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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

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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; requiring

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59 licensed birth centers to complete newborn hearing  
60 loss screenings before discharge, with an exception;  
61 amending s. 383.147, F.S.; revising sickle cell  
62 disease and sickle cell trait screening requirements;  
63 requiring screening providers to notify a newborn's  
64 parent or guardian, rather than the newborn's primary  
65 care physician, of certain information; authorizing  
66 the parents or guardians of a newborn to opt out of  
67 the newborn's inclusion in the sickle cell registry;  
68 specifying the manner in which a parent or guardian  
69 may opt out; authorizing certain persons other than  
70 newborns who have been identified as having sickle  
71 cell disease or carrying a sickle cell trait to choose  
72 to be included in the registry; creating s. 383.148,  
73 F.S.; requiring the department to promote the  
74 screening of pregnant women and infants for specified  
75 environmental risk factors; requiring the department  
76 to develop a multilevel screening process for prenatal  
77 and postnatal risk screenings; specifying requirements  
78 for such screening processes; providing construction;  
79 requiring persons who object to a screening to give a  
80 written statement of such objection to the physician  
81 or other person required to administer and report the  
82 screening; amending s. 1004.435, F.S.; revising the  
83 membership of the Florida Cancer Control and Research  
84 Advisory Council; revising quorum requirements for  
85 council actions; amending ss. 383.318, 395.1053, and  
86 456.0496, F.S.; conforming cross-references; requiring  
87 the department to grant certain applicants 90 days to

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88 cure deficiencies with their medical marijuana  
89 treatment center license applications pursuant to a  
90 specified errors and omissions process; requiring the  
91 department to grant such applicants a marijuana  
92 treatment center license if they cure the deficiencies  
93 within the specified timeframe; providing  
94 construction; providing that the death of an applicant  
95 during the cure process may not be a reason to deny  
96 the application or any resulting legal challenge;  
97 requiring the department to issue the license to the  
98 estate of a deceased applicant in the event of a  
99 successful cure or legal challenge; providing  
100 effective dates.

101  
102 Be It Enacted by the Legislature of the State of Florida:

103  
104 Section 1. Present subsections (5), (6), and (7) of section  
105 381.0101, Florida Statutes, are redesignated as subsections (6),  
106 (7), and (8), respectively, a new subsection (5) is added to  
107 that section, and subsections (1), (2), and (4) and present  
108 subsections (5) and (6) of that section are amended, to read:

109 381.0101 Environmental health professionals.—

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

111 (a) "Board" means the Environmental Health Professionals  
112 Advisory Board.

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

114 (d) ~~(e)~~ "Environmental health" means that segment of public  
115 health work which deals with the examination of those factors in  
116 the human environment which may impact adversely on the health

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117 status of an individual or the public.

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

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

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

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

141 (g) "Primary environmental health program" means those  
142 programs determined by the department to be essential for  
143 providing basic environmental and sanitary protection to the  
144 public. At a minimum, these programs shall include food  
145 protection program work.

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

152 (a) Persons performing inspections of public food service  
153 establishments licensed under chapter 509. ~~7~~ ~~or~~

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

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

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

172 (a) Persons employed as environmental health professionals  
173 shall exhibit a knowledge of rules and principles of  
174 environmental and public health law in Florida through

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175 examination. A person may not conduct environmental health  
176 evaluations in a primary program area unless he or she is  
177 currently certified in that program area or works under the  
178 direct supervision of a certified environmental health  
179 professional.

180 1. All persons who begin employment in a primary  
181 environmental health program on or after September 21, 1994,  
182 must be certified in that program within 6 months after  
183 employment.

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

193 3. Persons employed in the primary environmental health  
194 program of a food protection program or an onsite sewage  
195 treatment and disposal system prior to September 21, 1994, who  
196 change positions or program areas and transfer into another  
197 primary environmental health program area on or after September  
198 21, 1994, must be certified in that program within 6 months  
199 after such transfer, except that they will not be required to  
200 possess the college degree required under paragraph (e).

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

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

207 (c) Those persons conducting primary environmental health  
208 evaluations shall be certified by examination to be  
209 knowledgeable in any primary area of environmental health in  
210 which they are routinely assigned duties.

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

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

220 (f) A certificateholder shall notify the department within  
221 60 days after any change of name or address from that which  
222 appears on the current certificate.

223 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN  
224 CERTIFICATION.—The department, in conjunction with the  
225 Department of Environmental Protection, shall adopt rules that  
226 establish definitions of terms and minimum standards of  
227 education, training, and experience for those persons subject to  
228 this subsection. The rules must also address the process for  
229 application, examination, issuance, expiration, and renewal of  
230 certification, and ethical standards of practice for the  
231 profession.

232 (a) At a minimum, the department shall establish standards



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233 for technicians in the areas of onsite sewage treatment and  
234 disposal.

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

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

241 (d) An applicant for certification as an environmental  
242 health technician must be employed by a department as defined in  
243 s. 20.30.

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

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

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

255 (6) ~~(5)~~ EXEMPTIONS.—A person who conducts primary  
256 environmental evaluation activities and maintains a current  
257 registration or certification from another state agency which  
258 examined the person's knowledge of the primary program area and  
259 requires comparable continuing education to maintain the  
260 certificate shall not be required to be certified by this  
261 section. ~~Examples of persons not subject to certification are~~

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262 ~~physicians, registered dietitians, certified laboratory~~  
263 ~~personnel, and nurses.~~

264 (7)~~(6)~~ FEES.—The department shall charge fees in amounts  
265 necessary to meet the cost of providing environmental health  
266 professional certification. Fees for certification shall be not  
267 less than \$10 or more than \$300 and shall be set by rule.  
268 Application, examination, and certification costs shall be  
269 included in this fee. Fees for renewal of a certificate shall be  
270 no less than \$25 nor more than \$150 per biennium.

271 Section 2. Section 381.991, Florida Statutes, is created to  
272 read:

273 381.991 Andrew John Anderson Pediatric Rare Disease Grant  
274 Program.—

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

280 (b) Subject to an annual appropriation by the Legislature,  
281 the program shall award grants for scientific and clinical  
282 research to further the search for new diagnostics, treatments,  
283 and cures for pediatric rare diseases.

284 (2) (a) Applications for grants for pediatric rare disease  
285 research may be submitted by any university or established  
286 research institute in the state. All qualified investigators in  
287 the state, regardless of institutional affiliation, shall have  
288 equal access and opportunity to compete for the research  
289 funding. Preference may be given to grant proposals that foster  
290 collaboration among institutions, researchers, and community

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291 practitioners, as such proposals support the advancement of  
292 treatments and cures of pediatric rare diseases through basic or  
293 applied research. Grants shall be awarded by the department,  
294 after consultation with the Rare Disease Advisory Council,  
295 pursuant to s. 381.99, on the basis of scientific merit, as  
296 determined by the competitive, peer-reviewed process to ensure  
297 objectivity, consistency, and high quality. The following types  
298 of applications may be considered for funding:

299 1. Investigator-initiated research grants.

300 2. Institutional research grants.

301 3. Collaborative research grants, including those that  
302 advance the finding of treatment and cures through basic or  
303 applied research.

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

311 (c) The council and the peer review panels shall establish  
312 and follow rigorous guidelines for ethical conduct and adhere to  
313 a strict policy with regard to conflicts of interest. A member  
314 of the council or panel may not participate in any discussion or  
315 decision of the council or panel with respect to a research  
316 proposal by any firm, entity, or agency that the member is  
317 associated with as a member of the governing body or as an  
318 employee or with which the member has entered into a contractual  
319 arrangement.

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

328 Section 3. Present subsection (5) of section 383.14,  
329 Florida Statutes, is redesignated as subsection (6), a new  
330 subsection (5) is added to that section, and subsections (1),  
331 (2), and (3) of that section are amended, to read:

332 383.14 Screening for metabolic disorders, other hereditary  
333 and congenital disorders, and environmental risk factors.—

334 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
335 maternal and child health care system, the Department of Health  
336 shall promote the screening of all newborns born in Florida for  
337 metabolic, hereditary, and congenital disorders known to result  
338 in significant impairment of health or intellect, as screening  
339 programs accepted by current medical practice become available  
340 and practical in the judgment of the department. Any health care  
341 practitioner present at a birth or responsible for primary care  
342 during the neonatal period has the primary responsibility of  
343 administering screenings as required in ss. 383.14 and 383.145.  
344 As used in this subsection, the term "health care practitioner"  
345 means a physician or physician assistant licensed under chapter  
346 458, an osteopathic physician or physician assistant licensed  
347 under chapter 459, an advanced practice registered nurse  
348 licensed under part I of chapter 464, or a midwife licensed

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

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

373 ~~(b) Postnatal screening.~~ ~~A risk factor analysis using the~~  
374 ~~department's designated risk assessment instrument shall also be~~  
375 ~~conducted as part of the medical screening process upon the~~  
376 ~~birth of a child and submitted to the department's Office of~~  
377 ~~Vital Statistics for recording and other purposes provided for~~

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

398 (a) Blood specimens for newborn screenings.—~~Newborn Tests~~  
399 ~~and~~ screenings must be performed by the State Public Health  
400 Laboratory, in coordination with Children's Medical Services, at  
401 such times and in such manner as is prescribed by the department  
402 after consultation with the Genetics and Newborn Screening  
403 Advisory Council ~~and the Department of Education.~~

404 (b)(e) Release of screening results.—Notwithstanding any  
405 law to the contrary, the State Public Health Laboratory may  
406 release, directly or through the Children's Medical Services

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407 program, the results of a newborn's ~~hearing and metabolic tests~~  
408 ~~or~~ screenings to the newborn's health care practitioner, the  
409 newborn's parent or legal guardian, the newborn's personal  
410 representative, or a person designated by the newborn's parent  
411 or legal guardian. As used in this paragraph, the term "health  
412 care practitioner" means a physician or physician assistant  
413 licensed under chapter 458; an osteopathic physician or  
414 physician assistant licensed under chapter 459; an advanced  
415 practice registered nurse, registered nurse, or licensed  
416 practical nurse licensed under part I of chapter 464; a midwife  
417 licensed under chapter 467; a speech-language pathologist or  
418 audiologist licensed under part I of chapter 468; ~~or~~ a dietician  
419 or nutritionist licensed under part X of chapter 468; or a  
420 genetic counselor licensed under part III of chapter 483.

421 (2) RULES.—

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

425 1. Before becoming 1 week of age, have a blood specimen  
426 collected for newborn screenings ~~be subjected to a test for~~  
427 ~~phenylketonuria;~~

428 2. Be tested for any condition included on the federal  
429 Recommended Uniform Screening Panel which the council advises  
430 the department should be included under the state's screening  
431 program. After the council recommends that a condition be  
432 included, the department shall submit a legislative budget  
433 request to seek an appropriation to add testing of the condition  
434 to the newborn screening program. The department shall expand  
435 statewide screening of newborns to include screening for such

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436 conditions within 18 months after the council renders such  
437 advice, if a test approved by the United States Food and Drug  
438 Administration or a test offered by an alternative vendor is  
439 available. If such a test is not available within 18 months  
440 after the council makes its recommendation, the department shall  
441 implement such screening as soon as a test offered by the United  
442 States Food and Drug Administration or by an alternative vendor  
443 is available; and

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

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

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

463 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department  
464 shall administer and provide certain services to implement the



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465 provisions of this section and shall:

466 (a) Assure the availability and quality of the necessary  
467 laboratory tests and materials.

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

474 ~~(c)~~ Promote education of the public about the prevention  
475 and management of metabolic, hereditary, and congenital  
476 disorders ~~and dangers associated with environmental risk~~  
477 ~~factors.~~

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

484 (d)~~(e)~~ Supply the necessary dietary treatment products  
485 where practicable for diagnosed cases of ~~phenylketonuria and~~  
486 ~~other~~ metabolic diseases for as long as medically indicated when  
487 the products are not otherwise available. Provide nutrition  
488 education and supplemental foods to those families eligible for  
489 the Special Supplemental Nutrition Program for Women, Infants,  
490 and Children as provided in s. 383.011.

491 (e)~~(f)~~ Promote the availability of genetic studies,  
492 services, and counseling in order that the parents, siblings,  
493 and affected newborns may benefit from detection and available

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494 knowledge of the condition.

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

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

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

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

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

527

528 All provisions of this subsection must be coordinated with the  
529 provisions and plans established under this chapter, chapter  
530 411, and Pub. L. No. 99-457.

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

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

545        383.145 Newborn, ~~and~~ infant, and toddler hearing  
546 screening.—

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

548        (k) “Toddler” means a child from 12 months to 36 months of  
549 age.

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

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

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

576 (c) If the parent or legal guardian of the newborn objects  
577 to the screening, the screening must not be completed. In such  
578 case, the physician, midwife, or other person attending the  
579 newborn shall maintain a record that the screening has not been  
580 performed and attach a written objection that must be signed by

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581 the parent or guardian.

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

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

598 (f) All newborn and infant hearing screenings must be  
599 conducted by an audiologist, a physician, or an appropriately  
600 supervised individual who has completed documented training  
601 specifically for newborn hearing screening. Every hospital that  
602 provides maternity or newborn care services shall obtain the  
603 services of an audiologist, a physician, or another newborn  
604 hearing screening provider, through employment or contract or  
605 written memorandum of understanding, for the purposes of  
606 appropriate staff training, screening program supervision,  
607 monitoring the scoring and interpretation of test results,  
608 rendering of appropriate recommendations, and coordination of  
609 appropriate follow-up services. Appropriate documentation of the

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610 screening completion, results, interpretation, and  
611 recommendations must be placed in the medical record within 24  
612 hours after completion of the screening procedure.

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

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

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

632 (j) The results of any test conducted pursuant to this  
633 section, including, but not limited to, newborn hearing loss  
634 screening, congenital cytomegalovirus testing, and any related  
635 diagnostic testing, must be reported to the department within 7  
636 days after receipt of such results.

637 (k) The initial procedure for screening the hearing of the  
638 newborn or infant and any medically necessary follow-up

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reevaluations leading to diagnosis shall be a covered benefit for Medicaid patients covered by a fee-for-service program. For Medicaid patients enrolled in HMOs, providers shall be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of establishing the payment rate for Medicaid HMOs. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to the supplemental policies, shall compensate providers for the covered benefit at the contracted rate. Nonhospital-based providers are eligible to bill Medicaid for the professional and technical component of each procedure code.

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

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

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

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

673 (a) Notify the parent or guardian of the newborn and  
674 provide information regarding the availability and benefits of  
675 genetic counseling. ~~primary care physician of the newborn or~~  
676 ~~infant and~~

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

686 (2) (a) The Department of Health shall contract with a  
687 community-based sickle cell disease medical treatment and  
688 research center to establish and maintain a registry for  
689 individuals newborns and infants who are identified as having  
690 sickle cell disease or carrying a sickle cell trait hemoglobin  
691 variant. The sickle cell registry must track sickle cell disease  
692 outcome measures, except as provided in paragraph (1) (b). A  
693 ~~parent or guardian of a newborn or an infant in the registry may~~  
694 ~~request to have his or her child removed from the registry by~~  
695 ~~submitting a form prescribed by the department by rule.~~

696 (b) In addition to newborns identified and included in the



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697 registry under subsection (1), persons living in this state who  
698 have been identified as having sickle cell disease or carrying a  
699 sickle cell trait may choose to be included in the registry by  
700 providing the department with notification as prescribed by  
701 rule.

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

716 (3) The Department of Health shall adopt rules to implement  
717 this section.

718 Section 6. Section 383.148, Florida Statutes, is created to  
719 read:

720 383.148 ENVIRONMENTAL RISK SCREENING.—

721 (1) RISK SCREENING.—To help ensure access to the maternal  
722 and child health care system, the Department of Health shall  
723 promote the screening of all pregnant women and infants in this  
724 state for environmental risk factors, such as low income, poor  
725 education, maternal and family stress, mental health, substance

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726 use disorder, and other high-risk conditions, and promote  
727 education of the public about the dangers associated with  
728 environmental risk factors.

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

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

738 (b) This subsection does not apply if the pregnant woman  
739 objects to the screening in a manner prescribed by department  
740 rule.

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

748 (a) A hospital or birth center must complete the risk  
749 screening immediately following the birth of the infant, before  
750 discharge from the hospital or birth center, using the form and  
751 in the manner prescribed by rules adopted under this section.

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

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

757 1004.435 Cancer control and research.—

758 (4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL;  
759 CREATION; COMPOSITION.—

760 (a) There is created within the H. Lee Moffitt Cancer  
761 Center and Research Institute, Inc., the Florida Cancer Control  
762 and Research Advisory Council. The council shall consist of 16  
763 ~~15~~ members, which includes the chairperson, all of whom must be  
764 residents of this state. The State Surgeon General or his or her  
765 designee within the Department of Health shall be one of the 16  
766 ~~15~~ members. Members, except those appointed by the Governor, the  
767 Speaker of the House of Representatives, or the President of the  
768 Senate, must be appointed by the chief executive officer of the  
769 institution or organization represented, or his or her designee.  
770 One member must be a representative of the American Cancer  
771 Society; one member must be a representative of the Sylvester  
772 Comprehensive Cancer Center of the University of Miami; one  
773 member must be a representative of the University of Florida  
774 Shands Cancer Center; one member must be a representative of the  
775 Florida Nurses Association who specializes in the field of  
776 oncology and is not from an institution or organization already  
777 represented on the council; one member must be a representative  
778 of the Florida Osteopathic Medical Association who specializes  
779 in the field of oncology; one member must be a member of the  
780 Florida Medical Association who specializes in the field of  
781 oncology and who represents a cancer center not already  
782 represented on the council; one member must be a representative  
783 of the H. Lee Moffitt Cancer Center and Research Institute,

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

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

807 Section 8. Paragraph (i) of subsection (3) of section  
808 383.318, Florida Statutes, is amended to read:

809 383.318 Postpartum care for birth center clients and  
810 infants.—

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

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

816 Section 9. Section 395.1053, Florida Statutes, is amended  
817 to read:

818 395.1053 Postpartum education.—A hospital that provides  
819 birthing services shall incorporate information on safe sleep  
820 practices and the possible causes of Sudden Unexpected Infant  
821 Death into the hospital's postpartum instruction on the care of  
822 newborns and provide to each parent the informational pamphlet  
823 on infant and childhood eye and vision disorders created by the  
824 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

825 Section 10. Section 456.0496, Florida Statutes, is amended  
826 to read:

827 456.0496 Provision of information on eye and vision  
828 disorders to parents during planned out-of-hospital births.—A  
829 health care practitioner who attends an out-of-hospital birth  
830 must ensure that the informational pamphlet on infant and  
831 childhood eye and vision disorders created by the department  
832 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each  
833 parent after such a birth.

834 Section 11. (1) Effective upon this act becoming a law and  
835 notwithstanding any provision of s. 381.986(8)(a)2.b., Florida  
836 Statutes, to the contrary, the Department of Health must grant  
837 an applicant 90 days to cure, pursuant to the errors and  
838 omissions process established in department Form DH8035-OMMU-  
839 10/2021 as incorporated by the department in rule 64ER21-16,  
840 Florida Administrative Code, any remaining deficiencies cited by  
841 the department regarding the application if the applicant:

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842 (a) Applied for a medical marijuana treatment center  
843 license during the application window created by the department  
844 to accept applications for licensure pursuant to s.  
845 381.986(8)(a)2.b., Florida Statutes; and

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

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

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

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

864 Section 12. Except as otherwise expressly provided in this  
865 act and except for this section, which shall take effect upon  
866 this act becoming a law, this act shall take effect July 1,  
867 2024.