman may~~
375 ~~immediately be notified and referred to appropriate health,~~
376 ~~education, and social services.~~

377 ~~(b) Postnatal screening. A risk factor analysis using the~~

594-03817-24

20241582c3

378 ~~department's designated risk assessment instrument shall also be~~
379 ~~conducted as part of the medical screening process upon the~~
380 ~~birth of a child and submitted to the department's Office of~~
381 ~~Vital Statistics for recording and other purposes provided for~~
382 ~~in this chapter. The department's screening process for risk~~
383 ~~assessment shall include a scoring mechanism and procedures that~~
384 ~~establish thresholds for notification, further assessment,~~
385 ~~referral, and eligibility for services by professionals or~~
386 ~~paraprofessionals consistent with the level of risk. Procedures~~
387 ~~for developing and using the screening instrument, notification,~~
388 ~~referral, and care coordination services, reporting~~
389 ~~requirements, management information, and maintenance of a~~
390 ~~computer-driven registry in the Office of Vital Statistics which~~
391 ~~ensures privacy safeguards must be consistent with the~~
392 ~~provisions and plans established under chapter 411, Pub. L. No.~~
393 ~~99-457, and this chapter. Procedures established for reporting~~
394 ~~information and maintaining a confidential registry must include~~
395 ~~a mechanism for a centralized information depository at the~~
396 ~~state and county levels. The department shall coordinate with~~
397 ~~existing risk assessment systems and information registries. The~~
398 ~~department must ensure, to the maximum extent possible, that the~~
399 ~~screening information registry is integrated with the~~
400 ~~department's automated data systems, including the Florida On-~~
401 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

402 (a) Blood specimens for newborn screenings.—Newborn Tests
403 and screenings must be performed by the State Public Health
404 Laboratory, in coordination with Children's Medical Services, at
405 such times and in such manner as is prescribed by the department
406 after consultation with the Genetics and Newborn Screening

594-03817-24

20241582c3

407 Advisory Council ~~and the Department of Education.~~

408 (b) ~~(e)~~ *Release of screening results.*—Notwithstanding any
409 law to the contrary, the State Public Health Laboratory may
410 release, directly or through the Children’s Medical Services
411 program, the results of a newborn’s ~~hearing and metabolic tests~~
412 ~~or~~ screenings to the newborn’s health care practitioner, the
413 newborn’s parent or legal guardian, the newborn’s personal
414 representative, or a person designated by the newborn’s parent
415 or legal guardian. As used in this paragraph, the term “health
416 care practitioner” means a physician or physician assistant
417 licensed under chapter 458; an osteopathic physician or
418 physician assistant licensed under chapter 459; an advanced
419 practice registered nurse, registered nurse, or licensed
420 practical nurse licensed under part I of chapter 464; a midwife
421 licensed under chapter 467; a speech-language pathologist or
422 audiologist licensed under part I of chapter 468; ~~or~~ a dietician
423 or nutritionist licensed under part X of chapter 468; or a
424 genetic counselor licensed under part III of chapter 483.

425 (2) RULES.—

426 (a) After consultation with the Genetics and Newborn
427 Screening Advisory Council, the department shall adopt and
428 enforce rules requiring that every newborn in this state shall:

429 1. Before becoming 1 week of age, have a blood specimen
430 collected for newborn screenings ~~be subjected to a test for~~
431 ~~phenylketonuria;~~

432 2. Be tested for any condition included on the federal
433 Recommended Uniform Screening Panel which the council advises
434 the department should be included under the state’s screening
435 program. After the council recommends that a condition be

594-03817-24

20241582c3

436 included, the department shall submit a legislative budget
437 request to seek an appropriation to add testing of the condition
438 to the newborn screening program. The department shall expand
439 statewide screening of newborns to include screening for such
440 conditions within 18 months after the council renders such
441 advice, if a test approved by the United States Food and Drug
442 Administration or a test offered by an alternative vendor is
443 available. If such a test is not available within 18 months
444 after the council makes its recommendation, the department shall
445 implement such screening as soon as a test offered by the United
446 States Food and Drug Administration or by an alternative vendor
447 is available; and

448 3. At the appropriate age, be tested for such other
449 metabolic diseases and hereditary or congenital disorders as the
450 department may deem necessary ~~from time to time~~.

451 ~~(b) After consultation with the Department of Education,~~
452 ~~the department shall adopt and enforce rules requiring every~~
453 ~~newborn in this state to be screened for environmental risk~~
454 ~~factors that place children and their families at risk for~~
455 ~~increased morbidity, mortality, and other negative outcomes.~~

456 (b)(e) The department shall adopt such additional rules as
457 are found necessary for the administration of this section and
458 ss. 383.145 and 383.148 ~~s. 383.145~~, including rules providing
459 definitions of terms, rules relating to the methods used and
460 time or times for testing as accepted medical practice
461 indicates, rules relating to charging and collecting fees for
462 the administration of the newborn screening program authorized
463 by this section, rules for processing requests and releasing
464 test and screening results, and rules requiring mandatory

594-03817-24

20241582c3

465 reporting of the results of tests and screenings for these
466 conditions to the department.

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

470 (a) Assure the availability and quality of the necessary
471 laboratory tests and materials.

472 (b) ~~Furnish all physicians, county health departments,~~
473 ~~perinatal centers, birthing centers, and hospitals forms on~~
474 ~~which environmental screening and the results of tests for~~
475 ~~phenylketonuria and such other disorders for which testing may~~
476 ~~be required from time to time shall be reported to the~~
477 ~~department.~~

478 ~~(c)~~ Promote education of the public about the prevention
479 and management of metabolic, hereditary, and congenital
480 disorders ~~and dangers associated with environmental risk~~
481 ~~factors.~~

482 (c) ~~(d)~~ Maintain a confidential registry of cases, including
483 information of importance for the purpose of follow-up ~~followup~~
484 services to prevent intellectual disabilities, to correct or
485 ameliorate physical disabilities, and for epidemiologic studies,
486 if indicated. Such registry shall be exempt from the provisions
487 of s. 119.07(1).

488 (d) ~~(e)~~ Supply the necessary dietary treatment products
489 where practicable for diagnosed cases of ~~phenylketonuria and~~
490 ~~other~~ metabolic diseases for as long as medically indicated when
491 the products are not otherwise available. Provide nutrition
492 education and supplemental foods to those families eligible for
493 the Special Supplemental Nutrition Program for Women, Infants,

594-03817-24

20241582c3

494 and Children as provided in s. 383.011.

495 (e)~~(f)~~ Promote the availability of genetic studies,
496 services, and counseling in order that the parents, siblings,
497 and affected newborns may benefit from detection and available
498 knowledge of the condition.

499 (f)~~(g)~~ Have the authority to charge and collect fees for
500 the administration of the newborn screening program. authorized
501 ~~in this section, as follows:~~

502 1. A fee not to exceed \$15 will be charged for each live
503 birth, as recorded by the Office of Vital Statistics, occurring
504 in a hospital licensed under part I of chapter 395 or a birth
505 center licensed under s. 383.305 ~~per year~~. The department shall
506 calculate the ~~annual~~ assessment for each hospital and birth
507 center, and this assessment must be paid ~~in equal amounts~~
508 ~~quarterly~~. Quarterly, The department shall generate and issue
509 ~~mail to~~ each hospital and birth center a statement of the amount
510 due.

511 2. ~~As part of the department's legislative budget request~~
512 ~~prepared pursuant to chapter 216, the department shall submit a~~
513 ~~certification by the department's inspector general, or the~~
514 ~~director of auditing within the inspector general's office, of~~
515 ~~the annual costs of the uniform testing and reporting procedures~~
516 ~~of the newborn screening program. In certifying the annual~~
517 ~~costs, the department's inspector general or the director of~~
518 ~~auditing within the inspector general's office shall calculate~~
519 ~~the direct costs of the uniform testing and reporting~~
520 ~~procedures, including applicable administrative costs.~~
521 ~~Administrative costs shall be limited to those department costs~~
522 ~~which are reasonably and directly associated with the~~

594-03817-24

20241582c3

523 ~~administration of the uniform testing and reporting procedures~~
524 ~~of the newborn screening program.~~

525 (g)~~(h)~~ Have the authority to bill third-party payors for
526 newborn screening tests.

527 (h)~~(i)~~ Create and make available electronically a pamphlet
528 with information on screening for, and the treatment of,
529 preventable infant and childhood eye and vision disorders,
530 including, but not limited to, retinoblastoma and amblyopia.

531
532 All provisions of this subsection must be coordinated with the
533 provisions and plans established under this chapter, chapter
534 411, and Pub. L. No. 99-457.

535 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.—Any
536 health care practitioner whose duty it is to administer
537 screenings under this section shall prepare and send all newborn
538 screening specimen cards to the State Public Health Laboratory
539 in accordance with rules adopted under this section. As used in
540 this subsection, the term “health care practitioner” means a
541 physician or physician assistant licensed under chapter 458, an
542 osteopathic physician or physician assistant licensed under
543 chapter 459, an advanced practice registered nurse licensed
544 under part I of chapter 464, or a midwife licensed under chapter
545 467.

546 Section 4. Paragraph (k) is added to subsection (2) of
547 Section 383.145, Florida Statutes, and subsection (3) of that
548 section is amended, to read:

549 383.145 Newborn, ~~and~~ infant, and toddler hearing
550 screening.—

551 (2) DEFINITIONS.—As used in this section, the term:

594-03817-24

20241582c3

552 (k) "Toddler" means a child from 12 months to 36 months of
553 age.

554 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND
555 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.—

556 (a) Each hospital or other state-licensed birth birthing
557 facility that provides maternity and newborn care services shall
558 ensure that all newborns are, before discharge, screened for the
559 detection of hearing loss to prevent the consequences of
560 unidentified disorders. If a newborn fails the screening for the
561 detection of hearing loss, the hospital or other state-licensed
562 birth birthing facility must administer a test approved by the
563 United States Food and Drug Administration or another
564 diagnostically equivalent test on the newborn to screen for
565 congenital cytomegalovirus before the newborn becomes 21 days of
566 age or before discharge, whichever occurs earlier.

567 (b) Each licensed birth center that provides maternity and
568 newborn care services shall ensure that all newborns are, before
569 discharge, screened for the detection of hearing loss. Within 7
570 days after the birth, the licensed birth center must ensure that
571 all newborns who do not pass the hearing screening are referred
572 for to an appointment audiologist, a hospital, or another
573 newborn hearing screening provider for a test to screen for
574 congenital cytomegalovirus before the newborn becomes 21 days of
575 age screening for the detection of hearing loss to prevent the
576 consequences of unidentified disorders. The referral for
577 appointment must be made within 7 days after discharge. Written
578 documentation of the referral must be placed in the newborn's
579 medical chart.

580 (c) If the parent or legal guardian of the newborn objects

594-03817-24

20241582c3

581 to the screening, the screening must not be completed. In such
582 case, the physician, midwife, or other person attending the
583 newborn shall maintain a record that the screening has not been
584 performed and attach a written objection that must be signed by
585 the parent or guardian.

586 (d) For home births, the health care provider in attendance
587 is responsible for coordination and referral to an audiologist,
588 a hospital, or another newborn hearing screening provider. The
589 health care provider in attendance must make the referral for
590 appointment within 7 days after the birth. In cases in which the
591 home birth is not attended by a health care provider, the
592 newborn's primary health care provider is responsible for
593 coordinating the referral.

594 (e) For home births and births in a licensed birth center,
595 if a newborn is referred to a newborn hearing screening provider
596 and the newborn fails the screening for the detection of hearing
597 loss, the newborn's primary health care provider must refer the
598 newborn for administration of a test approved by the United
599 States Food and Drug Administration or another diagnostically
600 equivalent test on the newborn to screen for congenital
601 cytomegalovirus before the newborn becomes 21 days of age.

602 (f) All newborn and infant hearing screenings must be
603 conducted by an audiologist, a physician, or an appropriately
604 supervised individual who has completed documented training
605 specifically for newborn hearing screening. Every hospital that
606 provides maternity or newborn care services shall obtain the
607 services of an audiologist, a physician, or another newborn
608 hearing screening provider, through employment or contract or
609 written memorandum of understanding, for the purposes of

594-03817-24

20241582c3

610 appropriate staff training, screening program supervision,
611 monitoring the scoring and interpretation of test results,
612 rendering of appropriate recommendations, and coordination of
613 appropriate follow-up services. Appropriate documentation of the
614 screening completion, results, interpretation, and
615 recommendations must be placed in the medical record within 24
616 hours after completion of the screening procedure.

617 (g) The screening of a newborn's hearing must be completed
618 before the newborn is discharged from the hospital or licensed
619 birth center. However, if the screening is not completed before
620 discharge due to scheduling or temporary staffing limitations,
621 the screening must be completed within 21 days after the birth.
622 Screenings completed after discharge or performed because of
623 initial screening failure must be completed by an audiologist, a
624 physician, a hospital, or another newborn hearing screening
625 provider.

626 (h) Each hospital shall formally designate a lead physician
627 responsible for programmatic oversight for newborn hearing
628 screening. Each birth center shall designate a licensed health
629 care provider to provide such programmatic oversight and to
630 ensure that the appropriate referrals are being completed.

631 (i) When ordered by the treating physician, screening of a
632 newborn's, infant's, or toddler's hearing must include auditory
633 brainstem responses, or evoked otoacoustic emissions, or
634 appropriate technology as approved by the United States Food and
635 Drug Administration.

636 (j) The results of any test conducted pursuant to this
637 section, including, but not limited to, newborn hearing loss
638 screening, congenital cytomegalovirus testing, and any related

594-03817-24

20241582c3

639 diagnostic testing, must be reported to the department within 7
640 days after receipt of such results.

641 (k) The initial procedure for screening the hearing of the
642 newborn or infant and any medically necessary follow-up
643 reevaluations leading to diagnosis shall be a covered benefit
644 for Medicaid patients covered by a fee-for-service program. For
645 Medicaid patients enrolled in HMOs, providers shall be
646 reimbursed directly by the Medicaid Program Office at the
647 Medicaid rate. This service may not be considered a covered
648 service for the purposes of establishing the payment rate for
649 Medicaid HMOs. All health insurance policies and health
650 maintenance organizations as provided under ss. 627.6416,
651 627.6579, and 641.31(30), except for supplemental policies that
652 only provide coverage for specific diseases, hospital indemnity,
653 or Medicare supplement, or to the supplemental policies, shall
654 compensate providers for the covered benefit at the contracted
655 rate. Nonhospital-based providers are eligible to bill Medicaid
656 for the professional and technical component of each procedure
657 code.

658 (l) A child who is diagnosed as having permanent hearing
659 loss must be referred to the primary care physician for medical
660 management, treatment, and follow-up services. Furthermore, in
661 accordance with Part C of the Individuals with Disabilities
662 Education Act, Pub. L. No. 108-446, Infants and Toddlers with
663 Disabilities, any child from birth to 36 months of age who is
664 diagnosed as having hearing loss that requires ongoing special
665 hearing services must be referred to the Children's Medical
666 Services Early Intervention Program serving the geographical
667 area in which the child resides.

594-03817-24

20241582c3

668 Section 5. Section 383.147, Florida Statutes, is amended to
669 read:

670 383.147 ~~Newborn and infant screenings for~~ Sickle cell
671 disease and sickle cell trait hemoglobin variants; registry.—

672 (1) If ~~a screening provider detects that~~ a newborn as or an
673 ~~infant, as those terms are defined in s. 383.145(2)~~, is
674 identified as having sickle cell disease or carrying a sickle
675 cell trait through the newborn screening program as described in
676 s. 383.14, the department hemoglobin variant, it must:

677 (a) Notify the parent or guardian of the newborn and
678 provide information regarding the availability and benefits of
679 genetic counseling. ~~primary care physician of the newborn or~~
680 ~~infant and~~

681 (b) Submit the results of such screening to the Department
682 of Health for inclusion in the sickle cell registry established
683 under paragraph (2) (a), unless the parent or guardian of the
684 newborn provides an opt-out form obtained from the department,
685 or otherwise indicates in writing to the department his or her
686 objection to having the newborn included in the sickle cell
687 registry. ~~The primary care physician must provide to the parent~~
688 ~~or guardian of the newborn or infant information regarding the~~
689 ~~availability and benefits of genetic counseling.~~

690 (2) (a) The Department of Health shall contract with a
691 community-based sickle cell disease medical treatment and
692 research center to establish and maintain a registry for
693 individuals ~~newborns and infants~~ who are identified as having
694 sickle cell disease or carrying a sickle cell trait hemoglobin
695 ~~variant~~. The sickle cell registry must track sickle cell disease
696 outcome measures, except as provided in paragraph (1) (b). A

594-03817-24

20241582c3

697 ~~parent or guardian of a newborn or an infant in the registry may~~
698 ~~request to have his or her child removed from the registry by~~
699 ~~submitting a form prescribed by the department by rule.~~

700 (b) In addition to newborns identified and included in the
701 registry under subsection (1), persons living in this state who
702 have been identified as having sickle cell disease or carrying a
703 sickle cell trait may choose to be included in the registry by
704 providing the department with notification as prescribed by
705 rule.

706 (c) The Department of Health shall also establish a system
707 to ensure that the community-based sickle cell disease medical
708 treatment and research center notifies the parent or guardian of
709 a child who has been included in the registry that a follow-up
710 consultation with a physician is recommended. Such notice must
711 be provided to the parent or guardian of such child at least
712 once during early adolescence and once during late adolescence.
713 The department shall make every reasonable effort to notify
714 persons included in the registry who are 18 years of age that
715 they may request to be removed from the registry by submitting a
716 form prescribed by the department by rule. The department shall
717 also provide to such persons information regarding available
718 educational services, genetic counseling, and other beneficial
719 resources.

720 (3) The Department of Health shall adopt rules to implement
721 this section.

722 Section 6. Section 383.148, Florida Statutes, is created to
723 read:

724 383.148 ENVIRONMENTAL RISK SCREENING.—

725 (1) RISK SCREENING.—To help ensure access to the maternal

594-03817-24

20241582c3

726 and child health care system, the Department of Health shall
727 promote the screening of all pregnant women and infants in this
728 state for environmental risk factors, such as low income, poor
729 education, maternal and family stress, mental health, substance
730 use disorder, and other high-risk conditions, and promote
731 education of the public about the dangers associated with
732 environmental risk factors.

733 (2) PRENATAL RISK SCREENING REQUIREMENTS.—The department
734 shall develop a multilevel screening process that includes a
735 risk assessment instrument to identify women at risk for a
736 preterm birth or other high-risk condition.

737 (a) A primary health care provider must complete the risk
738 screening at a pregnant woman's first prenatal visit using the
739 form and in the manner prescribed by rules adopted under this
740 section, so that the woman may immediately be notified and
741 referred to appropriate health, education, and social services.

742 (b) This subsection does not apply if the pregnant woman
743 objects to the screening in a manner prescribed by department
744 rule.

745 (3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department
746 shall develop a multilevel screening process that includes a
747 risk assessment instrument to identify factors associated with
748 increased risk of infant mortality and morbidity to provide
749 early intervention, remediation, and prevention services,
750 including, but not limited to, parent support and training
751 programs, home visitation, and case management.

752 (a) A hospital or birth center must complete the risk
753 screening immediately following the birth of the infant, before
754 discharge from the hospital or birth center, using the form and

594-03817-24

20241582c3

755 in the manner prescribed by rules adopted under this section.

756 (b) This subsection does not apply if a parent or guardian
757 of the newborn objects to the screening in a manner prescribed
758 by department rule.

759 Section 7. Paragraphs (a) and (d) of subsection (4) of
760 section 1004.435, Florida Statutes, are amended to read:

761 1004.435 Cancer control and research.—

762 (4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL;
763 CREATION; COMPOSITION.—

764 (a) There is created within the H. Lee Moffitt Cancer
765 Center and Research Institute, Inc., the Florida Cancer Control
766 and Research Advisory Council. The council shall consist of 16
767 ~~15~~ members, which includes the chairperson, all of whom must be
768 residents of this state. The State Surgeon General or his or her
769 designee within the Department of Health shall be one of the 16
770 ~~15~~ members. Members, except those appointed by the Governor, the
771 Speaker of the House of Representatives, or the President of the
772 Senate, must be appointed by the chief executive officer of the
773 institution or organization represented, or his or her designee.
774 One member must be a representative of the American Cancer
775 Society; one member must be a representative of the Sylvester
776 Comprehensive Cancer Center of the University of Miami; one
777 member must be a representative of the University of Florida
778 Shands Cancer Center; one member must be a representative of the
779 Florida Nurses Association who specializes in the field of
780 oncology and is not from an institution or organization already
781 represented on the council; one member must be a representative
782 of the Florida Osteopathic Medical Association who specializes
783 in the field of oncology; one member must be a member of the

594-03817-24

20241582c3

784 Florida Medical Association who specializes in the field of
785 oncology and who represents a cancer center not already
786 represented on the council; one member must be a representative
787 of the H. Lee Moffitt Cancer Center and Research Institute,
788 Inc.; one member must be a representative of the Mayo Clinic in
789 Jacksonville; one member must be a member of the Florida
790 Hospital Association who specializes in the field of oncology
791 and who represents a comprehensive cancer center not already
792 represented on the council; one member must be a representative
793 of the Association of Community Cancer Centers; one member must
794 specialize in pediatric oncology research or clinical care
795 appointed by the Governor; one member must specialize in
796 oncology clinical care or research appointed by the President of
797 the Senate; one member must be a current or former cancer
798 patient or a current or former caregiver to a cancer patient
799 appointed by the Speaker of the House of Representatives; one
800 member must be a member of the House of Representatives
801 appointed by the Speaker of the House of Representatives; and
802 one member must be a member of the Senate appointed by the
803 President of the Senate. At least four of the members must be
804 individuals who are minority persons as defined by s. 288.703.

805 (d) The council shall meet no less than semiannually at the
806 call of the chairperson or, in his or her absence or incapacity,
807 at the call of the State Surgeon General. Nine ~~Eight~~ members
808 constitute a quorum for the purpose of exercising all of the
809 powers of the council. A vote of the majority of the members
810 present is sufficient for all actions of the council.

811 Section 8. Paragraph (i) of subsection (3) of section
812 383.318, Florida Statutes, is amended to read:

594-03817-24

20241582c3

813 383.318 Postpartum care for birth center clients and
814 infants.—

815 (3) The birth center shall provide a postpartum evaluation
816 and followup care that includes all of the following:

817 (i) Provision of the informational pamphlet on infant and
818 childhood eye and vision disorders created by the department
819 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

820 Section 9. Section 395.1053, Florida Statutes, is amended
821 to read:

822 395.1053 Postpartum education.—A hospital that provides
823 birthing services shall incorporate information on safe sleep
824 practices and the possible causes of Sudden Unexpected Infant
825 Death into the hospital's postpartum instruction on the care of
826 newborns and provide to each parent the informational pamphlet
827 on infant and childhood eye and vision disorders created by the
828 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

829 Section 10. Section 456.0496, Florida Statutes, is amended
830 to read:

831 456.0496 Provision of information on eye and vision
832 disorders to parents during planned out-of-hospital births.—A
833 health care practitioner who attends an out-of-hospital birth
834 must ensure that the informational pamphlet on infant and
835 childhood eye and vision disorders created by the department
836 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each
837 parent after such a birth.

838 Section 11. (1) Effective upon this act becoming a law and
839 notwithstanding any provision of s. 381.986(8)(a)2.b., Florida
840 Statutes, to the contrary, the Department of Health must grant
841 an applicant 90 days to cure, pursuant to the errors and

594-03817-24

20241582c3

842 omissions process established in department Form DH8035-OMMU-
843 10/2021 as incorporated by the department in rule 64ER21-16,
844 Florida Administrative Code, any remaining deficiencies cited by
845 the department regarding the application if the applicant:

846 (a) Applied for a medical marijuana treatment center
847 license during the application window created by the department
848 to accept applications for licensure pursuant to s.
849 381.986(8)(a)2.b., Florida Statutes; and

850 (b) Has not been awarded a license, either from the initial
851 application process or through the cure process established in
852 section 2 of chapter 2023-292, Laws of Florida.

853 (2) If the applicant cures the deficiencies within the 90-
854 day timeframe, the department must issue a medical marijuana
855 treatment center license to the applicant.

856 (3) For purposes of the cure process detailed in
857 subsections (1) and (2), the department must consider all
858 deficiencies with an applicant's application to be cured if the
859 sole remaining deficiency cited is a failure to meet the
860 requirement in s. 381.986(8)(b)1., Florida Statutes.

861 (4) If an applicant who was alive as of February 1, 2024,
862 dies before the completion of the cure process detailed in
863 subsections (1) and (2), the death of the applicant may not be a
864 reason to deny the application during the cure process or any
865 resulting legal challenges. In such case, and in the event of a
866 successful cure or challenge, the department must issue the
867 license to the estate of the applicant.

868 Section 12. Except as otherwise expressly provided in this
869 act and except for this section, which shall take effect upon
870 this act becoming a law, this act shall take effect July 1,

594-03817-24

20241582c3

871 2024.