A bill to be entitled An act relating to the Department of Health; amending s. 20.43, F.S.; revising the purpose of the Department; revising duties of the State Surgeon General; eliminating the Officer of Women's Health Strategy; revising divisions within the department; amending s. 20.435, F.S.; redesignating the Medical Quality Assurance Trust Fund as the Health Care Regulation Trust Fund to conform to changes made by the act; eliminating the Florida Drug, Device, and Cosmetic Trust Fund and the Nursing Student Loan Forgiveness Trust Fund as trust funds of the department; amending s. 154.001, F.S.; requiring decentralization of the public health system; requiring centralization of statewide public health services to be provided by the Department; allowing the Department to delegate roles and responsibilities or use outside contractors to implement program and service activities; amending s. 154.01, F.S.; requiring the Department to contract with each county to establish and maintain a county health department; defining specific services to be provided by a county health department; establishing criteria for county public health contracts to be eligible for state block grants; requiring the Department to submit to the Legislature a list of construction or expansion needs in order of priority with annual budget request; specifying information to be included in list of

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construction or expansion needs; repealing s. 154.03, F.S.; relating to cooperation with the Department and the United States government as to expenditure of funds to study disease and disease prevention; amending s. 154.04, F.S.; permitting health professionals working in a county health department to function within scope of professional license and in accordance with protocols established by county health department; deleting conditions under which a registered nurse or licensed physician can treat patients in a county health department; deleting rulemaking authority of the Department; making personnel of county health department employees of the county and subject to personnel rules and policies of the county; amending s. 154.05, F.S.; permitting two or more counties to combine and operate a county health department upon establishing an interlocal agreement; requiring interlocal agreement to specify roles and responsibilities of each county; amending s. 154.06, F.S.; making fee schedules for public health services rendered through a county health department the responsibility of each county; deleting requirement that fees collected for services be credited to the County Health Department Trust Fund; amending s. 154.067, F.S.; requiring each county to adopt a protocol for evaluating, treating, and reporting child abuse and neglect cases; creating an unnumbered section of law; requiring the Department to

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develop a transition plan to decentralize public health services; requiring specific elements to be included in the plan; requiring submission of the plan to the Governor, President of the Senate, and Speaker of the House of Representatives; amending s. 215.5602, F.S.; conforming a cross reference; amending s. 381.001, F.S.; deleting legislative intent; making the Department responsible for state public health system; requiring the Department to provide leadership for a partnership involving federal, state, and local government and private sector to accomplish public health goals; amending s. 381.0011, F.S.; deleting duties and powers of the Department; repealing s. 381.0013, F.S.; regarding eminent domain; repealing s. 381.0014, F.S.; regarding superseded regulations and ordinances; repealing s. 381.0015, F.S.; regarding presumptions; amending s. 381.0016, F.S.; allowing a county to enact health regulations and ordinances consistent with state law; repealing s. 381.0017, F.S.; relating to the purchase, lease, and sale of real property by the Department; amending s. 381.0025, F.S.; deleting penalties for a violation of chapter 381, F.S., a quarantine, or a rule; deleting impersonation of an employee of the department as violation of section; adding actions that interfere, hinder, or oppose official duties of Department employees constitute a second degree misdemeanor; amending s. 381.003, F.S.; clarifying that the

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Department must provide communicable disease prevention and control programs for the prevention, control, and reporting of communicable diseases of public health significance; amending s. 381.0031, F.S.; permitting the department to conduct studies concerning epidemiology of communicable diseases of public health significance; deleting noninfectious diseases from the list of diseases determined to be a threat to public health; amending s. 381.00315, F.S.; requiring the Department to establish rules for conditions and procedures for imposing and releasing a quarantine; requiring specific provisions to be included in rules; providing the rules established under this section supersede all rules enacted by other state agencies, boards, or political subdivisions; making any violation of the rules established under the section, a quarantine, or requirement adopted pursuant to a declared public health emergency a second degree misdemeanor; repealing s. 381.0032, F.S.; relating to epidemiological research; repealing s. 381.00325, F.S.; eliminating the Hepatitis A awareness program; amending s. 381.0034, F.S.; deleting a qualifying date reference; repealing s. 381.0037, F.S.; deleting legislative findings and intent; amending s. 381.004, F.S.; deleting legislative intent; amending 381.0046, F.S.; redesignating the Bureau of HIV and AIDS as the Bureau of Communicable Diseases; requiring the

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Department to establish dedicated HIV and AIDS regional minority coordinators; deleting the requirement that the statewide director report to the chief of the Bureau of HIV and AIDS within the Department; amending s. 381.005, F.S.; deleting the requirement that hospitals implement a plan to offer immunizations for pneumococcal bacteria and influenza virus to all patients 65 years of age or older; amending s. 381.0051, F.S.; deleting legislative intent; amending s. 381.0052, F.S.; repealing unused rulemaking authority; amending s. 381.0053, F.S.; repealing unused rulemaking authority; repealing s. 381.0054, F.S.; eliminating healthy lifestyles promotion by the Department; amending s. 381.0056, F.S.; deleting legislative findings; deleting the requirement that school health programs funded by health care districts or entities be supplementary to and consistent with the Act and other applicable statutes; amending s. 381.0057, F.S.; deleting legislative intent; amending s. 381.00591, F.S.; permitting the Department to apply for and become a National Environmental Laboratory Accreditation Program accreditation body; eliminating rulemaking authority of the Department to implement standards of the National Environmental Laboratory Accreditation Program; amending s. 381.00593, F.S.; repealing unused rulemaking authority; amending s. 381.0062, F.S.; deleting legislative intent; amending s. 381.0065,

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F.S.; deleting legislative intent; defining the term "bedroom"; conforming cross-references; providing for any permit issued and approved by the Department for the installation, modification, or repair of an onsite sewage treatment and disposal system to transfer with the title of the property; providing circumstances in which an onsite sewage treatment and disposal system is not considered abandoned; providing for the validity of an onsite sewage treatment and disposal system permit if rules change before final approval of the constructed system; providing that a system modification, replacement, or upgrade is not required unless a bedroom is added to a single-family home; deleting provisions requiring the Department to administer an evaluation and assessment program of onsite sewage treatment and disposal systems and requiring property owners to have such systems evaluated at least once every 5 years; deleting obsolete provisions; creating s. 381.00651, F.S.; requiring a county or municipality containing a first magnitude spring to adopt by ordinance, under certain circumstances, the program for the periodic evaluation and assessment of onsite sewage treatment and disposal systems; requiring the county or municipality to notify the Secretary of State of the ordinance; authorizing a county or municipality, in specified circumstances, to opt out of certain requirements by a specified date; authorizing a county or municipality

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to adopt or repeal, after a specified date, an ordinance creating an evaluation and assessment program; subject to notification of the Secretary of State; providing criteria for evaluations, qualified contractors, repair of systems; providing for certain procedures and exemptions in special circumstances; defining the term "system failure"; requiring that certain procedures be used for conducting tank and drainfield evaluations; providing for certain procedures in special circumstances; providing for assessment procedures; providing requirements for county health departments; requiring the county or municipality to develop a system for tracking the evaluations; providing criteria; requiring counties and municipalities to notify the Secretary of Environmental Protection and the Department that an evaluation program ordinance is adopted; requiring the Department of Environmental Protection to notify those counties or municipalities of the use of, and access to, certain state and federal program funds and to provide certain guidance and technical assistance upon request; prohibiting the adoption of certain rules by the Department; providing applicability; repealing s. 381.00656, F.S., eliminating the grant program for assisting owners of onsite sewage treatment and disposal systems; amending s. 381.0066, F.S.; lowering the fees imposed by the department for certain permits; amending s. 381.0068, F.S.; deleting a date

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reference for establishing a technical review and advisory panel within the Department for assistance with rule adoption; deleting the authority of the chair of the panel to advise affected persons or the Legislature of the panel's position on legislation, proposed state policy, or other issue; amending s. 381.00781, F.S.; eliminating authority of the Department to annually adjust maximum fees according to the Consumer Price Index; amending s. 381.0086, F.S.; removing lighting and maintenance and operation of camp, housing, or roads from the list of health and safety standards to be created by the Department; amending s. 381.0098, F.S.; deleting legislative intent; amending s. 381.0101, F.S.; deleting legislative intent; deleting definitions; providing for the Bureau Chief for Environmental Health to serve on an environmental health professionals advisory board; repealing s. 381.0201, F.S.; eliminating the requirement that the Department provide technical and support services to county health departments; amending s. 381.0203, F.S.; eliminating the regulation of drugs, cosmetics, and household products under chapter 499 from pharmacy services program; eliminating the contraception distribution program at county health departments; amending s. 381.0261, F.S.; requiring the Agency for Health Care Administration to publish a summary of the Florida Patient's Bill of Rights and Responsibilities on its internet website;

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deleting the requirement that the Agency for Health Care Administration print and make available to certain medical professionals a summary of the Florida Patient's Bill of Rights and Responsibilities; amending s. 381.0301, F.S.; deleting reference to the Centers for Disease Control and Prevention, the State University System, Florida medical schools, and the College of Public Health of the University of South Florida; deleting the requirement that the College of Public Health be consulted by state officials in the management of public health; repealing s. 381.0302, F.S.; eliminating the Florida Health Services Corps; amending s. 381.0303, F.S.; eliminating the requirement that the Special Needs Shelter Interagency Committee submit recommendations to the Legislature; repealing s. 381.04015, F.S.; eliminating the Women's Health Strategy Office and Officer of Women's Health Strategy; repealing s. 381.0402, F.S.; eliminating the Area Health Education Center network; amending s. 381.0403, F.S.; deleting legislative findings and legislative intent; revising the mission of the program; requiring minimum funding for graduate education in family practice; deleting reference to an intent to establish a statewide graduate medical education program; amending s. 381.0405, F.S.; deleting appropriation to the Office of Rural Health; amending s. 381.0406, F.S.; deleting unnecessary introductory language; repealing s. 381.0407, F.S.; on

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253 October 1, 2014, eliminating the mandatory payment of 254 claims from public health care providers and county 255 health departments by managed care plans; repealing s. 256 381.045, F.S.; eliminating Department authority to 257 provide services to certain health care providers 258 infected with Hepatitis B or HIV; amending s. 259 381.06015, F.S.; deleting requirement that the 260 Department, the Agency for Health Care Administration, 261 and private consortium members seeking private or federal funds to initiate actions of the Public Cord 262 263 Blood Tissue Bank in FY 2000-2001; repealing s. 381.0605, F.S.; deleting designation of the Agency for 264 Health Care Administration as the state agency to 265 266 administer the Federal Hospital and Medical Facilities 267 Amendments of 1964; eliminating authority of the 268 Governor to provide for administration of the 269 Amendments; repealing s. 381.102, F.S.; eliminating 270 the community health pilot projects; repealing s. 271 381.103, F.S.; eliminating the duties of the 272 Department to assist the community health pilot 273 projects; repealing s. 381.60225, F.S.; eliminating 274 background screening requirements for applicants for 275 certification; repealing s. 381.732, F.S.; deleting a 276 title; repealing s. 381.733, F.S.; deleting 277 definitions; repealing s. 381.734, F.S.; eliminating the Healthy Communities, Healthy People Program; 278 amending s. 381.7352, F.S.; deleting legislative 279 280 findings; amending s. 381.7353, F.S.; removing the

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281 authority of the State Surgeon General to appoint an 282 ad hoc committee to study certain aspects of racial 283 and ethnic health outcome disparities and make 284 recommendations; amending s. 381.7356, F.S.; deleting 285 a provision requiring dissemination of grant awards to 286 begin on a date certain; amending s. 381.765, F.S.; 287 repealing unused rulemaking authority; repealing s. 288 381.77, F.S.; eliminating the annual survey of nursing 289 home residents age 55 and under; repealing s. 381.795, 290 F.S.; eliminating the requirement that the Department 291 establish a program of long-term community-based 292 supports and services for individuals with traumatic 293 brain or spinal cord injuries; amending s. 381.853, 294 F.S.; deleting legislative findings; repealing s. 381.855, F.S., which established the Florida Center 295 for Universal Research to Eradicate Disease; repealing 296 297 s. 381.87, F.S.; eliminating the osteoporosis 298 prevention and education program; repealing s. 299 381.895, F.S., which established standards for 300 compressed air used for recreational diving; 301 repealing s. 381.90, F.S.; eliminating the Health 302 Information Systems Council; amending s. 381.91, F.S.; 303 deleting legislative intent; amending 381.922, F.S.; 304 conforming a cross reference; repealing s. 385.210, 305 F.S., which created the Arthritis Prevention and Education Act; amending s. 391.016, F.S., clarifying 306 307 the purposes and functions of the Children's Medical 308 Services program; requiring the coordination and

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maintenance of a medical home for participating children; requiring the establishment and maintenance of a provider service network for children with special health care needs and other eligible children; amending s. 391.021, F.S.; revising definitions; amending s. 391.025, F.S.; revising the components of the Children's Medical Services program; amending s. 391.026, F.S.; revising the powers and duties of the Department in administering the Children's Medical Services network; amending s. 391.028, F.S.; eliminating the central office and area offices of the Children's Medical Services program; authorizing the Director to appoint necessary staff and contract with providers to establish a decentralized operations system to provide certain program activities on a statewide basis; establishing criteria for contracting for statewide operation of program activities; requiring concurrence of the Governor and State Surgeon General; requiring competitive procurement; establishing criteria for a provider service network to be considered a qualified contractor; amending s. 391.029, F.S.; clarifying eligibility for services under the Children's Medical Services program; clarifying who may receive services under the program; deleting requirement that the Department determine financial and medical eligibility for program; deleting requirement that the Department determine the financial ability of parents to pay for services;

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eliminating discretion of the Department to pay reasonable travel expenses; amending s. 391.0315, F.S.; deleting prohibition against a child eligible under Title XIX or XXI of the Social Security Act from receiving services under the program until the child is enrolled in Medicaid or a Title XXI program; amending s. 392.51, F.S.; removing legislative findings and intent; amending s. 392.61, F.S.; eliminating the requirement that the Department develop a methodology for distributing funds appropriated for community tuberculosis control programs; amending s. 392.62, F.S.; requiring a contractor to use licensed community hospitals and other facilities; removing authority of the Department to operate a licensed hospital to treat tuberculosis patients; requiring the tuberculosis control program to fund participating facilities; requiring facilities to meet specific conditions; creating an unnumbered section of law; requiring a transition plan for the closure of A.G. Holley State Hospital; specifying content of transition plan; requiring submission of the plan to Governor, President of the Senate, and Speaker of the House of Representative; requiring full implementation of the transition plan by a certain date; amending s. 401.243, F.S.; repealing unused rulemaking authority; amending s. 401.245, F.S.; repealing unused rulemaking authority; amending s. 401.271, F.S.; repealing unused rulemaking authority;

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365 amending s. 402.45, F.S.; repealing unused rulemaking 366 authority; amending s. 403.863, F.S.; directing the 367 Department to contract with the American Environmental 368 Laboratory Association to perform state public water 369 supply laboratory certification application review and 370 evaluation and inspection; adding certain actions to 371 the list of acts constituting grounds for which 372 disciplinary actions may be taken under the section; 373 amending s. 400.914, F.S.; making conforming changes; 374 s. 409.256, F.S.; making conforming changes; repealing 375 s. 458.346, F.S., which created the Public Sector 376 Physician Advisory Committee; amending s. 462.19, F.S.; repealing unused rulemaking authority; repealing 377 378 s. 464.0197, F.S.; eliminating state budget support 379 for the Florida Center for Nursing; amending s. 380 464.208, F.S.; repealing unused rulemaking authority; 381 amending s. 466.00775, F.S.; repealing unused 382 rulemaking authority; amending s. 514.011, F.S.; 383 revising a definition; amending s. 514.021, F.S.; 384 restricting rule authority of the Department; limiting 385 scope of standards for public pools and public bathing 386 places; prohibiting the Department from adopting by 387 rule any regulation regarding the design, alteration 388 or repair of a public pool or public bathing; eliminating authority of the Department to review 389 plans, issue approvals, and enforce occupancy 390 provisions of the Florida Building Code; amending s. 391 392 514.023, F.S.; adding public bathing places to the

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provisions allowing sampling of beach waters to determine water quality and allowing health advisories to be issued for elevated levels of bacteria in water; amending s. 514.025, F.S.; requiring county health departments to review applications and plans for construction or placement of public pools or bathing places; providing for the Department to review applications and plans if no qualified staff are employed at the county health department; confirming that county health departments are responsible to monitor water quality in public pools and bathing places; amending s. 514.03, F.S.; permitting local government or enforcement districts to determine compliance with general construction provisions of the Florida Building Code; permitting local government or enforcement districts to conduct plan reviews and inspections of public pools and bathing places to determine compliance; eliminating application process for review of building plans for public pool or bathing place by the Department; amending s. 514.031, F.S.; requiring a valid permit from the county health department to operate a public pool; revising list of documents that must accompany an application for permit to operate a public pool; providing the county health department with authority to review, approve, and deny application for permit to operate a public pool; amending s. 514.033, F.S.; deleting authority of the Department to establish a fee schedule; requiring

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fees collected by the Department or county health department to be deposited into the County Health Department Trust Fund; amending s. 514.05, F.S.; requiring all amounts collected to be deposited in the County Health Department Trust Fund; granting the county health department the authority to close a public pool that is not in compliance with chapter 514, F.S., or applicable rules; amending s. 514.06, F.S.; deeming a public pool or bathing place to present a significant risk to public health by failing to meet water quality and safety to be a public nuisance; allowing for a public nuisance to be abated or enjoined; amending s. 633.115, F.S.; making conforming changes; amending s. 1009.66, F.S.; reassigning responsibility for the Nursing Student Loan Forgiveness Program from the Department to the Department of Education; amending s. 1009.67, F.S.; reassigning responsibility for the nursing scholarship program from the Department to the Department of Education; creating an unnumbered section of law; providing type two transfers of the programs; providing for transfer of a trust fund; providing applicability to contracts; authorizing transfer of funds and positions between departments; creating an unnumbered section of law; providing a directive to the Division of Statutory Revision to assist substantive committees to prepare conforming legislation; creating an unnumbered section of law;

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requiring the Department to create a plan to improve efficiency of the function of the Division of Medical Quality and Assurance; directing the Department to take certain actions in creating the plan; directing the Department to address particular topics in the plan; requiring all executive branch agencies to assist the Department in creating the plan; requesting all other state agencies to assist the Department in creating the plan; conforming cross-references; providing effective dates.

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

- Section 1. Subsections (1), (2), and (3) of section 20.43, Florida Statutes, are amended to read:
- 20.43 Department of Health.—There is created a Department of Health.
 - (1) The purpose of the Department of Health is to <u>protect</u>

 and promote and protect the health of all residents and visitors
 in the state through organized state and community efforts,
 including cooperative agreements with counties. The department shall:
 - (a) Identify, diagnose, and conduct surveillance of diseases and health conditions in the state, accumulating health statistics necessary to establish trends Prevent to the fullest extent possible, the occurrence and progression of communicable and noncommunicable diseases and disabilities.
 - (b) Implement interventions that prevent or limit the

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impact or spread of diseases and health conditions Maintain a constant surveillance of disease occurrence and accumulate health statistics necessary to establish disease trends and to design health programs.

- other health data to inform the public and formulate public health policy and planning Conduct special studies of the causes of diseases and formulate preventive strategies.
- (d) <u>Maintain and coordinate preparedness for and responses</u>
 to public health emergencies in the state <u>Promote the</u>
 maintenance and improvement of the environment as it affects
 public health.
- (e) Provide or ensure the provision of quality health and related services to identified populations in the state Promote the maintenance and improvement of health in the residents of the state.
- impact on public health in the state Provide leadership, in cooperation with the public and private sectors, in establishing statewide and community public health delivery systems.
- (g) Regulate health practitioners for the preservation of the health, safety, and welfare of the public Provide health care and early intervention services to infants, toddlers, children, adolescents, and high-risk perinatal patients who are at risk for disabling conditions or have chronic illnesses.
- (h) Provide services to abused and neglected children through child protection teams and sexual abuse treatment programs.

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- (i) Develop working associations with all agencies and organizations involved and interested in health and health care delivery.
- (j) Analyze trends in the evolution of health systems, and identify and promote the use of innovative, cost-effective health delivery systems.
- (k) Serve as the statewide repository of all aggregate data accumulated by state agencies related to health care; analyze that data and issue periodic reports and policy statements, as appropriate; require that all aggregated data be kept in a manner that promotes easy utilization by the public, state agencies, and all other interested parties; provide technical assistance as required; and work cooperatively with the state's higher education programs to promote further study and analysis of health care systems and health care outcomes.
- (1) Include in the department's strategic plan developed under s. 186.021 an assessment of current health programs, systems, and costs; projections of future problems and opportunities; and recommended changes that are needed in the health care system to improve the public health.
- (m) Regulate health practitioners, to the extent authorized by the Legislature, as necessary for the preservation of the health, safety, and welfare of the public.
- (2) (a) The head of the Department of Health is the State Surgeon General and State Health Officer. The State Surgeon General must be a physician licensed under chapter 458 or chapter 459 who has advanced training or extensive experience in public health administration. The State Surgeon General is

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appointed by the Governor subject to confirmation by the Senate
The State Surgeon General serves at the pleasure of the
Governor. The State Surgeon General shall serve as the leading
voice on wellness and disease prevention efforts, including the
promotion of healthful lifestyles, immunization practices,
health literacy, and the assessment and promotion of the
physician and health care workforce in order to meet the health
care needs of the state. The State Surgeon General shall focus
on advocating healthy lifestyles, developing public health
policy, and building collaborative partnerships with schools,
businesses, health care practitioners, community-based
organizations, and public and private institutions in order to
promote health literacy and optimum quality of life for all
Floridians.

- (b) The Officer of Women's Health Strategy is established within the Department of Health and shall report directly to the State Surgeon General.
- (3) The following divisions of the Department of Health are established:
 - (a) Division of Administration.
- (b) Division of Emergency Preparedness and Community

 Support Environmental Health.
 - (c) Division of Disease Control and Health Protection.
- (d) Division of <u>Community Health Promotion</u> Family Health Services.
 - (e) Division of Children's Medical Services Network.
- (f) Division of <u>Public Health Statistics and Performance</u>
 Management <u>Emergency Medical Operations</u>.

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- (g) Division of Medical Quality Assurance, which is responsible for the following boards and professions established within the division:
 - 1. The Board of Acupuncture, created under chapter 457.
 - 2. The Board of Medicine, created under chapter 458.
- 3. The Board of Osteopathic Medicine, created under chapter 459.
- 568 4. The Board of Chiropractic Medicine, created under chapter 460.
- 5. The Board of Podiatric Medicine, created under chapter 571 461.
 - 6. Naturopathy, as provided under chapter 462.
 - 7. The Board of Optometry, created under chapter 463.
- 8. The Board of Nursing, created under part I of chapter 464.
- 9. Nursing assistants, as provided under part II of chapter 464.
 - 10. The Board of Pharmacy, created under chapter 465.
 - 11. The Board of Dentistry, created under chapter 466.
 - 12. Midwifery, as provided under chapter 467.
- 13. The Board of Speech-Language Pathology and Audiology, created under part I of chapter 468.
- 583 14. The Board of Nursing Home Administrators, created under part II of chapter 468.
- 585 15. The Board of Occupational Therapy, created under part 586 III of chapter 468.
- 587 16. Respiratory therapy, as provided under part V of chapter 468.

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589		17.	Dietetic	s and	nutrition	practice,	as	provided	under
590	part	X of	chapter	468.					

- The Board of Athletic Training, created under part 591 18. 592 XIII of chapter 468.
- 593 19. The Board of Orthotists and Prosthetists, created 594 under part XIV of chapter 468.
 - 20. Electrolysis, as provided under chapter 478.
- 596 The Board of Massage Therapy, created under chapter 597 480.
- 22. The Board of Clinical Laboratory Personnel, created 598 under part III of chapter 483. 599
- 600 Medical physicists, as provided under part IV of 601 chapter 483.
- 602 The Board of Opticianry, created under part I of 603 chapter 484.
- The Board of Hearing Aid Specialists, created under 605 part II of chapter 484.
- 606 The Board of Physical Therapy Practice, created under 607 chapter 486.
 - The Board of Psychology, created under chapter 490.
 - School psychologists, as provided under chapter 490.
- 610 The Board of Clinical Social Work, Marriage and Family 611 Therapy, and Mental Health Counseling, created under chapter 612 491.
- 30. Emergency medical technicians and paramedics, as 613
- 615 (h) Division of Children's Medical Services Prevention and 616

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Intervention.

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CODING: Words stricken are deletions; words underlined are additions.

provided under part III of chapter 401.

ORIGINAL

617 (i) Division of Information Technology. 618 (j) Division of Health Access and Tobacco. (h) (k) Division of Disability Determinations. 619 620 Section 2. Subsections (13), and (17) of section 20.435, 621 Florida Statutes, are amended to read: 622 20.435 Department of Health; trust funds.—The following 623 trust funds shall be administered by the Department of Health: 624 (13) Florida Drug, Device, and Cosmetic Trust Fund. 625 (a) Funds to be credited to and uses of the trust fund 626 shall be administered in accordance with the provisions of 627 chapter 499. 628 (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end 629 630 of any fiscal year shall remain in the trust fund at the end of 631 the year and shall be available for carrying out the purposes of the trust fund. 632 633 (17) Nursing Student Loan Forgiveness Trust Fund. 634 (a) Funds to be credited to and uses of the trust fund 635 shall be administered in accordance with the provisions of s. 1009.66. 636 637 (b) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end 638 639 of any fiscal year shall remain in the trust fund at the end of 640 the year and shall be available for carrying out the purposes of the trust fund. 641 Section 3. Section 154.001, Florida Statutes, is amended 642 643 to read: 644 154.001 Decentralized public health system; centralized

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CODING: Words stricken are deletions; words underlined are additions.

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statewide public health services. System of coordinated county health department services; legislative intent.

- Florida's public health system shall be a decentralized, county-based system that It is the intent of the Legislature to promotes, protects, maintains, and improves the health and safety of all citizens and visitors of this state. State block grants will be allocated on a per capita basis and provided to counties to support public health functions pursuant to s. 154.01. Centralized state services shall be limited to those public health functions that provide measurable improvements in efficiency, outcome, or cost-effectiveness when delivered through a unified, statewide operation. Locally defined public health needs and priorities of each county shall be specified in an annual contract between the state and each county. Counties shall be responsible for determining the most appropriate methods and manner of meeting local public health needs. through a system of coordinated county health department services. The Legislature recognizes the unique partnership which necessarily exists between the state and its counties in meeting the public health needs of the state. To strengthen this partnership, the Legislature intends that the public health needs of the several counties be provided through contractual arrangements between the state and each county. The Legislature also recognizes the importance of meeting the educational needs of Florida's public health professionals.
- (2) The Department of Health is directly responsible for the functions specified in this section, but may delegate particular roles and responsibilities or utilize outside

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573	contractors, as appropriate, in order to implement various
574	program and service activities.
575	(a) Laboratory services pursuant to s. 381.0202;
576	(b) Pharmacy services pursuant to s. 381.0203;
577	(c) Vital statistics pursuant to Chapter 382;
578	(d) Children's medical services pursuant to Chapter 391;
579	(e) Regional perinatal intensive care centers pursuant to
580	ss. 383.17-383.19;
581	(f) Child abuse death reviews pursuant to s. 383.402;
582	(g) Establishment of statewide standards necessary for
583	environmental health pursuant to s. 381.006;
584	(h) Establishment of statewide standards for food service
585	protection pursuant to s. 381.0072;
586	(i) Comprehensive Statewide Tobacco Education and Use
587	Prevention Program pursuant to s. 381.84;
588	(j) Office of Rural Health pursuant to 381.0405;
589	(k) Emergency medical services pursuant to Chapters 395
590	and 401;
591	(1) Migrant camps pursuant to s. 381.008-381.00897;
592	(m) Medical quality assurance pursuant to s. 20.43(3)(g);
593	(n) Biomedical research pursuant to s. 381.855 and
594	s.381.922;
595	(o) Tuberculosis control pursuant to s. 392.62; and
596	(p) Emergency preparedness and disaster response pursuant
597	to ss. 381.0303, 401.24, and chapter 252.
598	Section 4. Effective July 1, 2013, section 154.01, Florida
599	Statutes, is amended to read:
700	154.01 County health department delivery system

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- (1) The <u>purposes of several counties of the state may</u> cooperate with the Department of Health in the establishment and maintenance of full-time county health departments in such counties for <u>shall include</u> the promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations.
- counties or with multiple counties joined through interlocal agreement to establish and maintain county health departments serving each county. A functional system of eCounty health department services shall be defined in contract and established with such resources as are available from federal, state, local, or private sources to provide which shall include the following three levels categories of services and be funded as follows:
- (a) "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Examples of emprisonmental health services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health, and entomology.
 - (b) "Communicable disease control services" are those

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services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Examples of communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, immunization, tuberculosis control, and maintenance of vital statistics.

- (c) "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.
- (3) The Department of Health shall enter into contracts with the several counties for the purposes of this part. All To be eligible for state block grants, county public health contracts shall be negotiated and approved by the boards of

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county commissioners or other appropriate local governing bodies on behalf of the department. In accordance with federal guidelines, the state may utilize federal funds for county health department services. A standard contract format shall be developed and used by the department in contract negotiations. The contract shall include the three categories levels of county health department services outlined in subsection (2) above and shall contain a section which stipulates, for the contract year:

- (a) All revenue sources, including federal, state, and local general revenue, fees, and other cash contributions, which shall be used by the county health department for county health department services;
- (b) The types of services to be provided in each <u>categorylevel</u> of service;
- (c) The estimated number of clients, where applicable, who will be served, by type of service;
- (d) The estimated number of services, where applicable, that will be provided, by type of service;
- (e) The estimated number of staff positions (full-time equivalent positions) who will work in each type of service area; and
- (f) The estimated expenditures for each type of service and for each level of service.

The contract shall also provide for financial and service reporting for each type of service according to standard service and reporting procedures established by the department.

(4) The <u>facilities and equipment available for</u> use and

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maintenance of by a county health department facilities and equipment shall be determined by each county, subject to the provisions of the contract between the Department of Health and theeach county. However, the counties may retain ownership of such facilities and equipment and the right to use such facilities and equipment as the need arises, to the extent that such use would not impose an unwarranted interference with the operation of the county health department pursuant to the provisions of the contract. In all cases, such facilities shall be used primarily for purposes related to public health.

Ownership of county health department facilities and equipment may be relinquished by a county to the Department of Health by mutual consent of the parties in the contract.

- (5) To assist counties to In order to provide for the effective delivery of health services, in keeping with expanding needs or modernization, the Legislature may authorize funding for construction or expansion projects to county health departments or other nonprofit primary health care providers who are under contract with the department. The department shall submit to the Legislature a list of construction or expansion needs arranged in a recommended order of priority to the Legislature in conjunction with each annual budget request. The report of construction or expansion needs shall specify the following information The priority list shall be based on the following criteria:
- (a) The current capacity of the county health department facilities and the number of patients served in the most recent year for which data is available The capacity of the health

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facility to efficiently provide the full set of authorized services for the number of patients who can be served with available funds;

- (b) The capacity of the health facility to meet the anticipated growth in demand for service over the next 10 years; and
- (c) The adequacy of the facility to ensure patient and staff safety, provide privacy during eligibility determination and examination, and enable an efficient movement of patients through service areas.
- The department shall include the estimated cost of the construction or renovation of each county health department on the list. This cost must be based on a professional assessment of the square footage needed to meet the demand for service and the prevailing cost of construction in the county in which the county health department is to be built, including the cost of land, the cost for obtaining necessary permits, and the cost of outfitting the facility. Funds appropriated for construction and renovation of a county health department facility may only be released by the department if the board of county commissioners of the county for which funds have been appropriated agrees that any county health department facility which is constructed or renovated, in whole or in part, with funds appropriated under this section will be used only for county health department services, unless otherwise authorized by the department, that the county will not charge rent for use of the facility by the county health department, and that the county will not attempt to sell such facility without the

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concurrence of the department.

(b) Any dispute arising under this subsection shall be resolved pursuant to chapter 120.

Funds appropriated by the Legislature for county health department construction or expansion projects shall be accounted for separately in the County Health Department Trust Fund from revenues appropriated for county health department services and under the terms and conditions established by the Legislature.

Section 5. <u>Effective July 1, 2013, section 154.03, Florida</u> Statutes, is repealed.

Section 6. Section 154.04, Florida Statutes, is amended to read:

154.04 Personnel of county health departments; duties; compensation.—

- (1) (a) The personnel of a minimum—county health department shall consist, at a minimum, of a county health department director or administrator and a full-time public health nurse, a public health environmental specialist, and a clerk. All such personnel shall be selected from those especially trained in public health administration and practice, so far as the same shall relate to the duties of their respective positions.
- (b) The county health department director shall be a physician licensed under chapter 458 or chapter 459 who is trained in public health administration and shall be appointed by the State Surgeon General after the concurrence of the boards of county commissioners of the respective counties. A county health department administrator trained in public health

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administration may be appointed by the State Surgeon General after the concurrence of the boards of county commissioners of the respective counties.

- health department are authorized to function within the scope of their individual licenses and under medical protocols established in accordance with paragraph 2. A registered nurse or licensed physician assistant working in a county health department is authorized to assess a patient and order medications, provided that:
- a. No licensed physician is on the premises;
- b. The patient is assessed and medication ordered in accordance with rules promulgated by the department and pursuant to a protocol approved by a physician who supervises the patient care activities of the registered nurse or licensed physician assistant;
- c. The patient is being assessed by the registered nurse or licensed physician assistant as a part of a program approved by the department; and
- d. The medication ordered appears on a formulary approved by the department and is prepackaged and prelabeled with dosage instructions and distributed from a source authorized under chapter 499 to repackage and distribute drugs, which source is under the supervision of a consultant pharmacist employed by the department.
- 2. Each county health department shall adopt written protocols which provide for supervision of the registered nurse or licensed physician assistant by a physician licensed pursuant

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to chapter 458 or chapter 459 and for the procedures by which patients may be assessed, and medications ordered and delivered, by the registered nurse or licensed physician assistant. Such protocols shall be signed by the supervising physician, the director of the county health department, and the registered nurse or licensed physician assistant.

- 3. Each county health department shall maintain and have available for inspection by representatives of the Department of Health all medical records and patient care protocols, including records of medications delivered to patients, in accordance with rules of the department.
- 4. The Department of Health shall adopt rules which establish the conditions under which a registered nurse or licensed physician assistant may assess patients and order and deliver medications, based upon written protocols of supervision by a physician licensed pursuant to chapter 458 or chapter 459, and which establish the formulary from which medications may be ordered.
- 5. The department shall require that a consultant pharmacist conduct a periodic inspection of each county health department in meeting the requirements of this paragraph.
- $\underline{46}$. A county health department $\underline{shallmay}$ establish or contract with peer review committees or organizations to review the quality of communicable disease control and primary care services provided by the county health department.
- (2) The personnel of the county health department shall be employed by each respective county and subject to the personnel rules and policies of that county. by the Department of Health.

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The compensation of such personnel shall be determined under the rules of the Department of Management Services. Such employees shall engage in the prevention of disease and the promotion of health under the supervision of the Department of Health.

Section 7. Effective July 1, 2013, section 154.05, Florida Statutes, is amended to read:

154.05 Cooperation and agreements between counties.—Two or more counties may combine for the operation of a in the establishment and maintenance of a single full—time county health department when such counties establish an interlocal agreement. Such an agreement shall specify the roles and responsibilities of each county including the method of

agreement. Such an agreement shall specify the roles and responsibilities of each county including the method of governance and executive direction, the manner by which each county's public health needs will be addressed, the inventory of necessary facilities, equipment, personnel, and any other infrastructure as may be needed. County interlocal agreements may be terminated only at the end of a contract year. The parties shall give written notice to the department no less than 90 days prior to the termination.for the counties which combine for that purpose; and, pursuant to such combination or agreement, such counties may cooperate with one another and the Department of Health and contribute to a joint fund in carrying out the purpose and intent of this chapter. The duration and nature of such agreement shall be evidenced by resolutions of the boards of county commissioners of such counties and shall be submitted to and approved by the department. In the event of any such agreement, a full-time county health department shall be

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established and maintained by the department in and for the

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benefit of the counties which have entered into such an agreement; and, in such case, the funds raised by taxation pursuant to this chapter by each such county shall be paid to the Chief Financial Officer for the account of the department and shall be known as the full-time county health department trust fund of the counties so cooperating. Such trust funds shall be used and expended by the department for the purposes specified in this chapter in each county which has entered into such agreement. In case such an agreement is entered into between two or more counties, the work contemplated by this chapter shall be done by a single full-time county health department in the counties so cooperating; and the nature, extent, and location of such work shall be under the control and direction of the department.

Section 8. Effective July 1, 2013, section 154.06, Florida Statutes, is amended to read:

154.06 Fees and services rendered; authority.-

(1) Except for fees established by the department for services pursuant to s. 154.002, The Department of Health may establish by rule fee schedules for public health services rendered through the county health departments shall be the responsibility of each county and. Such rules may include provisions for fee assessments, copayments, sliding fee scales, fee waivers, and fee exemptions. In addition, the department shall adopt by rule a uniform statewide fee schedule for all regulatory activities performed through the environmental health program. Each county may establish, and each county health department may collect, fees for primary care services, provided

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that a schedule of such fees is established by resolution of the board of county commissioners or by rule of the department, respectively. Fees for primary care services and communicable disease control services may not be less than Medicaid reimbursement rates unless otherwise required by federal or state law or regulation.

- All funds collected under this section shall be (2) expended solely for the purpose of providing health services and facilities within the county or counties served by the county health department. Fees collected by county health departments pursuant to department rules shall be deposited with the Chief Financial Officer and credited to the County Health Department Trust Fund. Fees collected by the county health department for public health services or personal health services shall be allocated to the state and the county based upon the pro rata share of funding for each such service. The board of county commissioners, if it has so contracted, shall provide for the transmittal of funds collected for its pro rata share of personal health services or primary care services rendered under the provisions of this section to the State Treasury for credit to the County Health Department Trust Fund, but in any event the proceeds from such fees may only be used to fund county health department services.
- (3) The foregoing provisions notwithstanding, any county which charges fees for any services delivered through county health departments prior to July 1, 1983, and which has pledged or committed the fees yet to be collected toward the retirement of outstanding obligations relating to county health department

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facilities may be exempted from the provisions of subsection (1) until such commitment or obligation has been satisfied or discharged.

Section 9. Effective July 1, 2013, section 154.067, Florida Statutes, is amended to read:

154.067 Child abuse and neglect cases; duties.—The Department of Health shall adopt a rule requiring eEvery county health department, as described in s. 154.01, to shall adopt a protocol that, at a minimum, requires the county health department to:

- (1) Incorporate in its health department policy a policy that eEvery staff member to acknowledge, in writing, has an affirmative duty to report, pursuant to chapter 39, any actual or suspected case of child abuse, abandonment, or neglect; and
- abandonment, or neglect, designate, at the request of the department, Designation of a staff physician to act as a liaison between the county health department and the Department of Children and Family Services and the child protection team regarding investigations of office that is investigating the suspected abuse, abandonment, or neglect, and the child protection team, as defined in s. 39.01, when the case is referred to such a team.

Section 10. The Department of Health shall develop a transition plan to decentralize public health services and submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than July 1, 2012. The plan shall include specific steps to transfer

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duties, resources and personnel to county health departments;

develop contracts with each county; communicate the process,

timeline, and effect of the organizational changes to

stakeholders and the general public; assess any fiscal impacts
of the transition; and provide monthly reports on transition
activities to the Legislature until full implementation on July
1, 2013.

Section 11. Subsections (10) and (12) of section 215.5602, Florida Statutes, are amended to read:

215.5602 James and Esther King Biomedical Research Program.—

- (10) The council shall submit an annual progress report on the state of biomedical research in this state to the Florida Center for Universal Research to Eradicate Disease and to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives by February 1. The report must include:
- (a) A list of research projects supported by grants or fellowships awarded under the program.
 - (b) A list of recipients of program grants or fellowships.
- (c) A list of publications in peer reviewed journals involving research supported by grants or fellowships awarded under the program.
- (d) The total amount of biomedical research funding currently flowing into the state.
- (e) New grants for biomedical research which were funded based on research supported by grants or fellowships awarded under the program.

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- (f) Progress in the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.
- From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease. Beginning in the 2011-2012 fiscal year and thereafter, \$25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7) shall be reserved for research of tobacco-related or cancerrelated illnesses. Of the revenue deposited in the Health Care Trust Fund pursuant to this section, \$25 million shall be transferred to the Biomedical Research Trust Fund within the Department of Health. Subject to annual appropriations in the General Appropriations Act, \$5 million shall be appropriated to the James and Esther King Biomedical Research Program, \$5 million shall be appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created under s. 381.922, \$5 million shall be appropriated to the H. Lee Moffitt Cancer Center and Research Institute established under s. 1004.43, \$5 million shall be appropriated to the Sylvester Comprehensive Cancer Center of the University of Miami, and \$5 million shall be appropriated to the University of Florida Shands Cancer Center.

Section 12. Section 381.001, Florida Statutes, is amended to read:

- 381.001 Legislative intent; p Public health system.-
- (1) It is the intent of the Legislature that tThe

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Department of Health be is responsible for the state's public health system which shall be designed to promote, protect, and improve the health of all people in the state. The mission of the state's public health system is to foster the conditions in which people can be healthy, by assessing state and community health needs and priorities through data collection, epidemiologic studies, and community participation; by developing comprehensive public health policies and objectives aimed at improving the health status of people in the state; and by ensuring essential health care and an environment which enhances the health of the individual and the community. The Legislature recognizes intends for the Department to shall provide leadership for that the state's public health system must be founded on an active partnership working toward shared public health goals and between involving federal, state, and local governments, and $\frac{\text{between the public and}}{\text{private sectors}_{\textit{T}}}$ and, therefore, assessment, policy development, and service provision must be shared by all of these entities to achieve its mission.

department, in carrying out the mission of public health, focus attention on identifying, assessing, and controlling the presence and spread of communicable diseases; on monitoring and regulating factors in the environment which may impair the public's health, with particular attention to preventing contamination of drinking water, the air people breathe, and the food people consume; and ensuring availability of and access to preventive and primary health care, including, but not limited

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to, acute and episodic care, prenatal and postpartum care, child health, family planning, school health, chronic disease prevention, child and adult immunization, dental health, nutrition, and health education and promotion services.

- (3) It is, furthermore, the intent of the Legislature that the public health system include comprehensive planning, data collection, technical support, and health resource development functions. These functions include, but are not limited to, state laboratory and pharmacy services, the state vital statistics system, the Florida Center for Health Information and Policy Analysis, emergency medical services coordination and support, and recruitment, retention, and development of preventive and primary health care professionals and managers.
- (4) It is, furthermore, the intent of the Legislature that the department shall provide public health services through the 67 county health departments in partnership with county governments, as specified in part I of chapter 154, and in so doing make every attempt possible to solicit the support and involvement of private and not-for-profit health care agencies in fulfilling the public health mission.
- Section 13. Section 381.0011, Florida Statutes, is amended to read:
- 381.0011 Duties and powers of the Department of Health.—It is the duty of the Department of Health to:
- (1) Assess the public health status and needs of the state through statewide data collection and other appropriate means, with special attention to future needs that may result from population growth, technological advancements, new societal

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5. Access by the department to quarantined premises.

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having a disease transmissible to humans.

- 6. The disinfection of quarantined animals, persons, or premises.
- 1179 7. Methods of quarantine.

- (b) Any health regulation that restricts travel or trade within the state may not be adopted or enforced in this state except by authority of the department.
- (4) (6) Provide for a thorough investigation and study of the incidence, causes, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.
- (5)-(7) Provide for the dissemination of information to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health. The department shall conduct a workshop before issuing any health alert or advisory relating to food-borne illness or communicable disease in public lodging or food service establishments in order to inform persons, trade associations, and businesses of the risk to public health and to seek the input of affected persons, trade associations, and businesses on the best methods of informing and protecting the public, except in an emergency, in which case the workshop must be held within 14 days after the issuance of the emergency alert or advisory.
 - (6) (8) Act as registrar of vital statistics.
- (9) Cooperate with and assist federal health officials in enforcing public health laws and regulations.
- (10) Cooperate with other departments, local officials, and private boards and organizations for the improvement and preservation of the public health.

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1205	(11) Maintain a statewide injury-prevention program.
1206	(12) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
1207	implement the provisions of law conferring duties upon it. This
1208	subsection does not authorize the department to require a permit
1209	or license unless such requirement is specifically provided by
1210	law.
1211	(7) (13) Manage and coordinate emergency preparedness and
1212	disaster response functions to: investigate and control the
1213	spread of disease; coordinate the availability and staffing of
1214	special needs shelters; support patient evacuation; ensure the
1215	safety of food and drugs; provide critical incident stress
1216	debriefing; and provide surveillance and control of
1217	radiological, chemical, biological, and other environmental
1218	hazards.
1219	(14) Perform any other duties prescribed by law.
1220	Section 14. Section 381.0013, Florida Statutes, is
1221	repealed.
1222	Section 15. Section 381.0014, Florida Statutes, is
1223	repealed.
1224	Section 16. Section 381.0015, Florida Statutes, is
1225	repealed.
1226	Section 17. Section 381.0016, Florida Statutes, is amended
1227	to read:
1228	381.0016 County and municipal regulations and ordinances
1229	Any county or municipality may enact, in a manner prescribed by
1230	law, health regulations and ordinances not inconsistent with
1231	state public health laws and rules adopted by the department.
1232	Section 18. Section 381.0017, Florida Statutes, is

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1233 repealed.

Section 19. Section 381.0025, Florida Statutes, is amended to read:

381.0025 Penalties.-

- (1) Any person who violates any of the provisions of this chapter, any quarantine, or any rule adopted by the department under the provisions of this chapter is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- (2) Any person who interferes with, hinders, or opposes any employee of the department in the discharge of his or her duties pursuant to the provisions of s. 381.00315this chapter, part I of chapter 386, chapter 513, or chapter 514, or who impersonates an employee of the department, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- (3) Any person who maliciously disseminates any false rumor or report concerning the existence of any infectious or contagious disease is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- Section 20. Subsection (1) of section 381.003, Florida Statutes, is amended to read:
- 381.003 Communicable disease and AIDS prevention and control.—
- (1) The department shall conduct a communicable disease prevention and control program as part of fulfilling its public health mission. A communicable disease is any disease caused by transmission of a specific infectious agent, or its toxic

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products, from an infected person, an infected animal, or the environment to a susceptible host, either directly or indirectly. The communicable disease program must include, but need not be limited to:

- (a) Programs for the prevention and control of tuberculosis in accordance with chapter 392.
- (b) Programs for the prevention and control of human immunodeficiency virus infection and acquired immune deficiency syndrome in accordance with chapter 384 and this chapter.
- (c) Programs for the prevention and control of sexually transmissible diseases in accordance with chapter 384.
- (d) Programs for the prevention, control, and reporting of communicable diseases of public health significance as provided for in this chapter.
- (e) Programs for the prevention and control of vaccine-preventable diseases, including programs to immunize school children as required by s. 1003.22(3)-(11) and the development of an automated, electronic, and centralized database or registry of immunizations. The department shall ensure that all children in this state are immunized against vaccine-preventable diseases. The immunization registry shall allow the department to enhance current immunization activities for the purpose of improving the immunization of all children in this state.
- 1. Except as provided in subparagraph 2., the department shall include all children born in this state in the immunization registry by using the birth records from the Office of Vital Statistics. The department shall add other children to the registry as immunization services are provided.

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- 2. The parent or guardian of a child may refuse to have the child included in the immunization registry by signing a form obtained from the department, or from the health care practitioner or entity that provides the immunization, which indicates that the parent or guardian does not wish to have the child included in the immunization registry. The decision to not participate in the immunization registry must be noted in the registry.
- 3. The immunization registry shall allow for immunization records to be electronically transferred to entities that are required by law to have such records, including schools, licensed child care facilities, and any other entity that is required by law to obtain proof of a child's immunizations.
- 4. Any health care practitioner licensed under chapter 458, chapter 459, or chapter 464 in this state who complies with rules adopted by the department to access the immunization registry may, through the immunization registry, directly access immunization records and update a child's immunization history or exchange immunization information with another authorized practitioner, entity, or agency involved in a child's care. The information included in the immunization registry must include the child's name, date of birth, address, and any other unique identifier necessary to correctly identify the child; the immunization record, including the date, type of administered vaccine, and vaccine lot number; and the presence or absence of any adverse reaction or contraindication related to the immunization. Information received by the department for the immunization registry retains its status as confidential medical

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information and the department must maintain the confidentiality of that information as otherwise required by law. A health care practitioner or other agency that obtains information from the immunization registry must maintain the confidentiality of any medical records in accordance with s. 456.057 or as otherwise required by law.

Section 21. Section 381.0031, Florida Statutes, is amended to read:

381.0031 <u>Epidemiological research; Rreport of diseases of public health significance to department.</u>

- (1) The department may conduct studies concerning the epidemiology of communicable diseases of public health significance affecting people in Florida.
- (2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a communicable disease of public health significance shall immediately report the fact to the Department of Health.
- $(\underline{32})$ Periodically the department shall issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection $(2\frac{1}{2})$.
- $(\underline{43})$ Reports required by this section must be in accordance with methods specified by rule of the department.
 - $(\underline{54})$ Information submitted in reports required by this

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section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.

- The department may obtain and inspect copies of medical records, records of laboratory tests, and other medicalrelated information for reported cases of communicable diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a communicable disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of communicable diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.
 - (76) The department may adopt rules related to reporting

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communicable diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required followup activities by the department which are necessary to protect public health.

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This section does not affect s. 384.25.

Section 22. Subsection (1) of section 381.00315, Florida 1381 Statutes, is amended, and subsection (4) is created, to read:

Public health advisories; public health 381.00315 emergencies.—The State Health Officer is responsible for declaring public health emergencies and issuing public health advisories.

- (1)As used in this section, the term:
- "Public health advisory" means any warning or report giving information to the public about a potential public health threat. Prior to issuing any public health advisory, the State Health Officer must consult with any state or local agency regarding areas of responsibility which may be affected by such advisory. Upon determining that issuing a public health advisory is necessary to protect the public health and safety, and prior to issuing the advisory, the State Health Officer must notify each county health department within the area which is affected by the advisory of the State Health Officer's intent to issue the advisory. The State Health Officer is authorized to take any action appropriate to enforce any public health advisory.
- "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or

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may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Prior to declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:

- 1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.
- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to

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compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

- Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced registered nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.
- 4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases

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that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to guarantine.

- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to quarantine. If there is no practical method to quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.

- (c) The department shall adopt rules to specify the conditions and procedures for imposing and releasing a quarantine. The rules must include provisions related to:
 - 1. The closure of premises.
- 2. The movement of persons or animals exposed to or infected with a communicable disease.
- 3. The tests or treatment, including vaccination, for communicable disease required prior to employment or admission to the premises or to comply with a quarantine.
- 1483 <u>4. Testing or destruction of animals with or suspected of</u> 1484 having a disease transmissible to humans.

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- 5. Access by the department to quarantined premises.
- 6. The disinfection of quarantined animals, persons, or premises.
 - 7. Methods of quarantine.
- (4) The rules adopted under this section and actions taken by the department pursuant to a declared public health emergency shall supersede all rules enacted by other state departments, boards or commissions, and ordinances and regulations enacted by political subdivisions of the state. Any person who violates any rule adopted under this section, any quarantine, or any requirement adopted by the department pursuant to a declared public health emergency, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- Section 23. <u>Section 381.0032</u>, Florida Statutes, is <u>repealed</u>.
- Section 24. <u>Section 381.00325</u>, Florida Statutes, is repealed.
- Section 25. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:
 - 381.0034 Requirement for instruction on HIV and AIDS.-
- (1) As of July 1, 1991, tThe Department of Health shall require each person licensed or certified under chapter 401, chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune

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deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed said course, on a form provided by the department, when submitting fees or application for each biennial renewal.

Section 26. <u>Section 381.0037</u>, Florida Statutes, is repealed.

Section 27. Subsection (1) of section 381.004, Florida Statutes, is amended, and subsequent subsections are renumbered, to read:

381.004 HIV testing.-

(1) LEGISLATIVE INTENT.—The Legislature finds that the use of tests designed to reveal a condition indicative of human immunodeficiency virus infection can be a valuable tool in protecting the public health. The Legislature finds that despite existing laws, regulations, and professional standards which require or promote the informed, voluntary, and confidential use of tests designed to reveal human immunodeficiency virus infection, many members of the public are deterred from seeking such testing because they misunderstand the nature of the test or fear that test results will be disclosed without their consent. The Legislature finds that the public health will be served by facilitating informed, voluntary, and confidential use of tests designed to detect human immunodeficiency virus infection.

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Section 28. Subsection (2) of section 381.0046, Florida

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Statutes, is amended to read:

381.0046 Statewide HIV and AIDS prevention campaign.-

(2) The Department of Health shall establish <u>dedicated</u> four positions within the department for HIV and AIDS regional minority coordinators and one position for a statewide HIV and AIDS minority coordinator. The coordinators shall facilitate statewide efforts to implement and coordinate HIV and AIDS prevention and treatment programs. The statewide coordinator shall report directly to the chief of the Bureau of HIV and AIDS within the Department of Health.

Section 29. Subsection (2) of section 381.005, Florida Statutes, is amended, and subsequent subsections are renumbered, to read:

381.005 Primary and preventive health services.-

(2) Between October 1, or earlier if the vaccination is available, and February 1 of each year, subject to the availability of an adequate supply of the necessary vaccine, each hospital licensed pursuant to chapter 395 shall implement a program to offer immunizations against the influenza virus and pneumococcal bacteria to all patients age 65 or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention and subject to the clinical judgment of the responsible practitioner.

Section 30. Subsection (2) of section 381.0051, Florida Statutes, is amended, and subsequent subsections are renumbered, to read:

381.0051 Family planning.—

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L569	(1) SHORT TITLE.—This section shall be known as the
L570	"Comprehensive Family Planning Act."
L571	(2) LEGISLATIVE INTENTIt is the intent of the
L572	Legislature to make available to citizens of the state of
L573	childbearing age comprehensive medical knowledge, assistance,
L574	and services relating to the planning of families and maternal
L575	health care.
L576	Section 31. Subsection (5) of section 381.0052, Florida
L577	Statutes, is amended to read:
L578	381.0052 Dental health.—
L579	(5) The department may adopt rules to implement this
L580	section.
L581	Section 32. Subsection (4) of section 381.0053, Florida
L582	Statutes, is amended to read:
L583	381.0053 Comprehensive nutrition program
L584	(4) The department may promulgate rules to implement the
L585	provisions of this section.
L586	Section 33. <u>Section 381.0054</u> , Florida Statutes, is
L587	repealed.
L588	Section 34. Subsections (2), (3), and (11) of section
L589	381.0056, Florida Statutes are amended, and subsequent
L590	subsections are renumbered, is amended to read:
L591	381.0056 School health services program.—
L592	(2) The Legislature finds that health services conducted
L593	as a part of the total school health program should be carried
L594	out to appraise, protect, and promote the health of students.
L595	School health services supplement, rather than replace, parental
L596	responsibility and are designed to encourage parents to devote

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attention to child health, to discover health problems, and to encourage use of the services of their physicians, dentists, and community health agencies.

- $(\underline{23})$ As used in When used in or for purposes of this section:
- (a) "Emergency health needs" means onsite management and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, or designated health care provider.
- (b) "Entity" or "health care entity" means a unit of local government or a political subdivision of the state; a hospital licensed under chapter 395; a health maintenance organization certified under chapter 641; a health insurer authorized under the Florida Insurance Code; a community health center; a migrant health center; a federally qualified health center; an organization that meets the requirements for nonprofit status under s. 501(c)(3) of the Internal Revenue Code; a private industry or business; or a philanthropic foundation that agrees to participate in a public-private partnership with a county health department, local school district, or school in the delivery of school health services, and agrees to the terms and conditions for the delivery of such services as required by this section and as documented in the local school health services plan.
- (c) "Invasive screening" means any screening procedure in which the skin or any body orifice is penetrated.
- (d) "Physical examination" means a thorough evaluation of the health status of an individual.

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- (e) "School health services plan" means the document that describes the services to be provided, the responsibility for provision of the services, the anticipated expenditures to provide the services, and evidence of cooperative planning by local school districts and county health departments.
- (f) "Screening" means presumptive identification of unknown or unrecognized diseases or defects by the application of tests that can be given with ease and rapidity to apparently healthy persons.
- (11) School health programs funded by health care districts or entities defined in subsection (3) must be supplementary to and consistent with the requirements of this section and ss. 381.0057 and 381.0059.

Section 35. Subsection (1) of section 381.0057, Florida Statutes, is amended, and subsequent subsections are renumbered, to read:

381.0057 Funding for school health services.-

(1) It is the intent of the Legislature that funds in addition to those provided under the School Health Services Act be provided to those school districts and schools where there is a high incidence of medically underserved high-risk children, low birthweight babies, infant mortality, or teenage pregnancy. The purpose of this funding is to phase in those programs which offer the greatest potential for promoting the health of students and reducing teenage pregnancy.

Section 36. Section 381.00591, Florida Statutes, is amended to read:

381.00591 Department of Health; National Environmental

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Laboratory accreditation; application; rules.—The Department of Health may apply for and become a National Environmental Laboratory Accreditation Program accreditation bodyaccrediting authority. The department, as an accrediting entity, may adopt rules pursuant to ss. 120.536(1) and 120.54, to implement standards of the National Environmental Laboratory Accreditation Program, including requirements for proficiency testing providers and other rules that are not inconsistent with this section, including rules pertaining to fees, application procedures, standards applicable to environmental or public water supply laboratories, and compliance.

Section 37. Subsection (8) of section 381.00593, Florida Statutes, is amended, and the subsequent subsection is renumbered, to read:

381.00593 Public school volunteer health care practitioner program.—

(8) The Department of Health, in cooperation with the Department of Education, may adopt rules necessary to implement this section. The rules shall include the forms to be completed and procedures to be followed by applicants and school personnel under the program.

Section 38. Subsection (1) of section 381.0062, Florida Statutes, is amended, and subsequent subsections are renumbered, to read:

381.0062 Supervision; private and certain public water systems.—

(1) LEGISLATIVE INTENT.—It is the intent of the Legislature to protect the public's health by establishing

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standards for the construction, modification, and operation of public and private water systems to assure consumers that the water provided by those systems is potable.

Section 39. Subsections (1), (5), (6), and (7) of section 381.0065, Florida Statues, are amended, paragraphs (b) through (p) of subsection (2) of that section are redesignated as paragraphs (c) through (q), respectively, a new paragraph (b) is added to that subsection, paragraph (j) of subsection (3) and paragraph (n) of subsection (4) of that section are amended, and paragraphs (w) through (z) are added to subsection (4) of that section, to read:

381.0065 Onsite sewage treatment and disposal systems; regulation.—

- (1) LEGISLATIVE INTENT.-
- (a) It is the intent of the Legislature that proper management of onsite sewage treatment and disposal systems is paramount to the health, safety, and welfare of the public. It is further the intent of the Legislature that the department shall administer an evaluation program to ensure the operational condition of the system and identify any failure with the system.
- (b) It is the intent of the Legislature that where a publicly owned or investor-owned sewerage system is not available, the department shall issue permits for the construction, installation, modification, abandonment, or repair of onsite sewage treatment and disposal systems under conditions as described in this section and rules adopted under this section. It is further the intent of the Legislature that the

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installation and use of onsite sewage treatment and disposal systems not adversely affect the public health or significantly degrade the groundwater or surface water.

- (2) DEFINITIONS.—As used in ss. 381.0065-381.0067, the term:
- 1714 (b) 1. "Bedroom" means a room that can be used for sleeping and that:
 - <u>a.</u> For site-built dwellings, has a minimum of 70 square feet of conditioned space;
 - b. For manufactured homes, is constructed according to standards of the United States Department of Housing and Urban Development and has a minimum of 50 square feet of floor area;
 - c. Is located along an exterior wall;
- d. Has a closet and a door or an entrance where a door could be reasonably installed; and
 - e. Has an emergency means of escape and rescue opening to the outside.
 - 2. A room may not be considered a bedroom if it is used to access another room except a bathroom or closet.
 - 3. "Bedroom" does not include a hallway, bathroom,
 kitchen, living room, family room, dining room, den, breakfast
 nook, pantry, laundry room, sunroom, recreation room,
 media/video room, or exercise room.
- 1732 (3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH.—The 1733 department shall:
- 1734 (c) Develop a comprehensive program to ensure that onsite 1735 sewage treatment and disposal systems regulated by the 1736 department are sized, designed, constructed, installed,

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repaired, modified, abandoned, used, operated, and maintained in compliance with this section and rules adopted under this section to prevent groundwater contamination and surface water contamination and to preserve the public health. The department is the final administrative interpretive authority regarding rule interpretation. In the event of a conflict regarding rule interpretation, the <u>Bureau ChiefDivision Director</u> for Environmental Health of the department, or his or her designee, shall timely assign a staff person to resolve the dispute.

Supervise research on, demonstration of, and training on the performance, environmental impact, and public health impact of onsite sewage treatment and disposal systems within this state. Research fees collected under s. 381.0066(2)(k) 381.0066(2)(1) must be used to develop and fund hands-on training centers designed to provide practical information about onsite sewage treatment and disposal systems to septic tank contractors, master septic tank contractors, contractors, inspectors, engineers, and the public and must also be used to fund research projects which focus on improvements of onsite sewage treatment and disposal systems, including use of performance-based standards and reduction of environmental impact. Research projects shall be initially approved by the technical review and advisory panel and shall be applicable to and reflect the soil conditions specific to Florida. Such projects shall be awarded through competitive negotiation, using the procedures provided in s. 287.055, to public or private entities that have experience in onsite sewage treatment and disposal systems in Florida and that are principally located in

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Florida. Research projects shall not be awarded to firms or entities that employ or are associated with persons who serve on either the technical review and advisory panel or the research review and advisory committee.

PERMITS; INSTALLATION; AND CONDITIONS.—A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the department. The department may issue permits to carry out this section, but shall not make the issuance of such permits contingent upon prior approval by the Department of Environmental Protection, except that the issuance of a permit for work seaward of the coastal construction control line established under s. 161.053 shall be contingent upon receipt of any required coastal construction control line permit from the Department of Environmental Protection. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit must be obtained prior to the use of any aerobic treatment unit or if the establishment generates commercial waste. Buildings or establishments that use an aerobic treatment unit or generate commercial waste shall be inspected by the department at least annually to assure compliance with the terms of the operating permit. The operating permit for a commercial wastewater system is valid for 1 year from the date of issuance and must be renewed annually. The operating permit for an aerobic treatment unit is valid for 2 years from the date of issuance and must be

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renewed every 2 years. If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. A person may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an onsite sewage treatment and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all permitting requirements. A municipality or political subdivision of the state may not issue a building or plumbing permit for any building that requires the use of an onsite sewage treatment and disposal system unless the owner or builder has received a construction permit for such system from the department. A building or structure may not be occupied and a municipality, political subdivision, or any state or federal agency may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. A municipality or political subdivision of the state may not approve any change in occupancy

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or tenancy of a building that uses an onsite sewage treatment and disposal system until the department has reviewed the use of the system with the proposed change, approved the change, and amended the operating permit.

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- 2. The department shall appoint and staff a variance review and advisory committee, which shall meet monthly to recommend agency action on variance requests. The committee shall make its recommendations on variance requests at the meeting in which the application is scheduled for consideration, except for an extraordinary change in circumstances, the receipt of new information that raises new issues, or when the applicant requests an extension. The committee shall consider the criteria in subparagraph 1. in its recommended agency action on variance requests and shall also strive to allow property owners the full use of their land where possible. The committee consists of the following:
- a. The $\underline{\text{Bureau Chief}}\underline{\text{Division Director}}$ for $\underline{\text{Environmental}}$ Health of the department or his or her designee.
 - b. A representative from the county health departments.
- c. A representative from the home building industry recommended by the Florida Home Builders Association.
- d. A representative from the septic tank industry recommended by the Florida Onsite Wastewater Association.
- e. A representative from the Department of Environmental Protection.
- f. A representative from the real estate industry who is also a developer in this state who develops lots using onsite

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sewage treatment and disposal systems, recommended by the Florida Association of Realtors.

- g. A representative from the engineering profession recommended by the Florida Engineering Society.
- Members shall be appointed for a term of 3 years, with such appointments being staggered so that the terms of no more than two members expire in any one year. Members shall serve without remuneration, but if requested, shall be reimbursed for per diem and travel expenses as provided in s. 112.061.
- (n) Evaluations for determining the seasonal high-water table elevations or the suitability of soils for the use of a new onsite sewage treatment and disposal system shall be performed by department personnel, professional engineers registered in the state, or such other persons with expertise, as defined by rule, in making such evaluations. Evaluations for determining mean annual flood lines shall be performed by those persons identified in paragraph (2)(j) (2)(i). The department shall accept evaluations submitted by professional engineers and such other persons as meet the expertise established by this section or by rule unless the department has a reasonable scientific basis for questioning the accuracy or completeness of the evaluation.
- (o) The department shall appoint a research review and advisory committee, which shall meet at least semiannually. The committee shall advise the department on directions for new research, review and rank proposals for research contracts, and review draft research reports and make comments. The committee

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1877 is comprised of:

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- 1. A representative of the <u>Bureau Division</u> of Environmental Health of the Department of Health.
 - 2. A representative from the septic tank industry.
 - 3. A representative from the home building industry.
 - 4. A representative from an environmental interest group.
- 5. A representative from the State University System, from a department knowledgeable about onsite sewage treatment and disposal systems.
- 6. A professional engineer registered in this state who has work experience in onsite sewage treatment and disposal systems.
- 7. A representative from local government who is knowledgeable about domestic wastewater treatment.
 - 8. A representative from the real estate profession.
 - 9. A representative from the restaurant industry.
- 1893 10. A consumer.

Members shall be appointed for a term of 3 years, with the appointments being staggered so that the terms of no more than four members expire in any one year. Members shall serve without remuneration, but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.

(w) Any permit issued and approved by the department for the installation, modification, or repair of an onsite sewage treatment and disposal system shall transfer with the title to the property in a real estate transaction. A title shall not be encumbered at the time of transfer by new permit requirements by

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a governmental entity for an onsite sewage treatment and			
disposal system that differ from the permitting requirements in			
effect at the time the system was permitted, modified, or			
repaired. No inspection of a system shall be mandated by any			
governmental entity at the point of sale in a real estate			
transaction.			

- (x)1. An onsite sewage treatment and disposal system is not considered abandoned if the system is disconnected from a structure that was made unusable or destroyed following a disaster and was properly functioning at the time of disconnection and not adversely affected by the disaster. The onsite sewage treatment and disposal system may be reconnected to a rebuilt structure if:
- a. The reconnection of the system is to the same type and approximate size of structure that existed prior to the disaster;
 - b. The system is not a sanitary nuisance; and
- $\underline{\text{c.}}$ The system has not been altered without prior authorization.
- 2. An onsite sewage treatment and disposal system that serves a property that is foreclosed upon is not considered abandoned.
- (y) If an onsite sewage treatment and disposal system permittee receives, relies upon, and undertakes construction of a system based upon a validly issued construction permit under rules applicable at the time of construction but a change to a rule occurs after the approval of the system for construction but before the final approval of the system, the rules

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applicable and in effect at the time of construction approval apply at the time of final approval if fundamental site conditions have not changed between the time of construction approval and final approval.

- (z) A modification, replacement, or upgrade of an onsite sewage treatment and disposal system is not required for a remodeling addition to a single-family home if a bedroom is not added.
 - (5) EVALUATION AND ASSESSMENT.
- (a) Beginning July 1, 2011, the department shall administer an onsite sewage treatment and disposal system evaluation program for the purpose of assessing the fundamental operational condition of systems and identifying any failures within the systems. The department shall adopt rules implementing the program standards, procedures, and requirements, including, but not limited to, a schedule for a 5-year evaluation cycle, requirements for the pump-out of a system or repair of a failing system, enforcement procedures for failure of a system owner to obtain an evaluation of the system, and failure of a contractor to timely submit evaluation results to the department and the system owner. The department shall ensure statewide implementation of the evaluation and assessment program by January 1, 2016.
- (b) Owners of an onsite sewage treatment and disposal system, excluding a system that is required to obtain an operating permit, shall have the system evaluated at least once every 5 years to assess the fundamental operational condition of the system, and identify any failure within the system.

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(c) All evaluation procedures must be documented and nothing in this subsection limits the amount of detail an evaluator may provide at his or her professional discretion. The evaluation must include a tank and drainfield evaluation, a written assessment of the condition of the system, and, if necessary, a disclosure statement pursuant to the department's procedure.

January 1, 1983, shall meet a minimum 6-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule. All drainfield repairs, replacements or modifications to systems installed prior to January 1, 1983, shall meet a minimum 12-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule.

2. Systems being evaluated that were installed on or after January 1, 1983, shall meet a minimum 12-inch separation from the bottom of the drainfield to the wettest season water table elevation as defined by department rule. All drainfield repairs, replacements or modification to systems developed on or after January 1, 1983, shall meet a minimum 24-inch separation from the bottom of the drainfield to the wettest season water table elevation.

(e) If documentation of a tank pump-out or a permitted new installation, repair, or modification of the system within the previous 5 years is provided, and states the capacity of the tank and indicates that the condition of the tank is not a sanitary or public health nuisance pursuant to department rule,

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a pump-out of the system is not required.

- (f) Owners are responsible for paying the cost of any required pump-out, repair, or replacement pursuant to department rule, and may not request partial evaluation or the omission of portions of the evaluation.
- (g) Each evaluation or pump-out required under this subsection must be performed by a septic tank contractor or master septic tank contractor registered under part III of chapter 489, a professional engineer with wastewater treatment system experience licensed pursuant to chapter 471, or an environmental health professional certified under chapter 381 in the area of onsite sewage treatment and disposal system evaluation.
- (h) The evaluation report fee collected pursuant to s. 381.0066(2)(b) shall be remitted to the department by the evaluator at the time the report is submitted.
- (i) Prior to any evaluation deadline, the department must provide a minimum of 60 days' notice to owners that their systems must be evaluated by that deadline. The department may include a copy of any homeowner educational materials developed pursuant to this section which provides information on the proper maintenance of onsite sewage treatment and disposal systems.
 - (5) (6) ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.—
- (a) Department personnel who have reason to believe noncompliance exists, may at any reasonable time, enter the premises permitted under ss. 381.0065-381.0066, or the business premises of any septic tank contractor or master septic tank

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contractor registered under part III of chapter 489, or any premises that the department has reason to believe is being operated or maintained not in compliance, to determine compliance with the provisions of this section, part I of chapter 386, or part III of chapter 489 or rules or standards adopted under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489. As used in this paragraph, the term "premises" does not include a residence or private building. To gain entry to a residence or private building, the department must obtain permission from the owner or occupant or secure an inspection warrant from a court of competent jurisdiction.

- (b)1. The department may issue citations that may contain an order of correction or an order to pay a fine, or both, for violations of ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 or the rules adopted by the department, when a violation of these sections or rules is enforceable by an administrative or civil remedy, or when a violation of these sections or rules is a misdemeanor of the second degree. A citation issued under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 constitutes a notice of proposed agency action.
- 2. A citation must be in writing and must describe the particular nature of the violation, including specific reference to the provisions of law or rule allegedly violated.
- 3. The fines imposed by a citation issued by the department may not exceed \$500 for each violation. Each day the violation exists constitutes a separate violation for which a citation may be issued.

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- 4. The department shall inform the recipient, by written notice pursuant to ss. 120.569 and 120.57, of the right to an administrative hearing to contest the citation within 21 days after the date the citation is received. The citation must contain a conspicuous statement that if the recipient fails to pay the fine within the time allowed, or fails to appear to contest the citation after having requested a hearing, the recipient has waived the recipient's right to contest the citation and must pay an amount up to the maximum fine.
- 5. The department may reduce or waive the fine imposed by the citation. In determining whether to reduce or waive the fine, the department must consider the gravity of the violation, the person's attempts at correcting the violation, and the person's history of previous violations including violations for which enforcement actions were taken under ss. 381.0065-381.0067, part I of chapter 386, part III of chapter 489, or other provisions of law or rule.
- 6. Any person who willfully refuses to sign and accept a citation issued by the department commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
- 7. The department, pursuant to ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, shall deposit any fines it collects in the county health department trust fund for use in providing services specified in those sections.
- 8. This section provides an alternative means of enforcing ss. 381.0065-381.0067, part I of chapter 386, and part III of chapter 489. This section does not prohibit the department from

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enforcing ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, or its rules, by any other means. However, the department must elect to use only a single method of enforcement for each violation.

(6) (7) LAND APPLICATION OF SEPTAGE PROHIBITED. - Effective January 1, 2016, the land application of septage from onsite sewage treatment and disposal systems is prohibited. By February 1, 2011, the department, in consultation with the Department of Environmental Protection, shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives, recommending alternative methods to establish enhanced treatment levels for the land application of septage from onsite sewage and disposal systems. The report shall include, but is not limited to, a schedule for the reduction in land application, appropriate treatment levels, alternative methods for treatment and disposal, enhanced application site permitting requirements including any requirements for nutrient management plans, and the range of costs to local governments, affected businesses, and individuals for alternative treatment and disposal methods. The report shall also include any recommendations for legislation or rule authority needed to reduce land application of septage.

Section 40. Section 381.00651, Florida Statutes, is created to read:

381.00651 Periodic evaluation and assessment of onsite sewage treatment and disposal systems.—

(1) For the purposes of this section, the term "first magnitude spring" means a spring that has a median water

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discharge of greater than or equal to 100 cubic feet per second for the period of record, as determined by the Department of Environmental Protection.

(2) A county or municipality containing a first magnitude spring that has not adopted an onsite sewage treatment and disposal system evaluation and assessment program, or that does not opt out of this section, shall develop and adopt by ordinance a local onsite sewage treatment and disposal system evaluation and assessment program that meets the requirements of this section within all or part of its geographic area. A county or municipality that does not contain a first magnitude spring may develop and adopt by ordinance a local onsite sewage treatment and disposal system evaluation and assessment program that meets the requirements of this section within all or part of its geographic area. By a majority vote of the local governing body, a county or municipality containing a first magnitude spring may opt out of the requirements of this section at any time before January 1, 2013, by adopting a separate resolution. A county or municipality that has adopted such a program before July 1, 2011, may continue to enforce its program, provided such program does not require an evaluation at the point of sale in a real estate transaction. A county or municipality that does not opt out of this section shall notify the Secretary of State by letter of the adoption of the ordinance pursuant to this section. The resolution shall be directed to and filed with the Secretary of State and shall state the intent of the county or municipality not to adopt an onsite sewage treatment and disposal system evaluation and

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charter provision to the contrary, a municipality may elect to opt out of the requirements of this section notwithstanding the decision of the governing body of the county in which the municipality is located. A county or municipality may subsequently adopt an ordinance imposing an onsite sewage treatment and disposal system evaluation and assessment program if the program meets the requirements of this section. A county or municipality may repeal an ordinance adopted pursuant to this section if the county or municipality notifies the Secretary of State by letter of the repeal. No county or municipality may adopt an onsite sewer treatment and disposal system evaluation and assessment program except pursuant to this section and shall provide for the following:

- (a) Evaluations.—An evaluation of each onsite sewage treatment and disposal system within all or part of the county's or municipality's jurisdiction must take place once every 5 years to assess the fundamental operational condition of the system and to identify system failures. The ordinance may not mandate an evaluation at the point of sale in a real estate transaction and may not require a soil examination. The location of the system shall be identified. A tank and drainfield evaluation and a written assessment of the overall condition of the system pursuant to the assessment procedure prescribed in paragraph (2) (d) are required.
- (b) Qualified contractors.—Each evaluation required under this subsection must be performed by a qualified contractor, who may be a septic tank contractor or master septic tank contractor

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engineer having wastewater treatment system experience and
licensed under chapter 471, or an environmental health
professional certified under this chapter in the area of onsite
sewage treatment and disposal system evaluation. Evaluations and
pump-outs may also be performed by an authorized employee
working under the supervision of an individual listed in this
paragraph; however, all evaluation forms must be signed by a
qualified contractor in writing or by electronic signature.

(c) Repair of systems.—The local ordinance may not require

a repair, modification, or replacement of a system as a result of an evaluation unless the evaluation identifies a system failure. For purposes of this subsection, the term "system failure" means a condition existing within an onsite sewage treatment and disposal system that results in the discharge of untreated or partially treated wastewater onto the ground surface or into surface water or that results in the failure of building plumbing to discharge properly and presents a sanitary nuisance. A system is not in failure if the system does not have a minimum separation distance between the drainfield and the wettest season water table or if an obstruction in a sanitary line or an effluent screen or filter prevents effluent from flowing into a drainfield. If a system failure is identified and several allowable remedial measures are available to resolve the failure, the system owner may choose the least costly allowable remedial measure to fix the system. There may be instances in which a pump-out is sufficient to resolve a system failure. Allowable remedial measures to resolve a system failure are

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limited to what is necessary to resolve the failure and must meet, to the maximum extent practicable, the requirements of the repair code in effect when the repair is made, subject to the exceptions specified in s. 381.0065(4)(g). An engineer-designed performance-based treatment system to reduce nutrients may not be required as an alternative remediation measure to resolve the failure of a conventional system.

(d) Exemptions:

- 1. The local ordinance shall exempt from the evaluation requirements any system that is required to obtain an operating permit pursuant to state law or that is inspected by the department pursuant to the annual permit inspection requirements of chapter 513.
- 2. The local ordinance may provide for an exemption or an extension of time to obtain an evaluation and assessment if connection to a sewer system is available, connection to the sewer system is imminent, and written arrangements for payment of any utility assessments or connection fees have been made by the system owner.
- 3. A septic tank system serving residential dwelling units on lots with a ratio of one bedroom per acre or greater is exempt from the requirements of this section and may not be included in any septic tank inspection program.
- (2) The following procedures shall be used for conducting evaluations:
- (a) Tank evaluation.—The tank evaluation shall assess the apparent structural condition and watertightness of the tank and shall estimate the size of the tank. The evaluation must include

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a pump-out. However, an ordinance may not require a pump-out if there is documentation indicating that a tank pump-out or a permitted new installation, repair, or modification of the system has occurred within the previous 5 years, identifying the capacity of the tank, and indicating that the condition of the tank is structurally sound and watertight. Visual inspection of the tank must be made when the tank is empty to detect cracks, leaks, or other defects. Baffles or tees must be checked to ensure that they are intact and secure. The evaluation shall note the presence and condition of outlet devices, effluent filters, and compartment walls; any structural defect in the tank; the condition and fit of the tank lid, including manholes; whether surface water can infiltrate the tank; and whether the tank was pumped out. If the tank, in the opinion of the qualified contractor, is in danger of being damaged by leaving the tank empty after inspection, the tank shall be refilled before concluding the inspection. Broken or damaged lids or manholes shall be replaced without obtaining a repair permit.

- (b) Drainfield evaluation.—The drainfield evaluation must include a determination of the approximate size and location of the drainfield. The evaluation shall state whether there is any sewage or effluent visible on the ground or discharging to a ditch or other water body and the location of any downspout or other source of water near or in the vicinity of the drainfield.
- (c) Special circumstances.—If the system contains pumps, siphons, or alarms, the following information may be provided at the request of the homeowner:
 - 1. An assessment of dosing tank integrity, including the

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- approximate volume and the type of material used in the tank's
 construction;
 - 2. Whether the pump is elevated off the bottom of the chamber and its operational status;
 - 3. Whether the system has a check valve and purge hole; and
 - 4. Whether the system has a high-water alarm, and if so whether the alarm is audio or visual or both, the location and operational condition of the alarm, and whether the electrical connections to the alarm appear satisfactory.
 - 5. If the homeowner does not request this information, the qualified contractor and its employee shall not be liable for any damages directly relating from a failure of the system's pumps, siphons, or alarms. This exclusion of liability shall be stated on the front cover of the report required under paragraph (d).
 - (d) Assessment procedure.—All evaluation procedures used by a qualified contractor shall be documented in the Environmental Health Database. The qualified contractor shall provide a copy of a written, signed evaluation report to the property owner upon completion of the evaluation and to the county health department within 30 days after the evaluation. The report shall contain the name and license number of the company providing the report. A copy of the evaluation report shall be retained by the local county health department for a minimum of 5 years and until a subsequent inspection report is filed. The front cover of the report must identify any system failure and include a clear and conspicuous notice to the owner

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that the owner has a right to have any remediation of the failure performed by a qualified contractor other than the contractor performing the evaluation. The report must further identify any crack, leak, improper fit, or other defect in the tank, manhole, or lid, and any other damaged or missing component; any sewage or effluent visible on the ground or discharging to a ditch or other surface water body; any downspout, stormwater, or other source of water directed onto or toward the system; and any other maintenance need or condition of the system at the time of the evaluation that, in the opinion of the qualified contractor, would possibly interfere with or restrict any future repair or modification to the existing system. The report shall conclude with an overall assessment of the fundamental operational condition of the system.

evaluation program on behalf of a county, or a municipality within the county, that has adopted an evaluation program pursuant to this section. In order to administer the evaluation program, the county or municipality, in consultation with the county health department, may develop a reasonable fee schedule to be used solely to pay for the costs of administering the evaluation program. Such a fee schedule shall be identified in the ordinance that adopts the evaluation program. When arriving at a reasonable fee schedule, the estimated annual revenues to be derived from fees may not exceed reasonable estimated annual costs of the program. Fees shall be assessed to the system owner during an inspection and separately identified on the invoice of the qualified contractor. Fees shall be remitted by the

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qualified contractor to the county health department. The county
health department's administrative responsibilities include the
following:

- (a) Providing a notice to the system owner at least 60 days before the system is due for an evaluation. The notice may include information on the proper maintenance of onsite sewage treatment and disposal systems.
- (b) In consultation with the Department of Health, providing uniform disciplinary procedures and penalties for qualified contractors who do not comply with the requirements of the adopted ordinance, including, but not limited to, failure to provide the evaluation report as required in this subsection to the system owner and the county health department. Only the county health department may assess penalties against system owners for failure to comply with the adopted ordinance, consistent with existing requirements of law.
- (4) (a) A county or municipality that adopts an onsite sewage treatment and disposal system evaluation and assessment program pursuant to this section shall notify the Secretary of Environmental Protection, the Department of Health, and the applicable county health department upon the adoption of its ordinance establishing the program.
- (b) Upon receipt of the notice under paragraph (a), the

 Department of Environmental Protection shall, within existing
 resources, notify the county or municipality of the potential
 use of, and access to, program funds under the Clean Water State

 Revolving Fund or s. 319 of the Clean Water Act, provide
 guidance in the application process to receive such moneys, and

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provide advice and technical assistance to the county or
municipality on how to establish a low-interest revolving loan
program or how to model a revolving loan program after the low-
interest loan program of the Clean Water State Revolving Fund.
This paragraph does not obligate the Department of Environmental
Protection to provide any county or municipality with money to
fund such programs.

- (c) The Department of Health may not adopt any rule that alters the provisions of this section.
- (d) The Department of Health must provide access to the Environmental Health Database to county Health Departments and qualified contractors for use in the requirement of this section for the assimilation of data to track relevant information resulting from an assessment and evaluation of the overall condition of onsite sewage treatment and disposal systems. The Environmental Health Database shall be used by contractors to report all service and evaluation events and by the county health department to notify owners of onsite sewage treatment and disposal systems when evaluations are due. Data and information shall be recorded and updated as service and evaluations are conducted and reported.
 - (5) This section does not:
- (a) Derogate or limit county and municipal home rule authority to act outside the scope of the evaluation and assessment program set forth in this section.
- (b) Repeal or affect any other law relating to the subject matter of this section.
 - (c) Prohibit a county or municipality that has adopted an

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evaluation and assessment program pursuant to this section from:

- 1. Enforcing existing ordinances or adopting new ordinances relating to onsite sewage treatment facilities to address public health and safety if such ordinances do not repeal, suspend, or alter the requirements or limitations of this section.
- 2. Adopting local environmental and pollution abatement measures for water quality improvement as provided for by law if such measures do not repeal, suspend, or alter the requirements or limitations of this section.
- 3. Exercising its independent and existing authority to use and meet the requirements of s. 381.00655.
- 2365 Section 41. <u>Section 381.00656, Florida Statutes, is</u> 2366 repealed.
 - Section 42. Subsection (2) of section 381.0066, Florida Statutes, is amended to read:
- 2369 381.0066 Onsite sewage treatment and disposal systems; 2370 fees.—
 - (2) The minimum fees in the following fee schedule apply until changed by rule by the department within the following limits:
 - (a) Application review, permit issuance, or system inspection, including repair of a subsurface, mound, filled, or other alternative system or permitting of an abandoned system: a fee of not less than \$25, or more than \$125.
 - (b) A 5-year evaluation report submitted pursuant to s.

 381.0065(5): a fee not less than \$15, or more than \$30. At least \$1 and no more than \$5 collected pursuant to this paragraph

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2381 shall be used to fund a grant program established under s. 2382 381.00656.

- (b) (e) Site evaluation, site reevaluation, evaluation of a system previously in use, or a per annum septage disposal site evaluation: a fee of not less than \$40, or more than \$115.
- $\underline{\text{(c)}}$ Biennial Operating permit for aerobic treatment units or performance-based treatment systems: a fee of not more than \$100.
- (d) (e) Annual operating permit for systems located in areas zoned for industrial manufacturing or equivalent uses or where the system is expected to receive wastewater which is not domestic in nature: a fee of not less than \$150, or more than \$300.
 - (e) (f) Innovative technology: a fee not to exceed \$25,000.
- (f)(g) Septage disposal service, septage stabilization facility, portable or temporary toilet service, tank manufacturer inspection: a fee of not less than \$25, or more than \$200, per year.
- $\underline{\text{(g)}}$ (h) Application for variance: a fee of not less than \$150, or more than \$300.
- $\underline{\text{(h)}}$ Annual operating permit for waterless, incinerating, or organic waste composting toilets: a fee of not less than \$15 \$50, or more than \$30 \$150.
- (i)(j) Aerobic treatment unit or performance-based treatment system maintenance entity permit: a fee of not less than \$25, or more than \$150, per year.
- (j) (k) Reinspection fee per visit for site inspection after system construction approval or for noncompliant system

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installation per site visit: a fee of not less than \$25, or more than \$100.

- (k) (1) Research: An additional \$5 fee shall be added to each new system construction permit issued to be used to fund onsite sewage treatment and disposal system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this section shall be used for funding the hands-on training centers described in s. 381.0065(3)(j).
- (1) (m) Annual operating permit, including annual inspection and any required sampling and laboratory analysis of effluent, for an engineer-designed performance-based system: a fee of not less than \$150, or more than \$300.

On or before January 1, 2011, the Surgeon General, after consultation with the Revenue Estimating Conference, shall determine a revenue neutral fee schedule for services provided pursuant to s. 381.0065(5) within the parameters set in paragraph (b). Such determination is not subject to the provisions of chapter 120. The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to be used for the purposes stated in this section and ss. 381.0065 and 381.00655.

Section 43. Section 381.0068, Florida Statutes, is amended to read:

381.0068 Technical review and advisory panel.-

(1) The Department of Health shall, by July 1, 1996, establish and staff a technical review and advisory panel to

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assist the department with rule adoption.

The primary purpose of the panel is to assist the department in rulemaking and decisionmaking by drawing on the expertise of representatives from several groups that are affected by onsite sewage treatment and disposal systems. The panel may also review and comment on any legislation or any existing or proposed state policy or issue related to onsite sewage treatment and disposal systems. If requested by the panel, the chair will advise any affected person or member of the Legislature of the panel's position on the legislation or any existing or proposed state policy or issue. The chair may also take such other action as is appropriate to allow the panel to function. At a minimum, the panel shall consist of a soil scientist; a professional engineer registered in this state who is recommended by the Florida Engineering Society and who has work experience in onsite sewage treatment and disposal systems; two representatives from the home-building industry recommended by the Florida Home Builders Association, including one who is a developer in this state who develops lots using onsite sewage treatment and disposal systems; a representative from the county health departments who has experience permitting and inspecting the installation of onsite sewage treatment and disposal systems in this state; a representative from the real estate industry who is recommended by the Florida Association of Realtors; a consumer representative with a science background; two representatives of the septic tank industry recommended by the Florida Onsite Wastewater Association, including one who is a manufacturer of onsite sewage treatment and disposal systems; a

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representative from local government who is knowledgeable about domestic wastewater treatment and who is recommended by the Florida Association of Counties and the Florida League of Cities; and a representative from the environmental health profession who is recommended by the Florida Environmental Health Association and who is not employed by a county health department. Members are to be appointed for a term of 2 years. The panel may also, as needed, be expanded to include ad hoc, nonvoting representatives who have topic-specific expertise. All rules proposed by the department which relate to onsite sewage treatment and disposal systems must be presented to the panel for review and comment prior to adoption. The panel's position on proposed rules shall be made a part of the rulemaking record that is maintained by the agency. The panel shall select a chair, who shall serve for a period of 1 year and who shall direct, coordinate, and execute the duties of the panel. The panel shall also solicit input from the department's variance review and advisory committee before submitting any comments to the department concerning proposed rules. The panel's comments must include any dissenting points of view concerning proposed rules. The panel shall hold meetings as it determines necessary to conduct its business, except that the chair, a quorum of the voting members of the panel, or the department may call meetings. The department shall keep minutes of all meetings of the panel. Panel members shall serve without remuneration, but, if requested, shall be reimbursed for per diem and travel expenses as provided in s. 112.061. Section 44. Section 381.00781, Florida Statutes, is

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381.00781 Fees; disposition.-

- (1) The department shall establish by rule the following fees:
- (a) Fee for the initial licensure of a tattoo establishment and the renewal of such license, which, except as provided in subsection (2), may not exceed \$250 per year.
- (b) Fee for licensure of a temporary establishment, which, except as provided in subsection (2), may not exceed \$250.
- (c) Fee for the initial licensure of a tattoo artist and the renewal of such license, which, except as provided in subsection (2), may not exceed \$150 per year.
- (d) Fee for registration or reregistration of a guest tattoo artist, which, except as provided in subsection (2), may not exceed \$45.
- (e) Fee for reactivation of an inactive tattoo establishment license or tattoo artist license. A license becomes inactive if it is not renewed before the expiration of the current license.
- (2) The department may annually adjust the maximum fees authorized under subsection (1) according to the rate of inflation or deflation indicated by the Consumer Price Index for All Urban Consumers, U.S. City Average, All Items, as reported by the United States Department of Labor.
- 2517 Section 45. Subsection (1) of section 381.0086, Florida 2518 Statutes, is amended to read:
- 2519 381.0086 Rules; variances; penalties.—
 - (1) The department shall adopt rules necessary to protect

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the health and safety of migrant farmworkers and other migrant labor camp or residential migrant housing occupants, including rules governing field sanitation facilities. These rules must include definitions of terms, provisions relating to a process for plan review of the construction of new, expanded, or remodeled camps or residential migrant housing, sites, buildings and structures; and standards for personal hygiene facilities, lighting, sewage disposal, safety, minimum living space per occupant, bedding, food equipment, food storage and preparation, insect and rodent control, garbage, heating equipment, water supply, maintenance and operation of the camp, or housing, -or roads, and such other matters as the department finds to be appropriate or necessary to protect the life and health of the occupants. Housing operated by a public housing authority is exempt from the provisions of any administrative rule that conflicts with or is more stringent than the federal standards applicable to the housing.

Section 46. Subsection (1) of section 381.0098, Florida Statutes, is amended to read:

381.0098 Biomedical waste.-

(1) LEGISLATIVE INTENT.—It is the intent of the Legislature to protect the public health by establishing standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste. Except as otherwise provided herein, the Department of Health shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate onsite and offsite incineration and disposal of biomedical waste.

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Consistent with the foregoing, the Department of Health shall have the exclusive authority to establish treatment efficacy standards for biomedical waste and the Department of Environmental Protection shall have the exclusive authority to establish statewide standards relating to environmental impacts, if any, of treatment and disposal including, but not limited to, water discharges and air emissions. An interagency agreement between the Department of Environmental Protection and the Department of Health shall be developed to ensure maximum efficiency in coordinating, administering, and regulating biomedical wastes.

Section 47. Subsections (1), (2), and (4) of section 381.0101, Florida Statutes, are amended, and subsequent subsections are renumbered, to read:

381.0101 Environmental health professionals.-

(1) LEGISLATIVE INTENT.—Persons responsible for providing technical and scientific evaluations of environmental health and sanitary conditions in business establishments and communities throughout the state may create a danger to the public health if they are not skilled or competent to perform such evaluations. The public relies on the judgment of environmental health professionals employed by both government agencies and industries to assure them that environmental hazards are identified and removed before they endanger the health or safety of the public. The purpose of this section is to assure the public that persons specifically responsible for performing environmental health and sanitary evaluations have been certified by examination as competent to perform such work.

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- (12) DEFINITIONS.—As used in this section:
- (a) "Board" means the Environmental Health Professionals Advisory Board.
 - (b) "Department" means the Department of Health.
- (c) "Environmental health" means that segment of public health work which deals with the examination of those factors in the human environment which may impact adversely on the health status of an individual or the public.
- (d) "Environmental health professional" means a person who is employed or assigned the responsibility for assessing the environmental health or sanitary conditions, as defined by the department, within a building, on an individual's property, or within the community at large, and who has the knowledge, skills, and abilities to carry out these tasks. Environmental health professionals may be either field, supervisory, or administrative staff members.
- (e) "Certified" means a person who has displayed competency to perform evaluations of environmental or sanitary conditions through examination.
- (ef) "Registered sanitarian," "R.S.," "Registered Environmental Health Specialist," or "R.E.H.S." means a person who has been certified by either the National Environmental Health Association or the Florida Environmental Health Association as knowledgeable in the environmental health profession.
- (<u>fg</u>) "Primary environmental health program" means those programs determined by the department to be essential for providing basic environmental and sanitary protection to the

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public. At a minimum, these programs shall include food protection program work and onsite sewage treatment and disposal system evaluations.

- $(\underline{23})$ CERTIFICATION REQUIRED.—No person shall perform environmental health or sanitary evaluations in any primary program area of environmental health without being certified by the department as competent to perform such evaluations. This section does not apply to:
- (a) Persons performing inspections of public food service establishments licensed under chapter 509; or
- (b) Persons performing site evaluations in order to determine proper placement and installation of onsite wastewater treatment and disposal systems who have successfully completed a department-approved soils morphology course and who are working under the direct responsible charge of an engineer licensed under chapter 471.
- $(\underline{34})$ ENVIRONMENTAL HEALTH PROFESSIONALS ADVISORY BOARD.— The State Health Officer shall appoint an advisory board to assist the department in the promulgation of rules for certification, testing, establishing standards, and seeking enforcement actions against certified professionals.
- (a) The board shall be comprised of the <u>Bureau</u>

 <u>ChiefDivision Director</u> for Environmental Health or his or her designee, one individual who will be certified under this section, one individual not employed in a governmental capacity who will or does employ a certified environmental health professional, one individual whose business is or will be evaluated by a certified environmental health professional, a

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citizen of the state who neither employs nor is routinely evaluated by a person certified under this section.

- (b) The board shall advise the department as to the minimum disciplinary guidelines and standards of competency and proficiency necessary to obtain certification in a primary area of environmental health practice.
- 1. The board shall recommend primary areas of environmental health practice in which environmental health professionals should be required to obtain certification.
- 2. The board shall recommend minimum standards of practice which the department shall incorporate into rule.
- 3. The board shall evaluate and recommend to the department existing registrations and certifications which meet or exceed minimum department standards and should, therefore, exempt holders of such certificates or registrations from compliance with this section.
- 4. The board shall hear appeals of certificate denials, revocation, or suspension and shall advise the department as to the disposition of such an appeal.
- 5. The board shall meet as often as necessary, but no less than semiannually, handle appeals to the department, and conduct other duties of the board.
- 6. Members of the board shall receive no compensation but are entitled to reimbursement for per diem and travel expenses in accordance with s. 112.061.
- Section 81. <u>Section 381.0201, Florida Statutes, is</u> repealed.
 - Section 48. Section 381.0203, Florida Statutes, is amended

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2661 to read:

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381.0203 Pharmacy services.—

- (1) The department may contract on a statewide basis for the purchase of drugs, as defined in s. 499.003, to be used by state agencies and political subdivisions, and may adopt rules to administer this section.
- (2) The department shall establish and maintain a pharmacy services program, including, but not limited to:
- (a) A central pharmacy to support pharmaceutical services provided by the county health departments, including pharmaceutical repackaging, dispensing, and the purchase and distribution of immunizations and other pharmaceuticals.
- (b) Regulation of drugs, cosmetics, and household products pursuant to chapter 499.
- (\underline{be}) Consultation to county health departments as required by s. 154.04(1)(c).
- (d) A contraception distribution program which shall be implemented, to the extent resources permit, through the licensed pharmacies of county health departments. A woman who is eligible for participation in the contraceptive distribution program is deemed a patient of the county health department.
- 2682 1. To be eligible for participation in the program a woman 2683 must:
- 2684 a. Be a client of the department or the Department of

 Children and Family Services.
- 2686 b. Be of childbearing age with undesired fertility.

2688 federal poverty level.

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2689	d. Have no Medicaid benefits or applicable	health
2690	insurance benefits.	

- e. Have had a medical examination by a licensed health care provider within the past 6 months.
- 2693 <u>f. Have a valid prescription for contraceptives that are</u> 2694 <u>available through the contraceptive distribution program.</u>
- 2695 g. Consent to the release of necessary medical information to the county health department.
- - 3. The department may adopt rules to administer this program.

Section 49. Subsection (1) of section 381.0261, Florida Statutes, is amended to read:

381.0261 Summary of patient's bill of rights; distribution; penalty.—

Administration shall publish on its Internet websitehave printed and made continuously available to health care facilities

licensed under chapter 395, physicians licensed under chapter

458, osteopathic physicians licensed under chapter 459, and podiatric physicians licensed under chapter 461 a summary of the Florida Patient's Bill of Rights and Responsibilities. In adopting and making available to patients the summary of the Florida Patient's Bill of Rights and Responsibilities, health care providers and health care facilities are not limited to the format in which the Department of Health Agency for Health Care

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Administration publishesprints and distributes the summary.

Section 50. Section 381.0301, Florida Statutes, is amended to read:

381.0301 Education and resource development.-

(1) The department shall foster the recruitment, retention, and continuing education and training of health professionals and managers needed to administer the public health mission. This responsibility shall be conducted in cooperation with federal, state, and local agencies whose purpose is to prepare persons for service in public health, especially the Centers for Disease Control and Prevention, the State University System, Florida medical schools, and the College of Public Health of the University of South Florida. To support the department in this endeavor:

Health of the University of South Florida assume a leadership role within the public health system through the development of academic programs intended to meet this state's unique health care, environmental, economic, political, and social service needs. Beyond its roles as educator of public health professionals in this state and as sponsor of relevant academic research, the School of Public Health shall be consulted by the public officials of this state in the management of public health affairs.

Section 51. <u>Section 381.0302</u>, Florida Statutes, is repealed.

Section 52. Subsection (5) of section 381.0303, Florida 2744 Statutes, is amended to read:

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381.0303 Special needs shelters.-

- (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State Surgeon General may establish a special needs shelter interagency committee and serve as, or appoint a designee to serve as, the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties. The committee shall address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters.
 - (a) The committee shall :
- $\frac{1.}{D}\underline{d}$ evelop, negotiate, and regularly review any necessary interagency agreements, and.
- 2. Undertake other such activities as the department deems necessary to facilitate the implementation of this section.
 - 3. Submit recommendations to the Legislature as necessary.
- (b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health, medical, and social services organizations. Membership shall include, but shall not be limited to, representatives of the Departments of Health, Children and Family Services, Elderly Affairs, and Education; the Agency for Health Care Administration; the Division of Emergency Management; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care Association; the Florida Assisted Living Affiliation; the

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Florida Hospital Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness Association; the American Red Cross; Florida Hospices and Palliative Care, Inc.; the Association of Community Hospitals and Health Systems; the Florida Association of Health Maintenance Organizations; the Florida League of Health Systems; the Private Care Association; the Salvation Army; the Florida Association of Aging Services Providers; the AARP; and the Florida Renal Coalition.

(c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the expense of the agencies or organizations they represent. The committee shall make every effort to use teleconference or videoconference capabilities in order to ensure statewide input and participation.

Section 53. <u>Section 381.04015</u>, Florida Statutes, is repealed.

Section 54. <u>Section 381.0402</u>, Florida Statutes, is repealed.

Section 55. Subsections (1), (2), (3), and (4) of section 381.0403, Florida Statutes, are amended to read:

381.0403 The Community Hospital Education Act.-

- (1) SHORT TITLE.—This section shall be known and cited as "The Community Hospital Education Act."
 - (2) LEGISLATIVE INTENT.
- (a) It is the intent of the Legislature that health care services for the citizens of this state be upgraded and that a program for continuing these services be maintained through a

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plan for community medical education. The A program is intended established to plan for community medical education, provide additional outpatient and inpatient services, a continuing increase the supply of highly trained physicians, and expand graduate medical education.

- (b) The Legislature further acknowledges the critical need for increased numbers of primary care physicians to provide the necessary current and projected health and medical services. In order to meet both present and anticipated needs, the Legislature supports an expansion in the number of family practice residency positions. The Legislature intends that the funding for graduate education in family practice be maintained and that funding for all primary care specialties be provided at a minimum of \$10,000 per resident per year. Should funding for this act remain constant or be reduced, it is intended that all programs funded by this act be maintained or reduced proportionately.
- (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND LOCAL PLANNING.—
- (a) There is established under the Department of Health a program for statewide graduate medical education. It is intended that continuing graduate medical education programs for interns and residents be established on a statewide basis. The program shall provide financial support for primary care specialty interns and residents based on policies recommended and approved by recommendations of the Community Hospital Education Council, herein established, and the Department of Health, as authorized by the General Appropriations Act. Only those programs with at

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least three residents or interns in each year of the training program are qualified to apply for financial support. Programs with fewer than three residents or interns per training year are qualified to apply for financial support, but only if the appropriate accrediting entity for the particular specialty has approved the program for fewer positions. New pPrograms added after fiscal year 1997-1998 shall have 5 years to attain the requisite number of residents or interns. When feasible and to the extent allowed through the General Appropriations Act, state funds shall be used to generate federal matching funds under Medicaid, or other federal programs, and the resulting combined state and federal funds shall be allocated to participating hospitals for the support of graduate medical education.

- (b) For the purposes of this section, primary care specialties include emergency medicine, family practice, internal medicine, pediatrics, psychiatry, obstetrics/gynecology, and combined pediatrics and internal medicine, and other primary care specialties as may be included by the council and Department of Health.
- (c) Medical institutions throughout the state may apply to the Community Hospital Education Council for grants-in-aid for financial support of their approved programs. Recommendations for funding of approved programs shall be forwarded to the Department of Health.
- (d) The program shall provide a plan for community clinical teaching and training with the cooperation of the medical profession, hospitals, and clinics. The plan shall also include formal teaching opportunities for intern and resident

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training. In addition, the plan shall establish an off-campus medical faculty with university faculty review to be located throughout the state in local communities.

- (4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.-
- (a) There is established under the Department of Health a program for fostering graduate medical education innovations. Funds appropriated annually by the Legislature for this purpose shall be distributed to participating hospitals or consortia of participating hospitals and Florida medical schools or to a Florida medical school for the direct costs of providing graduate medical education in community-based clinical settings on a competitive grant or formula basis to achieve state health care workforce policy objectives, including, but not limited to:
- 1. Increasing the number of residents in primary care and other high demand specialties or fellowships;
- 2. Enhancing retention of primary care physicians in Florida practice;
- 3. Promoting practice in medically underserved areas of the state;
- 4. Encouraging racial and ethnic diversity within the state's physician workforce; and
 - 5. Encouraging increased production of geriatricians.
- (b) Participating hospitals or consortia of participating hospitals and Florida medical schools or a Florida medical school providing graduate medical education in community-based clinical settings may apply to the Community Hospital Education Council for funding under this innovations program. Innovations program funding shall be allocated provide funding based on

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recommendations of	_ policies :	recommend	ed and	approved	-by_	the
Community Hospital	Education	Council a	and the	Departme	ent	of
Health, as authori	zed by the	General A	Appropr	iations A	Act.	

(c) Participating hospitals or consortia of participating hospitals and Florida medical schools or Florida medical schools awarded an innovations grant shall provide the Community Hospital Education Council and Department of Health with an annual report on their project.

Section 56. Subscetion (7) of section 381.0405, Florida Statutes, is amended to read:

381.0405 Office of Rural Health.-

(7) APPROPRIATION.—The Legislature shall appropriate such sums as are necessary to support the Office of Rural Health.

Section 57. Subsection (3) of section 381.0406, Florida Statutes, is amended to read:

381.0406 Rural health networks.-

(3) Because each rural area is unique, with a different health care provider mix, hHealth care provider membership may vary, but all networks shall include members that provide public health, comprehensive primary care, emergency medical care, and acute inpatient care.

Section 58. Effective October 1, 2014, section 381.0407, Florida Statutes, is repealed.

Section 59. <u>Section 381.045</u>, Florida Statutes, is repealed.

Section 60. Subsection (7) of section 381.06015, Florida Statutes, is amended to read:

381.06015 Public Cord Blood Tissue Bank.-

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2913	(7) In order to rund the provisions or this section the
2914	consortium participants, the Agency for Health Care
2915	Administration, and the Department of Health shall seek private
2916	or federal funds to initiate program actions for fiscal year
2917	2000-2001.
2918	Section 61. Section 381.0605, Florida Statutes, is
2919	repealed.
2920	Section 62. Section 381.102, Florida Statutes, is
2921	repealed.
2922	Section 63. Section 381.103, Florida Statutes, is
2923	repealed.
2924	Section 64. Subsection (2) of section 381.4018, Florida
2925	Statutes, is amended, and subsequent subsections are renumbered,
2926	to read:
2927	381.4018 Physician workforce assessment and development
2928	(2) LEGISLATIVE INTENTThe Legislature recognizes that
2929	physician workforce planning is an essential component of
2930	ensuring that there is an adequate and appropriate supply of
2931	well-trained physicians to meet this state's future health care
2932	service needs as the general population and elderly population
2933	of the state increase. The Legislature finds that items to
2934	consider relative to assessing the physician workforce may
2935	include physician practice status; specialty mix; geographic
2936	distribution; demographic information, including, but not
2937	limited to, age, gender, race, and cultural considerations; and
2938	needs of current or projected medically underserved areas in the

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a medical student enters medical school

Long-term strategic planning is essential as the period

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completion of graduate medical education may range from 7 to 10 years or longer. The Legislature recognizes that strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality medical schools and graduate medical education programs in this state, as well as using new or existing state and federal programs providing incentives for physicians to practice in needed specialties and in underserved areas in a manner that addresses projected needs for physician manpower.

Section 65. Section 381.60225, Florida Statutes, is repealed.

Section 66. <u>Section 381.732</u>, Florida Statutes, is repealed.

Section 67. <u>Section 381.733</u>, Florida Statutes, is repealed.

Section 68. <u>Section 381.734</u>, Florida Statutes, is repealed.

Section 69. Section 381.7352, Florida Statutes, is amended to read:

381.7352 Legislative findings and intent.-

(1) The Legislature finds that despite state investments in health care programs, certain racial and ethnic populations in Florida continue to have significantly poorer health outcomes when compared to non-Hispanic whites. The Legislature finds that local solutions to health care problems can have a dramatic and positive effect on the health status of these populations. Local governments and communities are best equipped to identify the health education, health promotion, and disease prevention needs

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of the racial and ethnic populations in their communities, mobilize the community to address health outcome disparities, enlist and organize local public and private resources, and faith-based organizations to address these disparities, and evaluate the effectiveness of interventions. (2) It is therefore the intent of the Legislature to provide funds within Florida counties and Front Porch Florida Communities, in the form of Reducing Racial and Ethnic Health Disparities: Closing the Gap grants, to stimulate the development of community-based and neighborhood-based projects which will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the Legislature that these programs foster the development of coordinated, collaborative, and broad-based participation by public and private entities, and faith-based organizations. Finally, it is the intent of the Legislature that the grant program function as a partnership between state and local governments, faith-based organizations, and private sector health care providers, including managed care, voluntary health care resources, social

Section 70. Subsection (3) of section 381.7353, Florida Statutes, is amended, to read:

service providers, and nontraditional partners.

381.7353 Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program; administration; department duties.—

(3) Pursuant to s. 20.43(6), the State Surgeon General may appoint an ad hoc advisory committee to: examine areas where public awareness, public education, research, and coordination

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regarding racial and ethnic health outcome disparities are lacking; consider access and transportation issues which contribute to health status disparities; and make recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities that exist between racial and ethnic populations.

Section 71. Subsection (4) of section 381.7356, Florida Statutes, is amended, and subsequent subsections are renumbered, to read:

381.7356 Local matching funds; grant awards.-

(4) Dissemination of grant awards shall begin no later than January 1, 2001.

Section 72. Subsection (3) of section 381.765, Florida Statutes, is amended to read:

381.765 Retention of title to and disposal of equipment.-

- (1) The department may retain title to any property, tools, instruments, training supplies, equipment, or other items of value acquired for services provided under the brain and spinal cord injury program or for personnel employed in operating the brain and spinal cord injury program, and may repossess or transfer such property, tools, instruments, supplies, equipment, or other items of value.
- (2) The department may offer for sale any surplus items acquired in operating the brain and spinal cord injury program when they are no longer necessary or exchange them for necessary items that may be used to greater advantage. When any such surplus equipment is sold or exchanged, a receipt for the equipment shall be taken from the purchaser showing the

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consideration given for such equipment and forwarded to the Chief Financial Officer, and any funds received by the brain and spinal cord injury program pursuant to any such transaction shall be deposited in the Brain and Spinal Cord Injury Program Trust Fund and shall be available for expenditure for any purpose consistent with ss. 381.739-381.79.

- (3) The department may adopt rules relating to records and recordkeeping for department-owned property referenced in subsections (1) and (2).
- Section 73. Section 381.77, Florida Statutes, is repealed.

 Section 74. Section 381.795, Florida Statutes, is repealed.

Section 75. Subsection (1) of section 381.853, Florida Statutes, is removed, and subsequent subsections renumbered, to read:

381.853 Florida Center for Brain Tumor Research.-

(1) The Legislature finds that each year an estimated 190,000 citizens of the United States are diagnosed with cancerous and noncancerous brain tumors and that biomedical research is the key to finding cures for these tumors. The Legislature further finds that, although brain tumor research is being conducted throughout the state, there is a lack of coordinated efforts among researchers and health care providers. Therefore, the Legislature finds that there is a significant need for a coordinated effort to achieve the goal of curing brain tumors. The Legislature further finds that the biomedical technology sector meets the criteria of a high-impact sector, pursuant to s. 288.108(6), having a high importance to the

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ORIGINAL

3053	state's economy with a significant potential for growth and
3054	contribution to our universities and quality of life.
3055	Section 76. Section 381.855, Florida Statutes, is
3056	repealed.
3057	Section 77. Section 381.87, Florida Statutes, is repealed.
3058	Section 78. Section 381.895, Florida Statutes, is
3059	repealed.
3060	Section 79. Section 381.90, Florida Statutes, is repealed.
3061	Section 80. Subsection (1) of section 381.91, Florida
3062	Statutes, is amended to read:
3063	381.91 Jessie Trice Cancer Prevention Program
3064	(1) It is the intent of the Legislature to:
3065	(a) Reduce the rates of illness and death from lung cancer
3066	and other cancers and improve the quality of life among low-
3067	income African-American and Hispanic populations through
3068	increased access to early, effective screening and diagnosis,
3069	education, and treatment programs.
3070	(b) Create a community faith-based disease-prevention
3071	program in conjunction with the Health Choice Network and other
3072	community health centers to build upon the natural referral and
3073	education networks in place within minority communities and to
3074	increase access to health service delivery in Florida, and \cdot
3075	$\frac{(c)-E_{\underline{0}}}{E_{\underline{0}}}$ stablish a funding source to build upon local
3076	private participation to sustain the operation of the program.
3077	Section 81. Subsection (5) of section 381.922, Florida
3078	Statutes, is amended to read:
3079	381.922 William G. "Bill" Bankhead, Jr., and David Coley

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CODING: Words stricken are deletions; words underlined are additions.

Cancer Research Program.-

YEAR

Cancer Research Program is funded pursuant to s. 215.5602(12). Funds appropriated for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer and cancer-related illnesses, with emphasis given to the goals enumerated in this section. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses. From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

Section 82. <u>Section 385.210, Florida Statutes, is repealed.</u>

Section 83. Section 391.016, Florida Statutes, is amended to read:

- 391.016 <u>Purposes and functions Legislative intent</u>.—The <u>Legislature intends that the Children's Medical Services program is established for the following purposes and authorized to perform the following functions:</u>
- (1) Provide to children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric specialty care. The program shall coordinate and maintain a consistent may provide for the coordination and maintenance of consistency of the medical home for participating children—in families with a Children's Medical Services program participant,

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3109 in order to achieve family-centered care.

- (2) Provide essential preventive, evaluative, and early intervention services for children at risk for or having special health care needs, in order to prevent or reduce long-term disabilities.
- (3) Establish and maintain a provider service network Serve as a principal provider for children with special health care needs under Titles XIX and XXI of the Social Security Act and other eligible children.
- (4) Be complementary to children's health training programs essential for the maintenance of a skilled pediatric health care workforce for all Floridians.

Section 84. Section 391.021, Florida Statutes, is amended to read:

391.021 Definitions.—When used in this act, unless the context clearly indicates otherwise:

- (1) "Children's Medical Services network" or "network" means a statewide <u>provider service network managed care service</u> system that includes health care providers, as defined in this section.
- (2) "Children with special health care needs" means those children younger than 21 years of age who have chronic and serious physical, developmental, behavioral, or emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children.
 - (3) "Department" means the Department of Health.
 - (4) "Eliqible individual" means a child with a special

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health care need or a female with a high-risk pregnancy, who meets the financial and medical eligibility standards established in s. 391.029.

- (5) "Health care provider" means a health care professional, health care facility, or entity licensed or certified to provide health services in this state that meets the criteria as established by the department.
- (6) "Health services" includes the prevention, diagnosis, and treatment of human disease, pain, injury, deformity, or disabling conditions.
- (7) "Participant" means an eligible individual who is enrolled in the Children's Medical Services program.
- (8) "Program" means the Children's Medical Services program established in the department.

3151 Section 85. Section 391.025, Florida Statutes, is amended 3152 to read:

391.025 Applicability and scope.

- (1) The Children's Medical Services program consists of the following components:
- 3156 (a) The newborn screening program established in s. 3157 383.14.
- 3158 (b) The regional perinatal intensive care centers program as 3159 established in ss. 383.15-383.21.
- 3160 (c) A federal or state program authorized by the 3161 Legislature.
- 3162 (<u>cd</u>) The developmental evaluation and intervention 3163 program, including the Florida Infants and Toddlers Early 3164 Intervention Program.

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- (de) The Children's Medical Services network.
- (2) The Children's Medical Services program shall not be deemed an insurer and is not subject to the licensing requirements of the Florida Insurance Code or the rules adopted thereunder, when providing services to children who receive Medicaid benefits, other Medicaid-eligible children with special health care needs, and children participating in the Florida Kidcare program.

Section 86. Section 391.026, Florida Statutes, is amended to read:

- 391.026 Powers and duties of the department.—The department shall have the following powers, duties, and responsibilities:
- (1) To provide or contract for the provision of health services to eligible individuals.
- (2) To determine the medical and financial eligibility standards for the program and to determine the medical and financial eligibility of individuals seeking health services from the program.
- (3) To recommend priorities for the implementation of comprehensive plans and budgets.
- $(\underline{3}4)$ To coordinate a comprehensive delivery system for eligible individuals to take maximum advantage of all available funds.
- $(\underline{45})$ To promote, establish, and coordinate with programs relating to children's medical services in cooperation with other public and private agencies and to coordinate funding of health care programs with federal, state, or local indigent

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health care funding mechanisms.

- $(\underline{56})$ To initiate, and coordinate, and request review of applications to federal agencies and private organizations and state agencies for funds, services, or commodities relating to children's medical programs.
- $(\underline{67})$ To sponsor or promote grants for projects, programs, education, or research in the field of medical needs of children with special health needs, with an emphasis on early diagnosis and treatment.
- $(\underline{78})$ To oversee and operate, or oversee operation by a contracted network manager, the Children's Medical Services network.
- (89) To establish <u>financial management procedures</u>, or oversee the financial management procedures of a contracted network manager, reimbursement mechanisms for the Children's Medical Services network.
- $(\underline{910})$ To establish Children's Medical Services network standards and credentialing requirements for health care providers and health care services.
- $(\underline{1011})$ To serve as a provider and principal case manager for children with special health care needs under Titles XIX and XXI of the Social Security Act.
- $(\underline{1112})$ To monitor the provision of health services in the program, including the utilization and quality of health services.
- $(\underline{1213})$ To administer the Children with Special Health Care Needs program in accordance with Title V of the Social Security Act.

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- $(\underline{1314})$ To establish and operate a grievance resolution process for participants and health care providers.
- $(\underline{1415})$ To maintain program integrity in the Children's Medical Services program.
- (1516) To receive and manage health care premiums, capitation payments, and funds from federal, state, local, and private entities for the program. The department may contract with a third-party administrator for processing claims, monitoring medical expenses, and other related services necessary to the efficient and cost-effective operation of the Children's Medical Services network. The department is authorized to maintain a minimum reserve for the Children's Medical Services network in an amount that is the greater of:
- (a) Ten percent of total projected expenditures for Title XIX-funded and Title XXI-funded children; or
- (b) Two percent of total annualized payments from the Agency for Health Care Administration for Title XIX and Title XXI of the Social Security Act.
- (1617) To provide or contract for appoint health care consultants for the purpose of providing peer review and other quality improvement activities making recommendations to enhance the delivery and quality of services in the Children's Medical Services program.
- (1718) To adopt rules pursuant to ss. 120.536(1) and 120.54 to administer the Children's Medical Services Act. The rules may include requirements for definitions of terms, program organization, and program description; a process for selecting an area medical director; responsibilities of applicants and

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clients; requirements for service applications, including required medical and financial information; eligibility requirements for initial treatment and for continued eligibility, including financial and custody issues; methodologies for resource development and allocation, including medical and financial considerations; requirements for reimbursement services rendered to a client; billing and payment requirements for providers; requirements for qualification, appointments, verification, and emergency exceptions for health-professional consultants; general and diagnostic-specific standards for diagnostic and treatment facilities; and standards for the method of service delivery, including consultant services, respect-for-privacy considerations, examination requirements, family support plans, and clinic design.

Section 87. Section 391.028, Florida Statutes, is amended to read:

391.028 Administration.—The Children's Medical Services program shall have a central office and area offices.

(1) The Director of Children's Medical Services must be a physician licensed under chapter 458 or chapter 459 who has specialized training and experience in the provision of health care to children and who has recognized skills in leadership and the promotion of children's health programs. The director shall be the deputy secretary and the Deputy State Health Officer for Children's Medical Services and is appointed by and reports to the State Surgeon General. The director may appoint such other staff as necessary for the operation of the program division directors subject to the approval of the State Surgeon General.

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(2) The director shall provide for a decentralized
operational system utilizing such department staff and contract
providers as necessary. The program shall implement the
following program activities under physician supervision on a
statewide basis designate Children's Medical Services area
offices to perform operational activities, including, but not
limited to:

- (a) <u>Providing cCase</u> management services for the network participants;
- (b) Providing local oManagement and oversight of the local program activities;
- (c) Determining an individual's mMedical and financial eligibility determination for the program in accordance with s. 391.029;
- (d) Participating in the dDetermination of a level of care and medical complexity for long-term care services;
- (e) Authorizing services in the program and developing spending plans;
- (f) Participating in the $d\underline{D}$ evelopment of treatment plans; and
- (g) Taking part in the rResolution of complaints and grievances from participants and health care providers.
- (3) Each Children's Medical Services area office shall be directed by a physician licensed under chapter 458 or chapter 459 who has specialized training and experience in the provision of health care to children. The director of a Children's Medical Services area office shall be appointed by the director from the active panel of Children's Medical Services physician

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consultants.Before contracting for statewide operation of
program activities, the director must document, with the
concurrence of the Surgeon General and the Governor, that the
following criteria have been met:

- (a) Qualified contractors are available and interested in operating the program;
- (b) Contracting for operation of the program will result in a measureable increase in the following areas;
- 1. The number of children with special health needs served by the program;
- 2. The number and type of services provided to children with special health needs; and
- 3. The number of participating providers, especially pediatricians with expertise in serving children with special health needs.
 - (c) Quality of care for children with special health needs will be maintained or enhanced.
 - (4) Any contract for statewide operation of the Children's Medical Services program shall be competitively procured.
 - (5) Qualified contractors are provider service networks pursuant to s. 409.962(12) that meet the following criteria:
- (a) Signed, written agreements with all Florida medical schools, statutory teaching hospitals pursuant to s. 408.07(45), specialty children's hospitals pursuant to s. 395.002(28), and regional perinatal intensive care centers pursuant to s. 383.16(2);
- 3331 (b) An adequate number of primary and specialty
 3332 pediatricians participate in the network;

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- (c) An adequate number of other health professionals to meet the medical and psychosocial needs of the participating children and families;
 - (d) Experience in serving similar populations;
- (e) Experience in operating a capitated provider service network; and
- (f) Experience in quality improvement, especially in areas related to serving children with special health needs.
- Section 88. Section 391.029, Florida Statutes, is amended to read:
 - 391.029 Program eligibility.-
- (1) The department shall establish the medical criteria to determine if an applicant Eligibility for the Children's Medical Services program is based on the diagnosis of one or more chronic and serious medical conditions and the family's need for specialized services that are not available or accessible by the family from any other source—an eligible individual.
- (2) The following individuals are financially eligible to receive services through the program:
- (a) A high-risk pregnant female who <u>is enrolled in is</u> eligible for Medicaid.
- (b) Children with <u>serious</u> special health care needs from birth to 21 years of age who are <u>enrolled in eligible for</u> Medicaid.
- (c) Children with <u>serious</u> special health care needs from birth to 19 years of age who are <u>enrolled in eligible for</u> a program under Title XXI of the Social Security Act.
 - (3) Subject to the availability of funds, the following

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individuals may receive services through the program:

- (a) Children with <u>serious</u> special health care needs from birth to 21 years of age <u>who do not qualify for Medicaid or whose family income is above the requirements for financial eligibility under—Title XXI of the Social Security Act <u>but who are unable to access</u>, due to lack of providers or lack of <u>financial resources</u>, specialized services that are medically necessary or essential family support services—and whose projected annual cost of care adjusts the family income to Medicaid financial criteria. In cases where the family income is adjusted based on a projected annual cost of care, the family <u>Families</u> shall participate financially in the cost of care based on a sliding fee scalecriteria established by the department.</u>
- (b) Children with special health care needs from birth to 21 years of age, as provided in Title V of the Social Security Act.
- (c) An infant who receives an award of compensation under s. 766.31(1). The Florida Birth-Related Neurological Injury Compensation Association shall reimburse the Children's Medical Services Network the state's share of funding, which must thereafter be used to obtain matching federal funds under Title XXI of the Social Security Act.
- (4) The department shall determine the financial and medical eligibility of children for the program. The department shall also determine the financial ability of the parents, or persons or other agencies having legal custody over such individuals, to pay the costs of health services under the program. The department may pay reasonable travel expenses

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related to the determination of eligibility for or the provision of health services.

 $(\underline{45})$ Any child who has been provided with surgical or medical care or treatment under this act prior to being adopted and has serious and chronic special health needs shall continue to be eligible to be provided with such care or treatment after his or her adoption, regardless of the financial ability of the persons adopting the child.

Section 89. Section 391.0315, Florida Statutes, is amended to read:

391.0315 Benefits.—Benefits provided under the program for children with special health care needs shall be equivalent tothe same benefits provided to children as specified in ss.
409.905 and 409.906. The department may offer additional benefits for early intervention services, respite services, genetic testing, genetic and nutritional counseling, and parent support services, if such services are determined to be medically necessary. No child or person determined eligible for the program who is eligible under Title XIX or Title XXI of the Social Security Act shall receive any service other than an initial health care screening or treatment of an emergency medical condition as defined in s. 395.002, until such child or person is enrolled in Medicaid or a Title XXI program.

Section 90. Effective January 1, 2013, section 392.51, Florida Statutes, is amended to read:

392.51 <u>Tuberculosis control</u> <u>Findings and intent.—The</u>
<u>Legislature finds and declares that active tuberculosis is a</u>
<u>highly contagious infection that is sometimes fatal and</u>

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constitutes a serious threat to the public health. The Legislature finds that there is a significant reservoir of tuberculosis infection in this state and that there is a need to develop community programs to identify tuberculosis and to respond quickly with appropriate measures. The Legislature finds that some patients who have active tuberculosis have complex medical, social, and economic problems that make outpatient control of the disease difficult, if not impossible, without posing a threat to the public health. The Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a systeA statewide system is established to control tuberculosis infection and mitigate its effects. The system consists of mandatory contact identification, treatment to cure, hospitalization, and isolation for contagious cases, and to provide a system of voluntary, community-oriented care and surveillance in all other cases. The Legislature finds that the delivery of tTuberculosis control services shall be provided by the coordinated efforts of the respective county health departments and contracted or other private health care providers, the A.G. Holley State Hospital, and the private health care delivery system. Section 91. Effective January 1, 2013, section 392.61,

Section 91. Effective January 1, 2013, section 392.61, Florida Statutes, is amended to read:

- 392.61 Community tuberculosis control programs.-
- (1) The department shall operate, directly or by contract, community tuberculosis control programs in each county in the state.

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- (2) Community tuberculosis control programs shall have the following functions:
- (a) Promotion of community and professional education about the causes and dangers of tuberculosis and methods of its control and treatment to cure;
- (b) Community and individual screening for the presence of tuberculosis;
- (c) Surveillance of all suspected and reported cases of active tuberculosis, including contact investigation as necessary and as directed by the department;
- (d) Reporting of all known cases of tuberculosis to the department;
- (e) Development of an individualized treatment plan for each person who has active tuberculosis and who is under the care of the department, including provision of treatment to cure and followup, and the distribution of medication by means of directly observed therapy, if appropriate, to eligible persons under rules and guidelines developed by the department; and
- (f) Provision of counseling, periodic retesting, and referral to appropriate social service, employment, medical, and housing agencies, as necessary for persons released from hospitalization or residential placement.
- (3) This section does not prevent the department from operating regionally based tuberculosis control programs, if services are offered in each county.
- (4) The department shall develop, by rule, a methodology for distributing funds appropriated for tuberculosis control programs. Criteria to be considered in this methodology include,

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but are not limited to, the basic infrastructure available for tuberculosis control, caseload requirements, laboratory support services needed, and epidemiologic factors.

Section 92. Effective January 1, 2013, section 392.62, Florida Statutes, is amended to read:

392.62 Hospitalization and placement programs.-

- a program for the <u>treatmenthospitalization</u> of persons who have active tuberculosis in hospitals licensed under chapter 395 and may provide for appropriate placement of persons who have active tuberculosis in other health care facilities or residential facilities. The department shall require the contractor to use existing licensed community hospitals and other facilities for the care and treatment to cure of persons who have active tuberculosis, a history of non-compliance with prescribed drug regimens, and require inpatient or other residential services.
- (2) The department may operate a licensed hospital for the care and treatment to cure of persons who have active tuberculosis. The hospital may have a forensic unit where, under medical protocol, a patient can be held in a secure or protective setting. The department shall also seek to maximize use of existing licensed community hospitals for the care and treatment to cure of persons who have active tuberculosis.
- (3) The program for control of tuberculosis shall provide funding for participating facilities and require any such facilities to meet the following conditions—Any licensed hospital operated by the department, any licensed hospital under contract with the department, and any other health care facility

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or residential facility operated by or under contract with the department for the care and treatment of patients who have active tuberculosis shall:

- (a) Admit patients voluntarily and under court order as appropriate for each particular facility;
- (b) Require that each patient pay the actual cost of care provided whether the patient is admitted voluntarily or by court order;
- (c) Provide for a method of paying for the care of patients in the program regardless of ability to paywho cannot afford to do so;
- (d) Require a primary clinical diagnosis of active tuberculosis by a physician licensed under chapter 458 or chapter 459 before admitting the patient; provided that there may be more than one primary diagnosis;
- (e) Provide a method of notification to the county health department and to the patient's family, if any, before discharging the patient from the hospital or other facility;
- (f) Provide for the necessary exchange of medical information to assure adequate community treatment to cure and followup of discharged patients, as appropriate; and
- (g) Provide for a method of medical care and counseling and for housing, social service, and employment referrals, if appropriate, for all patients discharged from the hospital.
- (4) A hospital may, pursuant to court order, place a patient in temporary isolation for a period of no more than 72 continuous hours. The department shall obtain a court order in the same manner as prescribed in s. 392.57. Nothing in this

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subsection precludes a hospital from isolating an infectious patient for medical reasons.

(5) Any person committed under s. 392.57 who leaves the tuberculosis hospital or residential facility without having been discharged by the designated medical authority, except as provided in s. 392.63, shall be apprehended by the sheriff of the county in which the person is found and immediately delivered to the facility from which he or she left.

Section 93. The Department of Health shall develop and implement a transition plan for closure of A.G. Holley State

Hospital. The plan shall include specific steps to end

voluntary admissions, transfer patients to alternate facilities,
communicate with families, providers, other affected parties,
and the general public, enter into any necessary contracts with
providers, and coordinate with the Department of Management

Services regarding the disposition of equipment and supplies and
the closure of the facility. The plan shall be submitted to the
Governor, the Speaker of the House of Representatives and the
President of the Senate by May 31, 2012. The Department shall
fully implement the plan by January 1, 2013.

Section 94. Subsection (4) of section 401.243, Florida Statutes, is amended to read:

401.243 Injury prevention.—The department shall establish an injury-prevention program with responsibility for the statewide coordination and expansion of injury-prevention activities. The duties of the department under the program may include, but are not limited to, data collection, surveillance, education, and the promotion of interventions. In addition, the

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department may:

(4) Adopt rules governing the implementation of grant programs. The rules may include, but need not be limited to, criteria regarding the application process, the selection of grantees, the implementation of injury-prevention activities, data collection, surveillance, education, and the promotion of interventions.

Section 95. Subsection (5) of section 401.245, Florida Statutes, is amended to read:

401.245 Emergency Medical Services Advisory Council.-

(5) The department shall adopt rules to implement this section, which rules shall serve as formal operating procedures for the Emergency Medical Services Advisory Council.

Section 96. Subsection (2) of section 401.271, Florida Statutes, is amended to read:

401.271 Certification of emergency medical technicians and paramedics who are on active duty with the Armed Forces of the United States; spouses of members of the Armed Forces.—

(2) The department may adopt rules exempting the spouse of a member of the Armed Forces of the United States on active duty from certification renewal provisions while the spouse is absent from the state because of the member's active duty with the Armed Forces.

Section 97. Subsection (9) of section 402.45, Florida Statutes, is amended to read:

402.45 Community resource mother or father program.—

(9) The department may adopt rules necessary to implement this section.

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Section 98. Subsections (3) and (4) of section 403.863, Florida Statutes, are amended to read:

403.863 State public water supply laboratory certification program.—

- (1) The department and the Department of Health shall jointly develop a state program, and the Department of Health shall adopt rules for the evaluation and certification of all laboratories, other than the principal state laboratory, which perform or make application to perform analyses pursuant to the Florida Safe Drinking Water Act or which conduct a water analysis business. Such joint development shall be funded in part through the use of a portion of the State Public Water Systems Supervision Program grants received by the department from the Federal Government in order to implement the federal act.
- (2) The Department of Health may adopt and enforce rules to administer this section, including, but not limited to, definitions of terms, certified laboratory personnel requirements, methodologies for the collection of samples, the handling and analysis of samples, methodology and proficiency testing, the format and frequency of reports, onsite inspections of laboratories, and quality assurance.
- (3) The Department of Health shall have the responsibility for the operation and implementation of the state laboratory certification program. The Department of Health shall contract with the American Environmental Laboratory Association to perform the evaluation and review of laboratory certification applications, and laboratory inspections. Percept that, upon

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completion of the evaluation and review of the laboratory certification application, the evaluation shall be forwarded, along with recommendations, to the department for review and comment, prior to final approval or disapproval by the Department of Health.

- (4) The following acts constitute grounds for which the disciplinary actions specified in subsection (5) may be taken:
- (a) Making false statements on an application or on any document associated with certification.
- (b) Making consistent errors in analyses or erroneous reporting.
- (c) Permitting personnel who are not qualified, as required by rules of the Department of Health, to perform analyses.
 - (d) Falsifying the results of analyses.
- (e) Failing to employ approved laboratory methods in performing analyses as outlined in rules of the Department of Health.
- (f) Failing to properly maintain facilities and equipment according to the laboratory's quality assurance plan.
- (g) Failing to report analytical test results or maintain required records of test results as outlined in rules of the Department of Health.
- (h) Failing to participate successfully in a performance evaluation program approved by the Department of Health.
- (i) Violating any provision of this section or of the rules adopted under this section.
 - (j) Falsely advertising services or credentials.

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- (k) Failing to pay fees for initial certification or renewal certification or to pay inspection expenses incurred by the American Environmental Laboratory AssociationDepartment of Health.
- (1) Failing to report any change of an item included in the initial or renewal certification application.
- (m) Refusing to allow representatives of the department, or the Department of Health, or the American Environmental Laboratory Association to inspect a laboratory and its records during normal business hours.

Section 99. Subsection (1) of section 400.914, Florida Statutes, is amended to read:

400.914 Rules establishing standards.-

(1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, the agency in conjunction with the Division of Children's Medical Services Prevention and Intervention of the Department of Health shall adopt and publish rules to implement the provisions of this part and part II of chapter 408, which shall include reasonable and fair standards. Any conflict between these standards and those that may be set forth in local, county, or city ordinances shall be resolved in favor of those having statewide effect. Such standards shall relate to:

Section 100. Paragraph (d) of subsection (11) of section 409.256, Florida Statutes, is amended to read:

409.256 Administrative proceeding to establish paternity or paternity and child support; order to appear for genetic testing.—

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8669	(11) FINAL ORDER ESTABLISHING PATERNITY OR PATERNITY AND	
8670	CHILD SUPPORT; CONSENT ORDER; NOTICE TO OFFICE OF VITAL	
8671	STATISTICS.—	
8672	(d) Upon rendering a final order of paternity or a final	
8673	order of paternity and child support, the department shall	
8674	notify the <u>Bureau Division</u> of Vital Statistics of the Department	
8675	of Health that the paternity of the child has been established.	
8676	Section 101. Section 458.346, Florida Statutes, is	
8677	repealed.	
8678	Section 102. Subsection (2) of section 462.19, Florida	
8679	Statutes, is amended to read:	
8680	462.19 Renewal of license; inactive status	
8681	(2) The department shall adopt rules establishing a	
8682	procedure for the biennial renewal of licenses.	
8683	Section 103. <u>Section 464.0197</u> , Florida Statutes, is	
8684	repealed.	
8685	Section 104. Subsection (4) of section 464.208, Florida	
8686	Statutes, is amended to read:	
8687	464.208 Background screening information; rulemaking	
8688	authority.—	
8689	(4) The board shall adopt rules to administer this part.	
8690	Section 105. Section 466.00775, Florida Statutes, is	
8691	amended to read:	
8692	466.00775 Rulemaking.—The board shall adopt rules pursuant	
8693	to ss. 120.536(1) and 120.54 to administer ss. 466.003(14),	
8694	466.0067, 466.00671, 466.00672, 466.00673, 466.021, and 466.032.	
8695	Section 106. Subsection (4) of section 514.011, Florida	

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CODING: Words stricken are deletions; words underlined are additions.

Statutes, is amended to read:

514.011 Definitions.—As used in this chapter:

or modified by humans, for swimming, diving, and recreational bathing, together with adjacent shoreline or land area, buildings, equipment, and appurtenances pertaining thereto, used by consent of the owner or owners and held out to the public by any person or public body, irrespective of whether a fee is charged for the use thereof. The bathing water areas of public bathing places include, but are not limited to, lakes, ponds, rivers, streams, artificial impoundments, and waters along the coastal and intracoastal beaches and shores of the state.

Section 107. Section 514.021, Florida Statutes, is amended to read:

514.021 Department authorization.-

- (1) The department may adopt and enforce rules, which may include definitions of terms, to protect the health, safety, or welfare of persons using by setting water quality and safety standards for public swimming pools and public bathing places. The department shall review and revise such rules as necessary, but not less than biennially. Sanitation and safety standards shall include, but not be limited to, matters relating to structure; appurtenances; operation; source of water supply; bacteriological, chemical, and physical quality of water in the pool or bathing area; method of water purification, treatment, and disinfection; lifesaving apparatus; and measures to ensure safety of bathers; and measures to ensure the personal cleanliness of bathers.
 - (2) The department may not establish by rule any

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regulation governing the design, alteration, modification, or repair of public swimming pools and bathing places which has no impact on water quality and safetythe health, safety, and welfare of persons using public swimming pools and bathing places. Further, the department may not adopt by rule any regulation governing the construction, erection, or demolition of public swimming pools and bathing places. It is the intent of the Legislature to preempt those functions to the Florida Building Commission through adoption and maintenance of the Florida Building Code. The department shall provide technical assistance to the commission in updating the construction standards of the Florida Building Code which govern public swimming pools and bathing places. Further, the department is authorized to conduct plan reviews, to issue approvals, and to enforce the special-occupancy provisions of the Florida Building Code which apply to public swimming pools and bathing places in conducting any inspections authorized by this chapter. This subsection does not abrogate the authority of the department to adopt and enforce appropriate sanitary regulations and requirements as authorized in subsection (1).

Section 108. Section 514.023, Florida Statutes, is amended to read:

514.023 Sampling of beach waters; health advisories.-

- (1) As used in this section, the term "beach waters" means the waters along the coastal and intracoastal beaches and shores of the state, and includes salt water and brackish water.
- (2) The department may adopt and enforce rules to protect the health, safety, and welfare of persons using the beach

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waters <u>and public bathing places</u> of the state. The rules must establish health standards and prescribe procedures and timeframes for bacteriological sampling of beach waters.

- (3) The department may issue health advisories if the quality of beach <u>or public bathing</u> waters fails to meet standards established by the department. The issuance of health advisories related to the results of bacteriological sampling of beach waters is preempted to the state.
- (4) When the department issues a health advisory against swimming in beach or public bathing waters on the basis of finding elevated levels of fecal coliform or enterococci bacteria in a water sample, the department shall concurrently notify the municipality or county in which the affected beach waters are located, whichever has jurisdiction, and the local office of the Department of Environmental Protection, of the advisory. The local office of the Department of Environmental Protection shall promptly investigate wastewater treatment facilities within 1 mile of the affected beach or public bathing waters to determine if a facility experienced an incident that may have contributed to the contamination and provide the results of the investigation in writing or by electronic means to the municipality or county, as applicable.
- (5) Contingent upon legislative appropriation to the department in the amount of \$600,000 nonrecurring, the department will perform a 3-year study to determine the water quality at beaches throughout the state. The study will be performed in all counties that have public-access saltwater and brackish water beaches.

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Section 109. Section 514.025, Florida Statutes, is amended to read:

514.025 Assignment of authority to county health departments.—

- (1) The department shall assign to eCounty health departments that are staffed with qualified engineering personnel shall perform the functions of reviewing applications and plans for the construction, development, or modification of public swimming pools or bathing places, of conducting inspections, for and issuance of initial operating permits; and of issuing all permits. If the county health department determines that qualified staff are not available is not assigned the functions of application and plan review and the issuance of initial operating permits, the department shall be responsible for such functions. The department shall make the determination concerning the qualifications of county health department personnel to perform these functions and may make and enforce such rules pertaining thereto as it shall deem proper.
- eCounty health departments are responsibleshall assume full responsibility for routine surveillance of water quality in all public swimming pools and bathing places, including responsibility for a minimum of two routine inspections annually, complaint investigations, enforcement procedures, reissuance of operating permits, and renewal of and operating permits.
- (3) The department may assign the responsibilities and functions specified in this section to any multicounty

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independent special district created by the Legislature to perform multiple functions, to include municipal services and improvements, to the same extent and under the same conditions as provided in subsections (1) and (2), upon request of the special district.

Section 110. Section 514.03, Florida Statutes, is amended to read:

construct, develop, or modify public swimming pools or bathing places.—It is unlawful for any person or public body to construct, develop, or modify any public swimming pool or bathing place, other than coastal or intracoastal beaches, without a valid construction plans approval from the department. This section does not preempt the authority of lLocal governments or local enforcement districts may determine to conduct plan reviews and inspections of public swimming pools and bathing places for compliance with the general construction standards of the Florida Building Code, pursuant to s. 553.80. Local governments or local enforcement districts may conduct plan reviews and inspections of public swimming pools and bathing places for this purpose.

(1) Any person or public body desiring to construct, develop, or modify any public swimming pool or bathing place shall file an application for a construction plans approval with the department on application forms provided by the department and shall accompany such application with:

(a) Engineering drawings, specifications, descriptions, and detailed maps of the structure, its appurtenances, and its

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3837 intended operation. 3838 (b) A description of the source or sources of water 3839 and amount and quality of water available and intended to be 3840 used. 3841 (c) A description of the method and manner of water purification, treatment, disinfection, and heating. 3842 3843 Other applicable information deemed necessary by the 3844 department to fulfill the requirements of this chapter. 3845 - (2) If the proposed construction of, development of, or 3846 modification of a public swimming pool or bathing place meets 3847 standards of public health and safety as defined in this chapter 3848 and rules adopted hereunder, the department shall grant the 3849 application for the construction plans approval within 30 days 3850 after receipt of a complete submittal. If engineering plans 3851 submitted are in substantial compliance with the standards 3852 aforementioned, the department may approve the plans with provisions for corrective action to be completed prior to 3853 3854 issuance of the operating permit. 3855 (3) If the proposed construction, development, or 3856 modification of a public swimming pool or bathing place fails to 3857 meet standards of public health and safety as defined in this 3858 chapter and rules adopted hereunder, the department shall deny 3859 the application for construction plans approval pursuant to the 3860 provisions of chapter 120. Such denial shall be issued in 3861 writing within 30 days and shall list the circumstances for 3862 denial. Upon correction of such circumstances, an applicant 3863 previously denied permission to construct, develop, or modify a 3864 public swimming pool or bathing place may reapply for

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construction plans approval.

(4) An approval of construction plans issued by the department under this section becomes void 1 year after the date the approval was issued if the construction is not commenced within 1 year after the date of issuance.

Section 111. Section 514.031, Florida Statutes, is amended to read:

514.031 Permit necessary to operate public swimming pool or bathing place.

- (1) It is unlawful for any person or public body to operate or continue to operate any public swimming pool or bathing place without a valid permit from the county health department, such permit to be obtained in the following manner:
- (a) Any person or public body desiring to operate any public swimming pool or bathing place—shall file an application for a permit with the county health department, on application forms provided by the county health department, and shall accompany such application with:
- 1. Descriptions of the structure, its appurtenances, and its operation.
- $\underline{12}$. Description of the source or sources of water supply, and the amount and quality of water available and intended to be used.
- $\underline{23}$. Method and manner of water purification, treatment, disinfection, and heating.
 - $\underline{34}$. Safety equipment and standards to be used.
 - 5. Measures to ensure personal cleanliness of bathers.
 - $\underline{46}$. Any other pertinent information deemed necessary by

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the <u>county health</u> department to fulfill the requirements of this chapter.

- (b) If the <u>county health</u> department determines that the public swimming pool or bathing place is or may reasonably be expected to be operated in compliance with this chapter and the rules adopted hereunder, the department shall grant the application for permit.
- (c) If the <u>county health</u> department determines that the public swimming pool or bathing place does not meet the provisions outlined in this chapter or the rules adopted hereunder, the <u>county health</u> department shall deny the application for a permit pursuant to the provisions of chapter 120. Such denial shall be in writing and shall list the circumstances for the denial. Upon correction of such circumstances, an applicant previously denied permission to operate a public swimming pool or bathing place may reapply for a permit.
- (2) Operating permits shall not be required for coastal or intracoastal beaches.
- (3) Operating permits <u>may be transferredshall not be</u> transferable from one name or owner to another. When the ownership or name of an existing public swimming pool or bathing place—is changed and such establishment is operating at the time of the change with a valid permit from the department, the new owner <u>must notify the county health of the establishment shall</u> apply to the department, upon forms provided by the <u>county health</u> department, within 30 days after such a change, for a reissuance of the existing permit.

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- (4) Each such operating permit shall be renewed annually and the permit must be posted in a conspicuous place.
- (5) An owner or operator of a public swimming pool, including, but not limited to, a spa, wading, or special purpose pool, to which admittance is obtained by membership for a fee shall post in a prominent location within the facility the most recent pool inspection report issued by the department pertaining to the health and safety conditions of such facility. The report shall be legible and readily accessible to members or potential members. The department shall adopt rules to enforce this subsection. A portable pool may not be used as a public pool.
- Section 112. Section 514.033, Florida Statutes, is amended to read:
 - 514.033 Creation of fee schedules authorized.
- of fees to be charged by the department or by any authorized county health department as detailed in s. 514.025—for the review of applications and plans to construct, develop, or modify a public swimming pool or bathing place, for the issuance of permits to operate such establishments, and for the review of variance applications for public swimming pools and bathing places. Fees assessed under this chapter shall be in an amount sufficient to meet the cost of carrying out the provisions of this chapter.
- (2) The fee schedule shall be: for original construction or development plan approval, not less than \$275 and not more than \$500; for modification of original construction, not less

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than \$100 and not more than \$150; for an initial operating permit, not less than \$125 and not more than \$250; and for review of variance applications, not less than \$240 and not more than \$400. The department shall assess the minimum fees provided in this subsection until a fee schedule is promulgated by rule of the department.

- public swimming pool or bathing place shall pay to the department an annual operating permit fee based on pool or bathing place aggregate gallonage, which shall be: up to and including 25,000 gallons, not less than \$75 and not more than \$125; and in excess of 25,000 gallons, not less than \$160 and not more than \$265, except for a pool inspected pursuant to s. 514.0115(2)(b) for which the annual fee shall be \$50.
- (4) Fees collected by the department or a county health department in accordance with this chapter shall be deposited into the Public Swimming Pool and Bathing Place Trust Fund for the payment of costs incurred in the administration of this chapter. Fees collected by county health departments performing functions pursuant to s. 514.025 shall be deposited into the County Health Department Trust Fund. Any fee collected under this chapter is nonrefundable.
- (5) The department may not charge any fees for services provided under this chapter other than those fees authorized in this section. However, the department shall prorate the initial annual fee for an operating permit on a half-year basis.
- Section 113. Subsections (4) and (5) of section 514.05, Florida Statutes, is amended to read:

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514.05 Denial, suspension, or revocation of permit; administrative fines.—

- (4) All amounts collected pursuant to this section shall be deposited into the Public Swimming Pool and Bathing Place Trust Fund or into the County Health Department Trust Fund, whichever is applicable.
- (5) Under conditions specified by rule, the <u>county health</u> department may close a public pool that is not in compliance with this chapter or the rules adopted under this chapter.

Section 114. Section 514.06, Florida Statutes, is amended to read:

514.06 Injunction to restrain violations.—Any public swimming pool or bathing place presenting a significant risk to public health by failing to meet the water quality and safety standards established pursuant to this chapter constructed, developed, operated, or maintained contrary to the provisions of this chapter is declared to be a public nuisance, dangerous to health or safety. Such nuisances may be abated or enjoined in an action brought by the county health department or the department.

Section 115. Subsections (1) and (2) of section 633.115, Florida Statutes, are amended to read:

- 633.115 Fire and Emergency Incident Information Reporting Program; duties; fire reports.—
- (1)(a) The Fire and Emergency Incident Information Reporting Program is created within the Division of State Fire Marshal. The program shall:
 - 1. Establish and maintain an electronic communication

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system capable of transmitting fire and emergency incident information to and between fire protection agencies.

- 2. Initiate a Fire and Emergency Incident Information Reporting System that shall be responsible for:
- a. Receiving fire and emergency incident information from fire protection agencies.
- b. Preparing and disseminating annual reports to the Governor, the President of the Senate, the Speaker of the House of Representatives, fire protection agencies, and, upon request, the public. Each report shall include, but not be limited to, the information listed in the National Fire Incident Reporting System.
- c. Upon request, providing other states and federal agencies with fire and emergency incident data of this state.
- 3. Adopt rules to effectively and efficiently implement, administer, manage, maintain, and use the Fire and Emergency Incident Information Reporting Program. The rules shall be considered minimum requirements and shall not preclude a fire protection agency from implementing its own requirements which shall not conflict with the rules of the Division of State Fire Marshal.
- 4. By rule, establish procedures and a format for each fire protection agency to voluntarily monitor its records and submit reports to the program.
- 5. Establish an electronic information database which is accessible and searchable by fire protection agencies.
- (b) The Division of State Fire Marshal shall consult with the Division of Forestry of the Department of Agriculture and

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Consumer Services and the Bureau of Emergency <u>Preparedness and Response Medical Services</u> of the Department of Health to coordinate data, ensure accuracy of the data, and limit duplication of efforts in data collection, analysis, and reporting.

- (2) The Fire and Emergency Incident Information System
 Technical Advisory Panel is created within the Division of State
 Fire Marshal. The panel shall advise, review, and recommend to
 the State Fire Marshal with respect to the requirements of this
 section. The membership of the panel shall consist of the
 following 15 members:
- (a) The current 13 members of the Firefighters Employment, Standards, and Training Council as established in s. 633.31.
- (b) One member from the Division of Forestry of the Department of Agriculture and Consumer Services, appointed by the division director.
- (c) One member from the Bureau of Emergency <u>Preparedness</u> and <u>Response Medical Services</u> of the Department of Health, appointed by the bureau chief.

Section 116. Subsections (4), (5), (6), (7), (8), (9), (10), (11), and (12) of section 1009.66, Florida Statutes, are amended to read:

1009.66 Nursing Student Loan Forgiveness Program.-

(4) From the funds available, the Department of Education Health may make loan principal repayments of up to \$4,000 a year for up to 4 years on behalf of selected graduates of an accredited or approved nursing program. All repayments shall be contingent upon continued proof of employment in the designated

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facilities in this state and shall be made directly to the holder of the loan. The state shall bear no responsibility for the collection of any interest charges or other remaining balance. In the event that the designated facilities are changed, a nurse shall continue to be eligible for loan forgiveness as long as he or she continues to work in the facility for which the original loan repayment was made and otherwise meets all conditions of eligibility.

- Trust Fund to be administered by the Department of Education

 Health pursuant to this section and s. 1009.67 and department

 rules. The Chief Financial Officer shall authorize expenditures

 from the trust fund upon receipt of vouchers approved by the

 Department of Education Health. All moneys collected from the

 private health care industry and other private sources for the

 purposes of this section shall be deposited into the Nursing

 Student Loan Forgiveness Trust Fund. Any balance in the trust

 fund at the end of any fiscal year shall remain therein and

 shall be available for carrying out the purposes of this section

 and s. 1009.67.
- (6) In addition to licensing fees imposed under part I of chapter 464, there is hereby levied and imposed an additional fee of \$5, which fee shall be paid upon licensure or renewal of nursing licensure. Revenues collected from the fee imposed in this subsection shall be deposited in the Nursing Student Loan Forgiveness Trust Fund of the Department of Education Health and will be used solely for the purpose of carrying out the provisions of this section and s. 1009.67. Up to 50 percent of

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the revenues appropriated to implement this subsection may be used for the nursing scholarship program established pursuant to s. 1009.67.

- (8) The Department of Health may solicit technical assistance relating to the conduct of this program from the Department of Education.
- (8) (9) The Department of Education Health is authorized to recover from the Nursing Student Loan Forgiveness Trust Fund its costs for administering the Nursing Student Loan Forgiveness Program.
- (9) (10) The Department of Education Health may adopt rules necessary to administer this program.
- $\underline{\text{(10)}}$ (11) This section shall be implemented only as specifically funded.
- (11) (12) Students receiving a nursing scholarship pursuant to s. 1009.67 are not eligible to participate in the Nursing Student Loan Forgiveness Program.
- Section 117. Section 1009.67, Florida Statutes, is amended to read:
 - 1009.67 Nursing scholarship program.—
- (1) There is established within the Department of Education Health a scholarship program for the purpose of attracting capable and promising students to the nursing profession.
- (2) A scholarship applicant shall be enrolled in an approved nursing program leading to the award of an associate degree, a baccalaureate degree, or a graduate degree in nursing.
 - (3) A scholarship may be awarded for no more than 2 years,

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in an amount not to exceed \$8,000 per year. However, registered nurses pursuing a graduate degree for a faculty position or to practice as an advanced registered nurse practitioner may receive up to \$12,000 per year. These amounts shall be adjusted by the amount of increase or decrease in the consumer price index for urban consumers published by the United States Department of Commerce.

- (4) Credit for repayment of a scholarship shall be as follows:
- (a) For each full year of scholarship assistance, the recipient agrees to work for 12 months in a faculty position in a college of nursing or Florida College System institution nursing program in this state or at a health care facility in a medically underserved area as <u>designated approved</u> by the Department of Health. Scholarship recipients who attend school on a part-time basis shall have their employment service obligation prorated in proportion to the amount of scholarship payments received.
- (b) Eligible health care facilities include nursing homes and hospitals in this state, state-operated medical or health care facilities, public schools, county health departments, federally sponsored community health centers, colleges of nursing in universities in this state, and Florida College System institution nursing programs in this state, family practice teaching hospitals as defined in s. 395.805, or specialty children's hospitals as described in s. 409.9119. The recipient shall be encouraged to complete the service obligation at a single employment site. If continuous employment at the

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same site is not feasible, the recipient may apply to the department for a transfer to another approved health care facility.

- (c) Any recipient who does not complete an appropriate program of studies, who does not become licensed, who does not accept employment as a nurse at an approved health care facility, or who does not complete 12 months of approved employment for each year of scholarship assistance received shall repay to the Department of Education Health, on a schedule to be determined by the department, the entire amount of the scholarship plus 18 percent interest accruing from the date of the scholarship payment. Moneys repaid shall be deposited into the Nursing Student Loan Forgiveness Trust Fund established in s. 1009.66. However, the department may provide additional time for repayment if the department finds that circumstances beyond the control of the recipient caused or contributed to the default.
- (5) Scholarship payments shall be transmitted to the recipient upon receipt of documentation that the recipient is enrolled in an approved nursing program. The Department of Education Health shall develop a formula to prorate payments to scholarship recipients so as not to exceed the maximum amount per academic year.
- (6) The Department of <u>Education</u> <u>Health</u> shall adopt rules, including rules to address extraordinary circumstances that may cause a recipient to default on either the school enrollment or employment contractual agreement, to implement this section.
 - (7) The Department of <u>Education</u> <u>Health</u> may recover from

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the Nursing Student Loan Forgiveness Trust Fund its costs for administering the nursing scholarship program.

Section 118. Department of Health; type two transfer.-

- (1) All powers, duties, functions, records, offices, personnel, associated administrative support positions, property, pending issues, existing contracts, administrative authority, administrative rules, and unexpended balances of appropriations, allocations, and other funds relating to the Nursing Student Loan Forgiveness Program and the nursing scholarship program in the Department of Health are transferred by type two transfers, as defined in s. 20.06(2), Florida Statutes, to the Department of Education.
- (2) The Nursing Student Loan Forgiveness Trust Fund is transferred from the Department of Health to the Department of Education.
- (3) Any binding contract or interagency agreement related to the Nursing Student Loan Forgiveness Program existing before July 1, 2012, between the Department of Health, or an entity or agent of the agency, and any other agency, entity, or person shall continue as a binding contract or agreement for the remainder of the term of such contract or agreement on the successor department, agency, or entity responsible for the program, activity, or functions relative to the contract or agreement.
- (4) Notwithstanding s. 216.292 and pursuant to s. 216.351, Florida Statutes, upon approval by the Legislative Budget

 Commission, the Executive Office of the Governor may transfer funds and positions between agencies to implement this act.

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(5) The transfer of any program, activity, duty, or function under this act includes the transfer of any records and unexpended balances of appropriations, allocations, or other funds related to such program, activity, duty, or function.

Unless otherwise provided, the successor organization to any program, activity, duty, or function transferred under this act shall become the custodian of any property of the organization that was responsible for the program, activity, duty, or function immediately before the transfer.

Section 119. The Division of Medical Quality Assurance shall develop a plan to improve the efficiency of its functions. Specifically, the plan shall delineate methods to: reduce the average length of time for a qualified applicant to receive initial and renewal licensure, certification, or registration, by one-third; improve the agenda process for board meetings to increase transparency, timeliness, and usefulness for board decision-making; and improve the cost-effectiveness and efficiency of the joint functions of the Division and the regulatory boards. In developing the plan, the Division shall identify and analyze best practices found within the Division and other state agencies with similar functions, options for information technology improvements, options for contracting with outside entities, and any other option the Division deems useful. The Division shall consult with and solicit recommendations from the regulatory boards in developing the plan. The Division shall submit the plan to the Governor, Speaker of the House of Representatives, and President of the Senate by November 1, 2012. All executive branch agencies are

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4229	instructed, and all other state agencies are requested, to
4230	assist the Division in accomplishing its purposes under this
4231	section.
4232	Section 120. Except as otherwise provided herein, this act
4233	shall take effect upon becoming law.
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ORIGINAL

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YEAR