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# **Health Care Appropriations Committee**

**March 26, 2010  
8:30 a.m. – 11:00 a.m.  
212 Knott  
(Webster Hall)**

# **Action Packet**

# **Committee Meeting Notice**

## **HOUSE OF REPRESENTATIVES**

### **Health Care Appropriations Committee**

**Start Date and Time:** Friday, March 26, 2010 08:30 am  
**End Date and Time:** Friday, March 26, 2010 11:00 am  
**Location:** Webster Hall (212 Knott)  
**Duration:** 2.50 hrs

**Consideration of the following bill(s):**

CS/HB 91 Adult Protective Services by Elder & Family Services Policy Committee, Wood  
CS/HB 1143 Reduction and Simplification of Health Care Provider Regulation by Health Care Regulation Policy Committee, Hudson  
CS/HB 1337 Nursing by State Universities & Private Colleges Policy Committee, Grimsley  
HB 7183 Reorganization of the Department of Health by Health Care Regulation Policy Committee, Thompson, N.

**NOTICE FINALIZED on 03/24/2010 16:12 by LAL**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Committee**

**3/26/2010 8:30:00AM**

**Location:** Webster Hall (212 Knott)

**Summary:**

**Health Care Appropriations Committee**

*Friday March 26, 2010 08:30 am*

CS/HB 91	Favorable	Yeas: 9	Nays: 0
CS/HB 1143	Favorable With Committee Substitute	Yeas: 11	Nays: 0
CS/HB 1337	Favorable With Committee Substitute	Yeas: 11	Nays: 0
HB 7183	Favorable With Committee Substitute	Yeas: 7	Nays: 4

**Committee meeting was reported out: Friday, March 26, 2010 12:16:49PM**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Committee**

**3/26/2010 8:30:00AM**

**Location:** Webster Hall (212 Knott)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Denise Grimsley (Chair)	X		
Thomas Anderson			X
Charles Chestnut IV	X		
Carl Domino	X		
Clay Ford	X		
James Frishe	X		
Ed Homan	X		
Matt Hudson	X		
Peter Nehr	X		
Kenneth Roberson	X		
Yolly Roberson	X		
Elaine Schwartz	X		
Kelly Skidmore			X
Nicholas Thompson			X
<b>Totals:</b>	<b>11</b>	<b>0</b>	<b>3</b>

Committee meeting was reported out: Friday, March 26, 2010 12:16:49PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Committee**

**3/26/2010 8:30:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 91 : Adult Protective Services**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thomas Anderson			X		
Charles Chestnut IV	X				
Carl Domino	X				
Clay Ford				X	
James Frishe	X				
Ed Homan	X				
Matt Hudson	X				
Peter Nehr	X				
Kenneth Roberson	X				
Yolly Roberson	X				
Elaine Schwartz				X	
Kelly Skidmore			X		
Nicholas Thompson			X		
Denise Grimsley (Chair)	X				
<b>Total Yeas: 9</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Friday, March 26, 2010 12:16:49PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Committee**  
**3/26/2010 8:30:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 1143 : Reduction and Simplification of Health Care Provider Regulation**

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thomas Anderson			X		
Charles Chestnut IV	X				
Carl Domino	X				
Clay Ford	X				
James Frishe	X				
Ed Homan	X				
Matt Hudson	X				
Peter Nehr	X				
Kenneth Roberson	X				
Yolly Roberson	X				
Elaine Schwartz	X				
Kelly Skidmore			X		
Nicholas Thompson			X		
Denise Grimsley (Chair)	X				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Friday, March 26, 2010 12:16:49PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Committee**

**3/26/2010 8:30:00AM**

**Location:** Webster Hall (212 Knott)

**CS/HB 1337 : Nursing**

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thomas Anderson			X		
Charles Chestnut IV	X				
Carl Domino	X				
Clay Ford	X				
James Frishe	X				
Ed Homan	X				
Matt Hudson	X				
Peter Nehr	X				
Kenneth Roberson	X				
Yolly Roberson	X				
Elaine Schwartz	X				
Kelly Skidmore			X		
Nicholas Thompson			X		
Denise Grimsley (Chair)	X				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

**Appearances:**

Nursing

Martha DeCastro (Lobbyist) - Proponent  
 Florida Hospital Association  
 306 East College Avenue  
 Tallahassee FL 32301  
 Phone: 850-222-9800

Nursing

Anna Small (Lobbyist) - Information Only  
 Florida Nurses Association  
 215 South Monroe Street Suite 400  
 Tallahassee FL 32301  
 Phone: 850-294-6541

Nursing

Sandra Mortham (Lobbyist) - Proponent  
 Rasmussen College  
 6675 Weeping Willow Way  
 Tallahassee FL 32311  
 Phone: 850-671-1998

Committee meeting was reported out: Friday, March 26, 2010 12:16:49PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Committee**  
**3/26/2010 8:30:00AM**

**Location:** Webster Hall (212 Knott)

**HB 7183 : Reorganization of the Department of Health**

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thomas Anderson			X		
Charles Chestnut IV		X			
Carl Domino	X				
Clay Ford	X				
James Frishe	X				
Ed Homan		X			
Matt Hudson	X				
Peter Nehr	X				
Kenneth Roberson	X				
Yolly Roberson		X			
Elaine Schwartz		X			
Kelly Skidmore			X		
Nicholas Thompson			X		
Denise Grimsley (Chair)	X				
<b>Total Yeas: 7</b>		<b>Total Nays: 4</b>			

**Appearances:**

Reorganization of the Department of Health  
 Ana Viamonte Ros, State Surgeon General (Lobbyist) - Opponent  
 DOH  
 2585 Merchants Row Boulevard  
 Tallahassee FL 32399  
 Phone: 850-245-4321

Reorganization of the Department of Health  
 Anna Small (Lobbyist) - Information Only  
 Florida Nurses Association  
 215 South Monroe Street Suite 400  
 Tallahassee FL 32301  
 Phone: 850-294-6541

Committee meeting was reported out: Friday, March 26, 2010 12:16:49PM



Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED            \_\_\_ (Y/N)  
ADOPTED AS AMENDED   \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT       \_\_\_ (Y/N)  
WITHDRAWN           \_\_\_ (Y/N)  
OTHER                \_\_\_

A

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative Grimsley offered the following:

**Amendment**

6 Remove line 73 and insert:

7 Columbia, and that is accredited by a specialized nursing  
8 accrediting

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1337 (2010)

Amendment No. 2

COUNCIL/COMMITTEE ACTION

ADOPTED                    \_\_\_ (Y/N)  
ADOPTED AS AMENDED        \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION     ✓ (Y/N)  
FAILED TO ADOPT            \_\_\_ (Y/N)  
WITHDRAWN                 \_\_\_ (Y/N)  
OTHER                        \_\_\_\_\_

(A)

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee

3 Representative Grimsley offered the following:

4

5 **Amendment**

6 Remove line 290 and insert:  
7 application must include the legal name of the educational  
8 institution, the legal name of the nursing education program,  
9 and, if such program is accredited by an accrediting agency  
10 other than an accrediting agency described in s. 464.003(1), the  
11 name of the accrediting agency. The application must also  
12 document that:

HB 1337 HCA Am 2 (Grimsley)

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1337 (2010)

Amendment No. 3

COUNCIL/COMMITTEE ACTION

ADOPTED                    \_\_\_ (Y/N)  
ADOPTED AS AMENDED       \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION    ✓ (Y/N)  
FAILED TO ADOPT           \_\_\_ (Y/N)  
WITHDRAWN                 \_\_\_ (Y/N)  
OTHER                      \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative Grimsley offered the following:

4  
5 **Amendment**

6 Remove line 466 and insert:  
7 (5)-(4) INTERNET WEBSITE.-By October 1, 2010, the board  
8 shall publish the

Amendment No. 4

COUNCIL/COMMITTEE ACTION

ADOPTED                    \_\_\_ (Y/N)  
ADOPTED AS AMENDED       \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION    ✓ (Y/N)  
FAILED TO ADOPT           \_\_\_ (Y/N)  
WITHDRAWN                 \_\_\_ (Y/N)  
OTHER                     \_\_\_\_\_

A

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative Grimsley offered the following:

**Amendment (with title amendment)**

Remove lines 597-618 and insert:

(8) ~~(6)~~ PROGRAM CLOSURE.-

(a) An educational institution conducting an approved  
program or accredited a nursing program in this state, at least  
30 days before voluntarily closing the program, that closes  
shall notify the board in writing of the institution's reason  
for closing the program, the intended closure date, the  
institution's plan to provide for or assist the program's  
students in completing their training, and advise the board of  
the arrangements for storage of the program's permanent records.

(b) An educational institution conducting a nursing  
education program that is terminated under subsection (6) or  
closed under subparagraph (10) (b) 3.:

1. May not accept or enroll new students.

HB 1337 HCA Am 4 (Grimsley)

Amendment No. 4

20        2. Must submit to the board within 30 days after the  
21 program is terminated or closed a written description of how the  
22 institution will assist the program's students in completing  
23 their training and the institution's arrangements for storage of  
24 the program's permanent records.

25        (c) If an educational institution does not comply with  
26 paragraph (a) or paragraph (b), the board shall provide a  
27 written notice explaining the institution's noncompliance to the  
28 following persons and entities:

29            1. The president or chief executive officer of the  
30 educational institution.

31            2. The Board of Governors, if the program is conducted by  
32 a state university.

33            3. The district school board, if the program is conducted  
34 by an educational institution operated by a school district.

35            4. The Commission for Independent Education, if the  
36 program is conducted by an educational institution licensed  
37 under chapter 1005.

38            5. The State Board of Education, if the program is  
39 conducted by an educational institution in the Florida College  
40 System or by an educational institution that is not subject to  
41 subparagraphs 2.-4.

42        (9) (7) RULEMAKING.—The board does not have any rulemaking  
43 authority to administer this section, except that the board  
44 shall adopt a rule that prescribes the format for submitting  
45 program applications under subsection (1) and annual reports  
46 ~~submitting summary descriptions of program compliance~~ under  
47 subsection (4) paragraph (2) (c). The board may not impose any  
HB 1337 HCA Am 4 (Grimsley)

Amendment No. 4

48 condition or requirement on an educational institution  
49 submitting a program application, an approved program, or an  
50 accredited program, a program on probationary status except as  
51 expressly provided in this section. The board shall repeal all  
52 rules, or portions thereof, in existence on July 1, 2009, that  
53 are inconsistent with this subsection.

54 (10) APPLICABILITY TO ACCREDITED PROGRAMS.-

55 (a) Subsections (1)-(4), paragraph (5)(b), and subsection  
56 (6) do not apply to an accredited program. An accredited program  
57 on probationary status before July 1, 2010, ceases to be subject  
58 to the probationary status.

59 (b) If an accredited program ceases to be accredited, the  
60 educational institution conducting the program:

61 1. Within 10 business days after the program ceases to be  
62 accredited, must provide written notice of the date that the  
63 program ceased to be accredited to the board, the program's  
64 students and applicants, and each entity providing clinical  
65 training sites or community-based clinical experience sites for  
66 the program. The educational institution must continue to  
67 provide the written notice to new students, applicants, and  
68 entities providing clinical training sites or community-based  
69 clinical experience sites for the program until the program  
70 becomes an approved program or is closed under subparagraph 3.

71 2. Within 30 days after the program ceases to be  
72 accredited, must submit an affidavit to the board, signed by the  
73 educational institution's president or chief executive officer,  
74 that certifies the institution's compliance with subparagraph 1.  
75 The board shall notify the persons listed in subparagraph

HB 1337 HCA Am 4 (Grimsley)

Amendment No. 4

76 (8)(c)1. and the applicable entities listed in subparagraphs  
77 (8)(c)2.-5. if an educational institution does not submit the  
78 affidavit required by this subparagraph.

79 3. May apply to become an approved program under this  
80 section. If the educational institution:

81 a. Within 30 days after the program ceases to be  
82 accredited, submits a program application and review fee to the  
83 department under subsection (1) and the affidavit required under  
84 subparagraph 2., the program shall be deemed an approved program  
85 from the date that the program ceased to be accredited until the  
86 date that the board approves or denies the program application.  
87 The program application must be denied by the board pursuant to  
88 chapter 120 if it does not contain the affidavit. If the board  
89 denies the program application under subsection (2) or because  
90 the program application does not contain the affidavit, the  
91 program shall be closed and the educational institution  
92 conducting the program must comply with paragraph (8)(b).

93 b. Does not apply to become an approved program pursuant  
94 to sub-subparagraph a., the program shall be deemed an approved  
95 program from the date that the program ceased to be accredited  
96 until the 31st day after that date. On the 31st day after the  
97 program ceased to be accredited, the program shall be closed and  
98 the educational institution conducting the program must comply  
99 with paragraph (8)(b).

100  
101 -----  
102 **T I T L E A M E N D M E N T**

103 Remove lines 34-36 and insert:

HB 1337 HCA Am 4 (Grimsley)

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1337 (2010)

Amendment No. 4

104 of confidential information; revising requirements for the  
105 closure of programs; revising the board's authority to adopt  
106 rules; exempting accredited programs from specified  
107 requirements; providing requirements for an accredited program  
108 that ceases to be accredited; conforming provisions;

HB 1337 HCA Am 4 (Grimsley)



Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Hudson offered the following:

4  
5 **Amendment**

6 Remove line 686 and insert:  
7 practitioner, or physician.

Amendment No. 2

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

(A)

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Hudson offered the following:

**Amendment (with directory and title amendments)**

Between lines 1480 and 1481, insert:

(m) Entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where one or more of the owners is a health care practitioner who is licensed in this state and who is responsible for supervising the business activities of the entity and is legally responsible for the entity's compliance with state law for purposes of this act.

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**D I R E C T O R Y   A M E N D M E N T**

Remove lines 1353-1354 and insert:

Amendment No. 2

19 Section 42. Paragraph (m) is added to subsection (4) and  
20 subsections (4) and (7) of section 400.9905, 1228 Florida  
21 Statutes, are amended to read:

22

23

24

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25

**T I T L E   A M E N D M E N T**

26

Remove line 114 and insert:

27

definitions under the Health Care Clinic Act; providing

28

exemptions; amending s.

Amendment No. 3

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Hudson offered the following:  
4

5 **Amendment (with title amendment)**

6 Between lines 304 and 305, insert:

7 Paragraph (e) of subsection (2) of section 381.0072, Florida  
8 Statutes, is created to read:

9 (e) The department shall inspect food service  
10 establishments in nursing homes licensed under part II of  
11 chapter 400 two times per year. The department may make  
12 additional inspections only in response to complaints. The  
13 department shall coordinate inspections with the Agency for  
14 Health Care Administration, such that the department's  
15 inspection is at least 60 days after a recertification visit by  
16 the Agency for Health Care Administration.  
17  
18  
19

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Amendment No. 3

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23  
24  
25

**T I T L E   A M E N D M E N T**

Remove line 7 and insert:  
traffic infractions by county courts; amending s. 381.0092,  
F.S.; limiting Department of Health food service inspections in  
nursing homes; requiring coordination with the Agency for Health  
Care Administration; repealing s.

Amendment No. 4

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee

3 Representative(s) Hudson offered the following:

4

5 **Amendment (with title amendment)**

6 Between lines 2759 and 2760, insert:

7 Section 633.081, Florida Statutes, is amended to read:

8 633.081 Inspection of buildings and equipment; orders;  
9 firesafety inspection training requirements; certification;  
10 disciplinary action.—The State Fire Marshal and her or his  
11 agents shall, at any reasonable hour, when the department has  
12 reasonable cause to believe that a violation of this chapter or  
13 s. 509.215, or a rule promulgated thereunder, or a minimum  
14 firesafety code adopted by a local authority, may exist, inspect  
15 any and all buildings and structures which are subject to the  
16 requirements of this chapter or s. 509.215 and rules promulgated  
17 thereunder. The authority to inspect shall extend to all  
18 equipment, vehicles, and chemicals which are located within the  
19 premises of any such building or structure. The State Fire

Amendment No. 4

20 Marshal and her or his agents shall inspect nursing homes  
21 licensed under part II of chapter 400 only once every calendar  
22 year and upon receiving a complaint forming the basis of  
23 reasonable cause to believe that a violation of this chapter or  
24 s. 509.215, or a rule promulgated thereunder, or a minimum  
25 firesafety code adopted by a local authority, may exist, and  
26 upon identifying such a violation in the course of conducting  
27 orientation or training activities within a nursing home.  
28  
29

30 -----  
31 **T I T L E   A M E N D M E N T**

32       Between lines 221 and 222, insert:

33 amending s. 633.081, F.S.; limiting nursing home fire marshal  
34 inspections to once a year; providing for additional inspections  
35 based on complaints; providing for additional inspections based  
36 on violations identified in the course of orientation or  
37 training activities;

COUNCIL/COMMITTEE AMENDMENT

Bill No. CS/HB 1143 (2010)

Amendment No. 5

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee

3 Representative(s) Hudson offered the following:

4

5 **Amendment**

6 Remove line 1105 and insert:

7 Medicaid overpayments and amounts transferred to contribute to  
8 the General Revenue Fund pursuant to s. 215.20, Florida  
9 Statutes. If the net cumulative collections, minus



Amendment No. 6

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations.  
2 Committee

3 Representative(s) Hudson offered the following:

4

5 **Amendment (with title amendment)**

6 Between lines 2616 and 2617, insert:

7 Sub-subparagraph d. of subparagraph 4. of paragraph (a) of  
8 subsection (1) of section 499.003, Florida Statutes, is removed  
9 and subsequent sub-subparagraphs renumbered to read:

10 499.003. Definitions of terms used in this part.--As used  
11 in this part, the term:

12 (53) "Wholesale distribution" means distribution of  
13 prescription drugs to persons other than a consumer or patient,  
14 but does not include:

15 (a) Any of the following activities, which is not a  
16 violation of s. 499.005(21) if such activity is conducted in  
17 accordance with s. 499.01(2)(g):

18 1. The purchase or other acquisition by a hospital or  
19 other health care entity that is a member of a group purchasing

Amendment No. 6

20 organization of a prescription drug for its own use from the  
21 group purchasing organization or from other hospitals or health  
22 care entities that are members of that organization.

23 2. The sale, purchase, or trade of a prescription drug or  
24 an offer to sell, purchase, or trade a prescription drug by a  
25 charitable organization described in s. 501(c)(3) of the  
26 Internal Revenue Code of 1986, as amended and revised, to a  
27 nonprofit affiliate of the organization to the extent otherwise  
28 permitted by law.

29 3. The sale, purchase, or trade of a prescription drug or  
30 an offer to sell, purchase, or trade a prescription drug among  
31 hospitals or other health care entities that are under common  
32 control. For purposes of this subparagraph, "common control"  
33 means the power to direct or cause the direction of the  
34 management and policies of a person or an organization, whether  
35 by ownership of stock, by voting rights, by contract, or  
36 otherwise.

37 4. The sale, purchase, trade, or other transfer of a  
38 prescription drug from or for any federal, state, or local  
39 government agency or any entity eligible to purchase  
40 prescription drugs at public health services prices pursuant to  
41 Pub. L. No. 102-585, s. 602 to a contract provider or its  
42 subcontractor for eligible patients of the agency or entity  
43 under the following conditions:

44 a. The agency or entity must obtain written authorization  
45 for the sale, purchase, trade, or other transfer of a  
46 prescription drug under this subparagraph from the State Surgeon  
47 General or his or her designee.

Amendment No. 6

48 |       b. The contract provider or subcontractor must be  
49 | authorized by law to administer or dispense prescription drugs.

50 |       c. In the case of a subcontractor, the agency or entity  
51 | must be a party to and execute the subcontract.

52 |       ~~d. A contract provider or subcontractor must maintain~~  
53 | ~~separate and apart from other prescription drug inventory any~~  
54 | ~~prescription drugs of the agency or entity in its possession.~~

55 |       de. The contract provider and subcontractor must maintain  
56 | and produce immediately for inspection all records of movement  
57 | or transfer of all the prescription drugs belonging to the  
58 | agency or entity, including, but not limited to, the records of  
59 | receipt and disposition of prescription drugs. Each contractor  
60 | and subcontractor dispensing or administering these drugs must  
61 | maintain and produce records documenting the dispensing or  
62 | administration. Records that are required to be maintained  
63 | include, but are not limited to, a perpetual inventory itemizing  
64 | drugs received and drugs dispensed by prescription number or  
65 | administered by patient identifier, which must be submitted to  
66 | the agency or entity quarterly.

67 |       ef. The contract provider or subcontractor may administer  
68 | or dispense the prescription drugs only to the eligible patients  
69 | of the agency or entity or must return the prescription drugs  
70 | for or to the agency or entity. The contract provider or  
71 | subcontractor must require proof from each person seeking to  
72 | fill a prescription or obtain treatment that the person is an  
73 | eligible patient of the agency or entity and must, at a minimum,  
74 | maintain a copy of this proof as part of the records of the  
75 | contractor or subcontractor required under sub-subparagraph e.

Amendment No. 6

76 fg. In addition to the departmental inspection authority  
77 set forth in s. 499.051, the establishment of the contract  
78 provider and subcontractor and all records pertaining to  
79 prescription drugs subject to this subparagraph shall be subject  
80 to inspection by the agency or entity. All records relating to  
81 prescription drugs of a manufacturer under this subparagraph  
82 shall be subject to audit by the manufacturer of those drugs,  
83 without identifying individual patient information.  
84  
85

86 -----

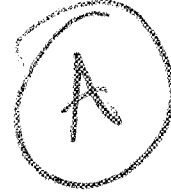
87 **T I T L E A M E N D M E N T**

88 Between lines 221 and 222, insert:  
89 amending s. 499.003, F.S.; removing requirement for certain  
90 prescription drug purchasers to maintain a separate inventory of  
91 certain prescription drugs;

Amendment No. 7

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee

3 Representative(s) Hudson offered the following:

4  
5 **Amendment (with title amendment)**

6 Between lines 2792 and 2793, insert:

7 (4) "Health care provider" means any hospital, ambulatory  
8 surgical center, or mobile surgical facility as defined and  
9 licensed under chapter 395; a birth center licensed under  
10 chapter 383; any person licensed under chapter 458, chapter 459,  
11 chapter 460, chapter 461, chapter 462, chapter 463, part I of  
12 chapter 464, chapter 466, chapter 467, part XIV of chapter 468,  
13 or chapter 486; a clinical lab licensed under chapter 483; a  
14 health maintenance organization certificated under part I of  
15 chapter 641; a blood bank; a plasma center; an industrial  
16 clinic; a renal dialysis facility; or a professional association  
17 partnership, corporation, joint venture, or other association  
18 for professional activity by health care providers.  
19

Amendment No. 7

20

21

22

-----  
**T I T L E   A M E N D M E N T**

23

Between lines 221 and 222, insert:

24

amending s. 766.202, F.S.; adding persons licensed under pt. XIV

25

of ch. 468, F.S., to the definition of "health care provider";

Amendment No. 8

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

(A)

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Hudson offered the following:

**Amendment**

6 Remove lines 2396-2407 and insert:

7 (1) A facility that is licensed under this part must  
8 report electronically to the agency semiannually data related to  
9 the facility, including, but not limited to, the total number of  
10 residents, the number of residents who are receiving limited  
11 mental health services, the number of residents who are  
12 receiving extended congregate care services, the number of  
13 residents who are receiving limited nursing services, and  
14 professional staffing employed by or under contract with the  
15 licensee to provide resident services. The department, in  
16 consultation with the agency, shall adopt rules to administer  
17 this subsection.



Council/Committee/Subcommittee on

HCA

Date 3/26/10

A

Action

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY

(may be used in Council/Committee/Subcommittee, but not on House Floor)

Amendment No. 9

Bill No. 1143

(For filing with the Clerk, Council, Committee and Member Amendments must be prepared by House Bill Drafting Services (Rule 12.1))

Representative(s)/The Council/Committee/Subcommittee on Nehr

offered the following amendment:

Amendment

on page 95 between line(s) 2628 and 2629, insert:

Paragraph (i) is added to subsection (3) of section 499.01212, F.S., to read:

499.01212 Pedigree paper. —

(3) EXCEPTIONS. — A pedigree paper is not required for:

(i) The Wholesale distribution of prescription drugs contained within a sealed medical convenience kit is asse provided that:

1. The medical convenience kit is assembled in an establishment that is registered as a medical device manufacturer with the Food and Drug Administration; and

2. The medical convenience kit does not contain any controlled substance that appears in any schedule contained in or subject to Ch. 893, F.S., or the federal



Comprehensive Drug Abuse Prevention and  
Control Act of 1970.

TITLE AMENDMENT

~~Remove lines~~

Between lines 221 and 227 insert:

amending S. 499.0127, F.S.; exempting  
prescription drugs contained in sealed medical  
convenience kits from the pedigree paper  
requirements under specified circumstances;

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED  (Y/N)  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN  (Y/N)  
OTHER

A

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee

3 Representative(s) Hudson offered the following:

4  
5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 20.43, Florida Statutes, is amended to  
8 read:

9 20.43 Department of Health.—There is created a Department  
10 of Health.

11 (1)(a) ~~The purpose of the Department of Health is~~  
12 ~~responsible for to promote and protect the health of all~~  
13 ~~residents and visitors in the state through organized state and~~  
14 ~~community efforts, including cooperative agreements with~~  
15 ~~counties. The department shall:~~

16 1.(a) Identifying, diagnosing, investigating, and  
17 conducting surveillance of communicable diseases in the state  
18 ~~Prevent to the fullest extent possible, the occurrence and~~

Amendment No. 1

19 ~~progression of communicable and noncommunicable diseases and~~  
20 ~~disabilities.~~

21 2.(b) Implementing interventions that prevent or limit the  
22 impact or spread of disease in the state ~~Maintain a constant~~  
23 ~~surveillance of disease occurrence and accumulate health~~  
24 ~~statistics necessary to establish disease trends and to design~~  
25 ~~health programs.~~

26 3.(e) Maintaining and coordinating preparedness for and  
27 responses to public health emergencies in the state ~~Conduct~~  
28 ~~special studies of the causes of diseases and formulate~~  
29 ~~preventive strategies.~~

30 4.(d) Regulating environmental activities that have a  
31 direct impact on public health in the state ~~Promote the~~  
32 ~~maintenance and improvement of the environment as it affects~~  
33 ~~public health.~~

34 5.(e) Administering and providing health and related  
35 services for targeted populations in the state ~~Promote the~~  
36 ~~maintenance and improvement of health in the residents of the~~  
37 ~~state.~~

38 6.(f) Collecting, managing, and analyzing vital statistics  
39 data in the state ~~Provide leadership, in cooperation with the~~  
40 ~~public and private sectors, in establishing statewide and~~  
41 ~~community public health delivery systems.~~

42 ~~(g) Provide health care and early intervention services to~~  
43 ~~infants, toddlers, children, adolescents, and high-risk~~  
44 ~~perinatal patients who are at risk for disabling conditions or~~  
45 ~~have chronic illnesses.~~

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. 1

46 ~~(h) Provide services to abused and neglected children~~  
47 ~~through child protection teams and sexual abuse treatment~~  
48 ~~programs.~~

49 ~~(i) Develop working associations with all agencies and~~  
50 ~~organizations involved and interested in health and health care~~  
51 ~~delivery.~~

52 ~~(j) Analyze trends in the evolution of health systems, and~~  
53 ~~identify and promote the use of innovative, cost-effective~~  
54 ~~health delivery systems.~~

55 ~~(k) Serve as the statewide repository of all aggregate~~  
56 ~~data accumulated by state agencies related to health care;~~  
57 ~~analyze that data and issue periodic reports and policy~~  
58 ~~statements, as appropriate; require that all aggregated data be~~  
59 ~~kept in a manner that promotes easy utilization by the public,~~  
60 ~~state agencies, and all other interested parties; provide~~  
61 ~~technical assistance as required; and work cooperatively with~~  
62 ~~the state's higher education programs to promote further study~~  
63 ~~and analysis of health care systems and health care outcomes.~~

64 ~~(l) Include in the department's strategic plan developed~~  
65 ~~under s. 186.021 an assessment of current health programs,~~  
66 ~~systems, and costs; projections of future problems and~~  
67 ~~opportunities; and recommended changes that are needed in the~~  
68 ~~health care system to improve the public health.~~

69 7.(m) Regulating Regulate health practitioners, to the  
70 extent authorized by the Legislature, as necessary for the  
71 preservation of the health, safety, and welfare of the public.  
72 This paragraph expires on July 1, 2011.

Amendment No. 1

73        (b) By November 1, 2010, the department shall submit a  
74 proposal to the President of the Senate, the Speaker of the  
75 House of Representatives, and the appropriate substantive  
76 legislative committees for a new department structure based upon  
77 the responsibilities delegated under paragraph (a). The proposal  
78 shall include reductions in the number of departmental bureaus  
79 and divisions and limits on the number of executive positions in  
80 a manner that enables the department to fulfill the  
81 responsibilities delegated under paragraph (a). The department  
82 shall identify existing functions and activities that are  
83 inconsistent with the responsibilities delegated under paragraph  
84 (a) and shall provide a job description for each bureau chief  
85 and division director position proposed for retention.

86        ~~(2)(a) The head of the Department of Health is the State~~  
87 ~~Surgeon General and State Health Officer. The State Surgeon~~  
88 ~~General must be a physician licensed under chapter 458 or~~  
89 ~~chapter 459 who has advanced training or extensive experience in~~  
90 ~~public health administration. The State Surgeon General is~~  
91 ~~appointed by the Governor subject to confirmation by the Senate.~~  
92 ~~The State Surgeon General serves at the pleasure of the~~  
93 ~~Governor. The State Surgeon General shall manage the department~~  
94 ~~as it carries out the responsibilities delegated under paragraph~~  
95 ~~(1)(a) serve as the leading voice on wellness and disease~~  
96 ~~prevention efforts, including the promotion of healthful~~  
97 ~~lifestyles, immunization practices, health literacy, and the~~  
98 ~~assessment and promotion of the physician and health care~~  
99 ~~workforce in order to meet the health care needs of the state.~~  
100 ~~The State Surgeon General shall focus on advocating healthy~~

Amendment No. 1

101 | ~~lifestyles, developing public health policy, and building~~  
102 | ~~collaborative partnerships with schools, businesses, health care~~  
103 | ~~practitioners, community-based organizations, and public and~~  
104 | ~~private institutions in order to promote health literacy and~~  
105 | ~~optimum quality of life for all Floridians.~~

106 | ~~(b) The Officer of Women's Health Strategy is established~~  
107 | ~~within the Department of Health and shall report directly to the~~  
108 | ~~State Surgeon General.~~

109 | (3) The following divisions of the Department of Health  
110 | are established:

111 | (a) Division of Administration. This paragraph expires  
112 | July 1, 2011, unless reviewed and reenacted by the Legislature  
113 | before that date.

114 | (b) Division of Environmental Health. This paragraph  
115 | expires July 1, 2011, unless reviewed and reenacted by the  
116 | Legislature before that date.

117 | (c) Division of Disease Control. This paragraph expires  
118 | July 1, 2011, unless reviewed and reenacted by the Legislature  
119 | before that date.

120 | (d) Division of Family Health Services. This paragraph  
121 | expires July 1, 2011, unless reviewed and reenacted by the  
122 | Legislature before that date.

123 | (e) Division of Children's Medical Services Network. This  
124 | paragraph expires July 1, 2011, unless reviewed and reenacted by  
125 | the Legislature before that date.

126 | (f) Division of Emergency Medical Operations. This  
127 | paragraph expires July 1, 2011, unless reviewed and reenacted by  
128 | the Legislature before that date.

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129 (g) Division of Medical Quality Assurance, which is  
130 responsible for the following boards and professions established  
131 within the division:

- 132 1. The Board of Acupuncture, created under chapter 457.
- 133 2. The Board of Medicine, created under chapter 458.
- 134 3. The Board of Osteopathic Medicine, created under  
135 chapter 459.
- 136 4. The Board of Chiropractic Medicine, created under  
137 chapter 460.
- 138 5. The Board of Podiatric Medicine, created under chapter  
139 461.
- 140 6. Naturopathy, as provided under chapter 462.
- 141 7. The Board of Optometry, created under chapter 463.
- 142 8. The Board of Nursing, created under part I of chapter  
143 464.
- 144 9. Nursing assistants, as provided under part II of  
145 chapter 464.
- 146 10. The Board of Pharmacy, created under chapter 465.
- 147 11. The Board of Dentistry, created under chapter 466.
- 148 12. Midwifery, as provided under chapter 467.
- 149 13. The Board of Speech-Language Pathology and Audiology,  
150 created under part I of chapter 468.
- 151 14. The Board of Nursing Home Administrators, created  
152 under part II of chapter 468.
- 153 15. The Board of Occupational Therapy, created under part  
154 III of chapter 468.
- 155 16. Respiratory therapy, as provided under part V of  
156 chapter 468.

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157 17. Dietetics and nutrition practice, as provided under  
158 part X of chapter 468.

159 18. The Board of Athletic Training, created under part  
160 XIII of chapter 468.

161 19. The Board of Orthotists and Prosthetists, created  
162 under part XIV of chapter 468.

163 20. Electrolysis, as provided under chapter 478.

164 21. The Board of Massage Therapy, created under chapter  
165 480.

166 22. The Board of Clinical Laboratory Personnel, created  
167 under part III of chapter 483.

168 23. Medical physicists, as provided under part IV of  
169 chapter 483.

170 24. The Board of Opticianry, created under part I of  
171 chapter 484.

172 25. The Board of Hearing Aid Specialists, created under  
173 part II of chapter 484.

174 26. The Board of Physical Therapy Practice, created under  
175 chapter 486.

176 27. The Board of Psychology, created under chapter 490.

177 28. School psychologists, as provided under chapter 490.

178 29. The Board of Clinical Social Work, Marriage and Family  
179 Therapy, and Mental Health Counseling, created under chapter  
180 491.

181

182 This paragraph expires July 1, 2011.



Amendment No. 1

183 (h) Division of Children's Medical Services Prevention and  
184 Intervention. This paragraph expires July 1, 2011, unless  
185 reviewed and reenacted by the Legislature before that date.

186 (i) Division of Information Technology. This paragraph  
187 expires July 1, 2011, unless reviewed and reenacted by the  
188 Legislature before that date.

189 (j) Division of Health Access and Tobacco. This paragraph  
190 expires July 1, 2011, unless reviewed and reenacted by the  
191 Legislature before that date.

192 (k) Division of Disability Determinations. This paragraph  
193 expires July 1, 2011, unless reviewed and reenacted by the  
194 Legislature before that date.

195 (4) (a) The members of each board within the department  
196 shall be appointed by the Governor, subject to confirmation by  
197 the Senate. Consumer members on the board shall be appointed  
198 pursuant to paragraph (b). Members shall be appointed for 4-year  
199 terms, and such terms shall expire on October 31. However, a  
200 term of less than 4 years may be used to ensure that:

201 1. No more than two members' terms expire during the same  
202 calendar year for boards consisting of seven or eight members.

203 2. No more than 3 members' terms expire during the same  
204 calendar year for boards consisting of 9 to 12 members.

205 3. No more than 5 members' terms expire during the same  
206 calendar year for boards consisting of 13 or more members.

207

208 A member whose term has expired shall continue to serve on the  
209 board until such time as a replacement is appointed. A vacancy  
210 on the board shall be filled for the unexpired portion of the

## Amendment No. 1

211 term in the same manner as the original appointment. No member  
212 may serve for more than the remaining portion of a previous  
213 member's unexpired term, plus two consecutive 4-year terms of  
214 the member's own appointment thereafter.

215 (b) Each board with five or more members shall have at  
216 least two consumer members who are not, and have never been,  
217 members or practitioners of the profession regulated by such  
218 board or of any closely related profession. Each board with  
219 fewer than five members shall have at least one consumer member  
220 who is not, and has never been, a member or practitioner of the  
221 profession regulated by such board or of any closely related  
222 profession.

223 (c) Notwithstanding any other provision of law, the  
224 department is authorized to establish uniform application forms  
225 and certificates of licensure for use by the boards within the  
226 department. Nothing in this paragraph authorizes the department  
227 to vary any substantive requirements, duties, or eligibilities  
228 for licensure or certification as provided by law.

229 (5) The department shall ~~plan and~~ administer authorized  
230 ~~its~~ public health programs through its county health departments  
231 and may, for administrative purposes and efficient service  
232 delivery, establish multicounty ~~up to 15~~ service areas ~~to carry~~  
233 ~~out such duties as may be prescribed by the State Surgeon~~  
234 ~~General. The boundaries of the service areas shall be the same~~  
235 ~~as, or combinations of, the service districts of the Department~~  
236 ~~of Children and Family Services established in s. 20.19 and, to~~  
237 ~~the extent practicable, shall take into consideration the~~  
238 ~~boundaries of the jobs and education regional boards.~~

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. 1

239 (6) The State Surgeon General may and ~~division directors~~  
240 ~~are authorized to~~ appoint ad hoc advisory committees as  
241 necessary to address issues relating to the responsibilities  
242 delegated to the department under paragraph (1)(a). The issue or  
243 problem that the ad hoc committee shall address, and the  
244 timeframe within which the committee is to complete its work,  
245 shall be specified at the time the committee is appointed. Ad  
246 hoc advisory committees shall include representatives of groups  
247 or entities affected by the issue or problem that the committee  
248 is asked to examine. Members of ad hoc advisory committees shall  
249 receive no compensation, but may, within existing departmental  
250 resources, receive reimbursement for travel expenses as provided  
251 in s. 112.061.

252 ~~(7) To protect and improve the public health, the~~  
253 ~~department may use state or federal funds to:~~

254 ~~(a) Provide incentives, including, but not limited to, the~~  
255 ~~promotional items listed in paragraph (b), food and including~~  
256 ~~food coupons, and payment for travel expenses, for encouraging~~  
257 ~~healthy lifestyle and disease prevention behaviors and patient~~  
258 ~~compliance with medical treatment, such as tuberculosis therapy~~  
259 ~~and smoking cessation programs. Such incentives shall be~~  
260 ~~intended to cause individuals to take action to improve their~~  
261 ~~health. Any incentive for food, food coupons, or travel expenses~~  
262 ~~may not exceed the limitations in s. 112.061.~~

263 ~~(b) Plan and conduct health education campaigns for the~~  
264 ~~purpose of protecting or improving public health. The department~~  
265 ~~may purchase promotional items, such as, but not limited to, t-~~  
266 ~~shirts, hats, sports items such as water bottles and sweat~~

Amendment No. 1

267 ~~bands, calendars, nutritional charts, baby bibs, growth charts,~~  
268 ~~and other items printed with health promotion messages, and~~  
269 ~~advertising, such as space on billboards or in publications or~~  
270 ~~radio or television time, for health information and promotional~~  
271 ~~messages that recognize that the following behaviors, among~~  
272 ~~others, are detrimental to public health: unprotected sexual~~  
273 ~~intercourse, other than with one's spouse; cigarette and cigar~~  
274 ~~smoking, use of smokeless tobacco products, and exposure to~~  
275 ~~environmental tobacco smoke; alcohol consumption or other~~  
276 ~~substance abuse during pregnancy; alcohol abuse or other~~  
277 ~~substance abuse; lack of exercise and poor diet and nutrition~~  
278 ~~habits; and failure to recognize and address a genetic tendency~~  
279 ~~to suffer from sickle cell anemia, diabetes, high blood~~  
280 ~~pressure, cardiovascular disease, or cancer. For purposes of~~  
281 ~~activities under this paragraph, the Department of Health may~~  
282 ~~establish requirements for local matching funds or in-kind~~  
283 ~~contributions to create and distribute advertisements, in either~~  
284 ~~print or electronic format, which are concerned with each of the~~  
285 ~~targeted behaviors, establish an independent evaluation and~~  
286 ~~feedback system for the public health communication campaign,~~  
287 ~~and monitor and evaluate the efforts to determine which of the~~  
288 ~~techniques and methodologies are most effective.~~

289 ~~(c) Plan and conduct promotional campaigns to recruit~~  
290 ~~health professionals to be employed by the department or to~~  
291 ~~recruit participants in departmental programs for health~~  
292 ~~practitioners, such as scholarship, loan repayment, or volunteer~~  
293 ~~programs. To this effect the department may purchase promotional~~  
294 ~~items and advertising.~~

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. 1

295 ~~(8) The department may hold copyrights, trademarks, and~~  
296 ~~service marks and enforce its rights with respect thereto,~~  
297 ~~except such authority does not extend to any public records~~  
298 ~~relating to the department's responsibilities for health care~~  
299 ~~practitioners regulated under part II of chapter 455.~~

300 (7)(9) There is established within the Department of  
301 Health the Office of Minority Health.

302 (8) (a) Beginning in fiscal year 2010-2011, the department  
303 shall initiate or commence new programs, including any new  
304 federally funded or grant-supported initiative, or make changes  
305 in current programs only when the Legislature expressly  
306 authorizes the department to do so.

307 (b) Beginning in fiscal year 2010-2011, prior to applying  
308 for any continuation federal or private grants, the department  
309 shall request express approval of the Legislative Budget  
310 Commission. The request for approval shall provide detailed  
311 information about the purpose of the grant, the prior use of the  
312 grant, the need for continuation, the intended use of the  
313 continuation funds, and the number of full-time permanent or  
314 temporary employees that participate in administering the  
315 program funded by the grant. This subparagraph is subject to  
316 the notice, review and objection procedures set forth in s.  
317 216.177.

318 Section 2. Section 381.0011, Florida Statutes, is amended  
319 to read:

320 381.0011 Duties and powers of the Department of Health.—It  
321 is the duty of the Department of Health to:

## Amendment No. 1

322 (1) Assess the public health status and needs of the state  
323 pursuant to the responsibilities delegated to the department  
324 under s. 20.43 through statewide data collection and other  
325 appropriate means, with special attention to future needs that  
326 may result from population growth, technological advancements,  
327 new societal priorities, or other changes.

328 (2) Manage and coordinate emergency preparedness and  
329 disaster response functions to: investigate and control the  
330 spread of disease; coordinate the availability and staffing of  
331 special needs shelters; support patient evacuation; ensure the  
332 safety of food and drugs; provide critical incident stress  
333 debriefing; and provide surveillance and control of  
334 radiological, chemical, biological, and other environmental  
335 hazards ~~Formulate general policies affecting the public health~~  
336 ~~of the state.~~

337 (3) Include in the department's strategic plan developed  
338 under s. 186.021 a summary of all aspects of the public health  
339 related to the responsibilities delegated to the department  
340 under s. 20.43(1) mission and health status objectives to direct  
341 the use of public health resources with an emphasis on  
342 prevention.

343 (4) Administer and enforce laws and rules relating to  
344 sanitation, control of communicable diseases, and illnesses and  
345 hazards to health among humans and from animals to humans, ~~and~~  
346 ~~the general health of the people of the state.~~

347 (5) Cooperate with and accept assistance from federal,  
348 state, and local officials for the prevention and suppression of  
349 communicable and other diseases, illnesses, injuries, and

Amendment No. 1

350 hazards to human health and cooperate with the Federal  
351 Government in enforcing public health laws and regulations.

352 (6) Declare, enforce, modify, and abolish quarantine of  
353 persons, animals, and premises as the circumstances indicate for  
354 controlling communicable diseases or providing protection from  
355 unsafe conditions that pose a threat to public health, except as  
356 provided in ss. 384.28 and 392.545-392.60.

357 (a) The department shall adopt rules to specify the  
358 conditions and procedures for imposing and releasing a  
359 quarantine. The rules must include provisions related to:

360 1. The closure of premises.

361 2. The movement of persons or animals exposed to or  
362 infected with a communicable disease.

363 3. The tests or treatment, including vaccination, for  
364 communicable disease required prior to employment or admission  
365 to the premises or to comply with a quarantine.

366 4. Testing or destruction of animals with or suspected of  
367 having a disease transmissible to humans.

368 5. Access by the department to quarantined premises.

369 6. The disinfection of quarantined animals, persons, or  
370 premises.

371 7. Methods of quarantine.

372 (b) Any health regulation that restricts travel or trade  
373 within the state may not be adopted or enforced in this state  
374 except by authority of the department.

375 (7) Identify, diagnose, investigate, and conduct  
376 surveillance of communicable diseases in the state and promote  
377 and implement interventions that prevent or limit the impact and

Amendment No. 1

378 spread of disease in the state ~~Provide for a thorough~~  
379 ~~investigation and study of the incidence, causes, modes of~~  
380 ~~propagation and transmission, and means of prevention, control,~~  
381 ~~and cure of diseases, illnesses, and hazards to human health.~~

382 (8) Issue, as necessary and in its discretion, health  
383 alerts or advisories ~~Provide for the dissemination of~~  
384 ~~information to the public relative to the prevention, control,~~  
385 ~~and cure of diseases, illnesses, and hazards to human health.~~  
386 ~~The department shall conduct a workshop before issuing any~~  
387 ~~health alert or advisory~~ relating to food-borne illness or  
388 communicable disease in public lodging or food service  
389 establishments in order to inform persons, trade associations,  
390 and businesses of the risk to public health and to seek the  
391 input of affected persons, trade associations, and businesses on  
392 the best methods of informing and protecting the public. The  
393 department shall conduct a workshop before issuing any such  
394 alert or advisory, except in an emergency, in which case the  
395 workshop must be held within 14 days after the issuance of the  
396 emergency alert or advisory.

397 (9) Act as registrar of vital statistics.

398 ~~(10) Cooperate with and assist federal health officials in~~  
399 ~~enforcing public health laws and regulations.~~

400 ~~(11) Cooperate with other departments, local officials,~~  
401 ~~and private boards and organizations for the improvement and~~  
402 ~~preservation of the public health.~~

403 ~~(12) Maintain a statewide injury prevention program.~~

404 (10) ~~(13)~~ Adopt rules pursuant to ss. 120.536(1) and 120.54  
405 to implement the provisions of law conferring duties upon it.



COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

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406 This subsection does not authorize the department to require a  
407 permit or license or to inspect a building or facility, unless  
408 such requirement is specifically provided by law.

409 ~~(11)-(14)~~ Perform any other duties expressly assigned to  
410 the department ~~prescribed~~ by law.

411 Section 3. Subsection (16) of section 381.006, Florida  
412 Statutes, is amended to read:

413 381.006 Environmental health.—The department shall conduct  
414 an environmental health program as part of fulfilling the  
415 state's public health mission. The purpose of this program is to  
416 detect and prevent disease caused by natural and manmade factors  
417 in the environment. The environmental health program shall  
418 include, but not be limited to:

419 (16) A group-care-facilities function. ~~The term, where a~~  
420 "group care facility" means any public or private school,  
421 assisted living facility, adult family-care home, adult day care  
422 center, short-term residential treatment center, residential  
423 treatment facility, home for special services, transitional  
424 living facility, crisis stabilization unit, hospice, prescribed  
425 pediatric extended care center, intermediate care facility for  
426 persons with developmental disabilities, or boarding school  
427 ~~housing, building or buildings, section of a building, or~~  
428 ~~distinct part of a building or other place, whether operated for~~  
429 ~~profit or not, which undertakes, through its ownership or~~  
430 ~~management, to provide one or more personal services, care,~~  
431 ~~protection, and supervision to persons who require such services~~  
432 ~~and who are not related to the owner or administrator. The~~  
433 department may adopt rules necessary to protect the health and

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434 safety of residents, staff, and patrons of group care  
435 facilities, as defined in this paragraph. Rules related to  
436 public and private schools shall be developed by ~~such as child~~  
437 ~~care facilities, family day care homes, assisted living~~  
438 ~~facilities, adult day care centers, adult family care homes,~~  
439 ~~hospices, residential treatment facilities, crisis stabilization~~  
440 ~~units, pediatric extended care centers, intermediate care~~  
441 ~~facilities for the developmentally disabled, group care homes,~~  
442 ~~and, jointly with the Department of Education in consultation~~  
443 ~~with the department, private and public schools. These Rules may~~  
444 include definitions of terms; provisions relating to operation  
445 and maintenance of facilities, buildings, grounds, equipment,  
446 furnishings, and occupant-space requirements; lighting; heating,  
447 cooling, and ventilation; food service; water supply and  
448 plumbing; sewage; sanitary facilities; insect and rodent  
449 control; garbage; safety; personnel health, hygiene, and work  
450 practices; and other matters the department finds are  
451 appropriate or necessary to protect the safety and health of the  
452 residents, staff, students, faculty, or patrons. The department  
453 may not adopt rules that conflict with rules adopted by the  
454 licensing or certifying agency. The department may enter and  
455 inspect at reasonable hours to determine compliance with  
456 applicable statutes or rules. In addition to any sanctions that  
457 the department may impose for violations of rules adopted under  
458 this section, the department shall also report such violations  
459 to any agency responsible for licensing or certifying the group  
460 care facility. The licensing or certifying agency may also

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461 impose any sanction based solely on the findings of the  
462 department.

463

464 The department may adopt rules to carry out the provisions of  
465 this section.

466 Section 4. Subsections (1), (2), (3), and (6) of section  
467 381.0072, Florida Statutes, are amended to read:

468 381.0072 Food service protection.—It shall be the duty of  
469 the Department of Health to adopt and enforce sanitation rules  
470 consistent with law to ensure the protection of the public from  
471 food-borne illness. These rules shall provide the standards and  
472 requirements for the storage, preparation, serving, or display  
473 of food in food service establishments as defined in this  
474 section and which are not permitted or licensed under chapter  
475 500 or chapter 509.

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

477 (a) "Department" means the Department of Health or its  
478 representative county health department.

479 (b) "Food service establishment" means detention  
480 facilities, public or private schools, migrant labor camps,  
481 assisted living facilities, adult family-care homes, adult day  
482 care centers, short-term residential treatment centers,  
483 residential treatment facilities, homes for special services,  
484 transitional living facilities, crisis stabilization units,  
485 hospices, prescribed pediatric extended care centers,  
486 intermediate care facilities for persons with developmental  
487 disabilities, boarding schools, civic or fraternal  
488 organizations, bars and lounges, vending machines that dispense

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489 potentially hazardous foods at facilities expressly named in  
490 this paragraph, and facilities used as temporary food events or  
491 mobile food units at any facility expressly named ~~any facility,~~  
492 ~~as described~~ in this paragraph, where food is prepared and  
493 intended for individual portion service, including ~~and includes~~  
494 the site at which individual portions are provided, ~~. The term~~  
495 ~~includes any such facility~~ regardless of whether consumption is  
496 on or off the premises and regardless of whether there is a  
497 charge for the food. ~~The term includes detention facilities,~~  
498 ~~child care facilities, schools, institutions, civic or fraternal~~  
499 ~~organizations, bars and lounges and facilities used at temporary~~  
500 ~~food events, mobile food units, and vending machines at any~~  
501 ~~facility regulated under this section.~~ The term does not include  
502 any entity not expressly named in this paragraph ~~private homes~~  
503 ~~where food is prepared or served for individual family~~  
504 ~~consumption; nor does the term include churches, synagogues, or~~  
505 ~~other not-for-profit religious organizations as long as these~~  
506 ~~organizations serve only their members and guests and do not~~  
507 ~~advertise food or drink for public consumption, or any facility~~  
508 ~~or establishment permitted or licensed under chapter 500 or~~  
509 ~~chapter 509; nor does the term include any theater, if the~~  
510 ~~primary use is as a theater and if patron service is limited to~~  
511 ~~food items customarily served to the admittees of theaters; nor~~  
512 ~~does the term include a research and development test kitchen~~  
513 ~~limited to the use of employees and which is not open to the~~  
514 ~~general public.~~

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515 (c) "Operator" means the owner, operator, keeper,  
516 proprietor, lessee, manager, assistant manager, agent, or  
517 employee of a food service establishment.

518 (2) DUTIES.—

519 (a) The department may advise and consult with the Agency  
520 for Health Care Administration, the Department of Business and  
521 Professional Regulation, the Department of Agriculture and  
522 Consumer Services, and the Department of Children and Family  
523 Services concerning procedures related to the storage,  
524 preparation, serving, or display of food at any building,  
525 structure, or facility not expressly included in this section  
526 that is inspected, licensed, or regulated by those agencies.

527 (b) ~~(a)~~ The department shall adopt rules, including  
528 definitions of terms which are consistent with law prescribing  
529 minimum sanitation standards and manager certification  
530 requirements as prescribed in s. 509.039, and which shall be  
531 enforced in food service establishments as defined in this  
532 section. The sanitation standards must address the construction,  
533 operation, and maintenance of the establishment; lighting,  
534 ventilation, laundry rooms, lockers, use and storage of toxic  
535 materials and cleaning compounds, and first-aid supplies; plan  
536 review; design, construction, installation, location,  
537 maintenance, sanitation, and storage of food equipment and  
538 utensils; employee training, health, hygiene, and work  
539 practices; food supplies, preparation, storage, transportation,  
540 and service, including access to the areas where food is stored  
541 or prepared; and sanitary facilities and controls, including  
542 water supply and sewage disposal; plumbing and toilet

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543 facilities; garbage and refuse collection, storage, and  
544 disposal; and vermin control. Public and private schools, if the  
545 food service is operated by school employees, ~~hospitals~~  
546 ~~licensed under chapter 395; nursing homes licensed under part II~~  
547 ~~of chapter 400; child care facilities as defined in s. 402.301;~~  
548 ~~residential facilities collocated with a nursing home or~~  
549 ~~hospital, if all food is prepared in a central kitchen that~~  
550 ~~complies with nursing or hospital regulations; and bars and~~  
551 ~~lounges, civic organizations, and any other facility that is not~~  
552 ~~regulated under this section as defined by department rule,~~ are  
553 exempt from the rules developed for manager certification. The  
554 department shall administer a comprehensive inspection,  
555 monitoring, and sampling program to ensure such standards are  
556 maintained. With respect to food service establishments  
557 permitted or licensed under chapter 500 or chapter 509, the  
558 department shall assist the Division of Hotels and Restaurants  
559 of the Department of Business and Professional Regulation and  
560 the Department of Agriculture and Consumer Services with  
561 rulemaking by providing technical information.

562 (c) ~~(b)~~ The department shall carry out all provisions of  
563 this chapter and all other applicable laws and rules relating to  
564 the inspection or regulation of food service establishments as  
565 defined in this section, for the purpose of safeguarding the  
566 public's health, safety, and welfare.

567 (d) ~~(e)~~ The department shall inspect each food service  
568 establishment as often as necessary to ensure compliance with  
569 applicable laws and rules. The department shall have the right  
570 of entry and access to these food service establishments at any

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571 reasonable time. In inspecting food service establishments as  
572 provided under this section, the department shall provide each  
573 inspected establishment with the food recovery brochure  
574 developed under s. 570.0725.

575 (e)~~(d)~~ The department or other appropriate regulatory  
576 entity may inspect theaters exempted in subsection (1) to ensure  
577 compliance with applicable laws and rules pertaining to minimum  
578 sanitation standards. A fee for inspection shall be prescribed  
579 by rule, but the aggregate amount charged per year per theater  
580 establishment shall not exceed \$300, regardless of the entity  
581 providing the inspection.

582 (3) LICENSES REQUIRED.—

583 (a) Licenses; annual renewals.—Each food service  
584 establishment regulated under this section shall obtain a  
585 license from the department annually. Food service establishment  
586 licenses shall expire annually and are not transferable from one  
587 place or individual to another. However, those facilities  
588 licensed by the department's Office of Licensure and  
589 Certification, the Child Care Services Program Office, or the  
590 Agency for Persons with Disabilities are exempt from this  
591 subsection. It shall be a misdemeanor of the second degree,  
592 punishable as provided in s. 381.0061, s. 775.082, or s.  
593 775.083, for such an establishment to operate without this  
594 license. The department may refuse a license, or a renewal  
595 thereof, to any establishment that is not constructed or  
596 maintained in accordance with law and with the rules of the  
597 department. Annual application for renewal is not required.

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598 (b) Application for license.—Each person who plans to open  
599 a food service establishment regulated under this section and  
600 not regulated under chapter 500 or chapter 509 shall apply for  
601 and receive a license prior to the commencement of operation.

602 (6) IMMINENT DANGERS; STOP-SALE ORDERS.—

603 (a) In the course of epidemiological investigations or for  
604 those establishments regulated by the department under this  
605 chapter, the department, to protect the public from food that is  
606 unwholesome or otherwise unfit for human consumption, may  
607 examine, sample, seize, and stop the sale or use of food to  
608 determine its condition. The department may stop the sale and  
609 supervise the proper destruction of food when the State Health  
610 Officer or his or her designee determines that such food  
611 represents a threat to the public health.

612 (b) The department may determine that a food service  
613 establishment regulated under this section is an imminent danger  
614 to the public health and require its immediate closure when such  
615 establishment fails to comply with applicable sanitary and  
616 safety standards and, because of such failure, presents an  
617 imminent threat to the public's health, safety, and welfare. The  
618 department may accept inspection results from state and local  
619 building and firesafety officials and other regulatory agencies  
620 as justification for such actions. Any facility so deemed and  
621 closed shall remain closed until allowed by the department or by  
622 judicial order to reopen.

623 Section 5. Paragraph (g) of subsection (2) of section  
624 381.0101, Florida Statutes, is amended to read:

625 (2) DEFINITIONS.—As used in this section:



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626 (g) "Primary environmental health program" means those  
627 programs ~~determined by~~ the department is expressly authorized by  
628 law to administer ~~to be essential~~ for providing basic  
629 environmental and sanitary protection to the public. ~~At a~~  
630 ~~minimum,~~ These programs shall include food protection program  
631 work at food service establishments as defined in s. 381.0072  
632 and onsite sewage treatment and disposal system evaluations.

633 Section 6. Sections 381.001, 381.04015, 381.0403, 401.243,  
634 411.23, 411.231, and 411.232, Florida Statutes, are repealed.

635 Section 7. Section 381.4018, Florida Statutes, is amended  
636 to read:

637 381.4018 Physician workforce assessment and development.--

638 (1) DEFINITIONS.--As used in this section, the term:

639 (a) "Consortium" or "consortia" means a combination of  
640 statutory teaching hospitals, statutory rural hospitals, other  
641 hospitals, accredited medical schools, clinics operated by the  
642 Department of Health, clinics operated by the Department of  
643 Veterans' Affairs, area health education centers, community  
644 health centers, federally qualified health centers, prison  
645 clinics, local community clinics, or other programs. At least  
646 one member of the consortium shall be a sponsoring institution  
647 accredited or currently seeking accreditation by the  
648 Accreditation Council for Graduate Medical Education or the  
649 American Osteopathic Association.

650 (b) "Council" means the Physician Workforce Advisory  
651 Council.

652 (c) "Department" means the Department of Health.

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653        (d) "Graduate medical education program" means a program  
654 accredited by the Accreditation Council for Graduate Medical  
655 Education or the American Osteopathic Association.

656        (e) "Primary care specialty" means emergency medicine,  
657 family practice, internal medicine, pediatrics, psychiatry,  
658 obstetrics and gynecology, and combined internal medicine and  
659 other specialties as determined by the Physician Workforce  
660 Advisory Council or the Department of Health.

661        (2) ~~(1)~~ LEGISLATIVE INTENT.— The Legislature recognizes  
662 that physician workforce planning is an essential component of  
663 ensuring that there is an adequate and appropriate supply of  
664 well-trained physicians to meet this state's future health care  
665 service needs as the general population and elderly population  
666 of the state increase. The Legislature finds that items to  
667 consider relative to assessing the physician workforce may  
668 include physician practice status; specialty mix; geographic  
669 distribution; demographic information, including, but not  
670 limited to, age, gender, race, and cultural considerations; and  
671 needs of current or projected medically underserved areas in the  
672 state. Long-term strategic planning is essential as the period  
673 from the time a medical student enters medical school to  
674 completion of graduate medical education may range from 7 to 10  
675 years or longer. The Legislature recognizes that strategies to  
676 provide for a well-trained supply of physicians must include  
677 ensuring the availability and capacity of quality ~~graduate~~  
678 medical schools and graduate medical education programs in this  
679 state, as well as using new or existing state and federal  
680 programs providing incentives for physicians to practice in

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681 | needed specialties and in underserved areas in a manner that  
682 | addresses projected needs for physician manpower.

683 |        ~~(3)~~(2) PURPOSE.—The Department of Health shall serve as a  
684 | coordinating and strategic planning body to actively assess the  
685 | state's current and future physician workforce needs and work  
686 | with multiple stakeholders to develop strategies and  
687 | alternatives to address current and projected physician  
688 | workforce needs.

689 |        ~~(4)~~(3) GENERAL FUNCTIONS.—The department shall maximize  
690 | the use of existing programs under the jurisdiction of the  
691 | department and other state agencies and coordinate governmental  
692 | and nongovernmental stakeholders and resources in order to  
693 | develop a state strategic plan and assess the implementation of  
694 | such strategic plan. In developing the state strategic plan, the  
695 | department shall:

696 |           (a) Monitor, evaluate, and report on the supply and  
697 | distribution of physicians licensed under chapter 458 or chapter  
698 | 459. The department shall maintain a database to serve as a  
699 | statewide source of data concerning the physician workforce.

700 |           (b) Develop a model and quantify, on an ongoing basis, the  
701 | adequacy of the state's current and future physician workforce  
702 | as reliable data becomes available. Such model must take into  
703 | account demographics, physician practice status, place of  
704 | education and training, generational changes, population growth,  
705 | economic indicators, and issues concerning the "pipeline" into  
706 | medical education.

707 |           (c) Develop and recommend strategies to determine whether  
708 | the number of qualified medical school applicants who might

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709 become competent, practicing physicians in this state will be  
710 sufficient to meet the capacity of the state's medical schools.  
711 If appropriate, the department shall, working with  
712 representatives of appropriate governmental and nongovernmental  
713 entities, develop strategies and recommendations and identify  
714 best practice programs that introduce health care as a  
715 profession and strengthen skills needed for medical school  
716 admission for elementary, middle, and high school students, and  
717 improve premedical education at the precollege and college level  
718 in order to increase this state's potential pool of medical  
719 students.

720 (d) Develop strategies to ensure that the number of  
721 graduates from the state's public and private allopathic and  
722 osteopathic medical schools are adequate to meet physician  
723 workforce needs, based on the analysis of the physician  
724 workforce data, so as to provide a high-quality medical  
725 education to students in a manner that recognizes the uniqueness  
726 of each new and existing medical school in this state.

727 (e) Pursue strategies and policies to create, expand, and  
728 maintain graduate medical education positions in the state based  
729 on the analysis of the physician workforce data. Such strategies  
730 and policies must take into account the effect of federal  
731 funding limitations on the expansion and creation of positions  
732 in graduate medical education. The department shall develop  
733 options to address such federal funding limitations. The  
734 department shall consider options to provide direct state  
735 funding for graduate medical education positions in a manner  
736 that addresses requirements and needs relative to accreditation

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737 of graduate medical education programs. The department shall  
738 consider funding residency positions as a means of addressing  
739 needed physician specialty areas, rural areas having a shortage  
740 of physicians, and areas of ongoing critical need, and as a  
741 means of addressing the state's physician workforce needs based  
742 on an ongoing analysis of physician workforce data.

743 (f) Develop strategies to maximize federal and state  
744 programs that provide for the use of incentives to attract  
745 physicians to this state or retain physicians within the state.  
746 Such strategies should explore and maximize federal-state  
747 partnerships that provide incentives for physicians to practice  
748 in federally designated shortage areas. Strategies shall also  
749 consider the use of state programs, such as the Florida Health  
750 Service Corps established pursuant to s. 381.0302 and the  
751 Medical Education Reimbursement and Loan Repayment Program  
752 pursuant to s. 1009.65, which provide for education loan  
753 repayment or loan forgiveness and provide monetary incentives  
754 for physicians to relocate to underserved areas of the state.

755 (g) Coordinate and enhance activities relative to  
756 physician workforce needs, undergraduate medical education, and  
757 graduate medical education provided by the Division of Medical  
758 Quality Assurance, ~~the Community Hospital Education Program and~~  
759 ~~the Graduate Medical Education Committee established pursuant to~~  
760 ~~s. 381.0403,~~ area health education center networks established  
761 pursuant to s. 381.0402, and other offices and programs within  
762 the Department of Health as designated by the State Surgeon  
763 General.

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764 (h) Work in conjunction with and act as a coordinating  
765 body for governmental and nongovernmental stakeholders to  
766 address matters relating to the state's physician workforce  
767 assessment and development for the purpose of ensuring an  
768 adequate supply of well-trained physicians to meet the state's  
769 future needs. Such governmental stakeholders shall include, but  
770 need not be limited to, the State Surgeon General or his or her  
771 designee, the Commissioner of Education or his or her designee,  
772 the Secretary of Health Care Administration or his or her  
773 designee, and the Chancellor of the State University System or  
774 his or her designee ~~from the Board of Governors of the State~~  
775 ~~University System~~, and, at the discretion of the department,  
776 other representatives of state and local agencies that are  
777 involved in assessing, educating, or training the state's  
778 current or future physicians. Other stakeholders shall include,  
779 but need not be limited to, organizations representing the  
780 state's public and private allopathic and osteopathic medical  
781 schools; organizations representing hospitals and other  
782 institutions providing health care, particularly those that have  
783 an interest in providing accredited medical education and  
784 graduate medical education to medical students and medical  
785 residents; organizations representing allopathic and osteopathic  
786 practicing physicians; and, at the discretion of the department,  
787 representatives of other organizations or entities involved in  
788 assessing, educating, or training the state's current or future  
789 physicians.

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790 (i) Serve as a liaison with other states and federal  
791 agencies and programs in order to enhance resources available to  
792 the state's physician workforce and medical education continuum.

793 (j) Act as a clearinghouse for collecting and  
794 disseminating information concerning the physician workforce and  
795 medical education continuum in this state.

796 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
797 in the Department of Health the Physician Workforce Advisory  
798 Council, an advisory council as defined in s. 20.03. The council  
799 shall comply with the requirements of s. 20.052, except as  
800 otherwise provided in this section.

801 (a) The council shall be composed of the following 23  
802 members:

803 1. The following members appointed by the State Surgeon  
804 General:

805 a. A designee from the department.

806 b. An individual recommended by the Area Health Education  
807 Center Network.

808 c. Two individuals recommended by the Council of Florida  
809 Medical School Deans, one representing a college of allopathic  
810 medicine and one representing a college of osteopathic medicine.

811 d. Two individuals recommended by the Florida Hospital  
812 Association, one representing a statutory teaching hospital and  
813 one representing a hospital that is licensed under chapter 395,  
814 has an accredited graduate medical education program, and is not  
815 a statutory teaching hospital.

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816 e. Two individuals recommended by the Florida Medical  
817 Association, one representing a primary care specialty and one  
818 representing a nonprimary care specialty.

819 f. Two individuals recommended by the Florida Osteopathic  
820 Medical Association, one representing a primary care specialty  
821 and one representing a nonprimary care specialty.

822 g. Two individuals who are program directors of accredited  
823 graduate medical education programs, one representing a program  
824 that is accredited by the Accreditation Council for Graduate  
825 Medical Education and one representing a program that is  
826 accredited by the American Osteopathic Association.

827 h. An individual recommended by the Florida Justice  
828 Association.

829 i. An individual representing a profession in the field of  
830 health services administration.

831 j. A layperson member.

832

833 Each entity authorized to make recommendations under this  
834 subparagraph shall make at least two recommendations to the  
835 State Surgeon General for each appointment to the council. The  
836 State Surgeon General shall appoint one member for each position  
837 from among the recommendations made by each authorized entity.

838 2. The following members appointed by the respective  
839 agency head, legislative presiding officer, or congressional  
840 delegation:

841 a. The Commissioner of Education or his or her designee.

842 b. The Chancellor of the State University System or his or  
843 her designee.



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844 c. The Secretary of Health Care Administration or his or  
845 her designee.

846 d. The executive director of the Department of Veterans'  
847 Affairs or his or her designee.

848 e. The Secretary of Elderly Affairs or his or her  
849 designee.

850 f. The President of the Senate or his or her designee.

851 g. The Speaker of the House of Representatives or his or  
852 her designee.

853 h. A designee of Florida's Congressional Delegation.

854 (b) Each council member shall be appointed to a 4-year  
855 term. An individual may not serve more than two terms. Any  
856 council member may be removed from office for malfeasance;  
857 misfeasance; neglect of duty; incompetence; permanent inability  
858 to perform official duties; or pleading guilty or nolo  
859 contendere to, or being found guilty of, a felony. Any council  
860 member who meets the criteria for removal, or who is otherwise  
861 unwilling or unable to properly fulfill the duties of the  
862 office, shall be succeeded by an individual chosen by the State  
863 Surgeon General to serve out the remainder of the council  
864 member's term. If the remainder of the replaced council member's  
865 term is less than 18 months, notwithstanding the provisions of  
866 this paragraph, the succeeding council member may be reappointed  
867 twice by the State Surgeon General.

868 (c) The chair of the council is the State Surgeon General,  
869 who shall designate a vice chair to serve in the absence of the  
870 State Surgeon General. A vacancy shall be filled for the

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871 remainder of the unexpired term in the same manner as the  
872 original appointment.

873 (d) Council members are not entitled to receive  
874 compensation or reimbursement for per diem or travel expenses.

875 (e) The council shall meet twice a year in person or by  
876 teleconference.

877 (f) The council shall:

878 1. Advise the State Surgeon General and the department on  
879 matters concerning current and future physician workforce needs  
880 in this state.

881 2. Review survey materials and the compilation of survey  
882 information.

883 3. Provide recommendations to the department for the  
884 development of additional items to be incorporated in the survey  
885 completed by physicians licensed under chapter 458 or chapter  
886 459.

887 4. Assist the department in preparing the annual report to  
888 the Legislature pursuant to ss. 458.3192 and 459.0082.

889 5. Assist the department in preparing an initial strategic  
890 plan, conduct ongoing strategic planning in accordance with this  
891 section, and provide ongoing advice on implementing the  
892 recommendations.

893 6. Monitor the need for an increased number of primary  
894 care physicians to provide the necessary current and projected  
895 health and medical services for the state.

896 7. Monitor the status of graduate medical education in  
897 this state, including, but not limited to, as considered  
898 appropriate:

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899 | a. The effectiveness of graduate medical education pilot  
900 | projects funded pursuant to subsection (6).

901 | b. The role of residents and medical faculty in the  
902 | provision of health care.

903 | c. The relationship of graduate medical education to the  
904 | state's physician workforce.

905 | d. The availability and use of state and federal  
906 | appropriated funds for graduate medical education.

907 | Section 8. Section 392.51, Florida Statutes, is amended to  
908 | read:

909 | 392.51 Findings and intent.—The Legislature finds and  
910 | declares that active tuberculosis is a highly contagious  
911 | infection that is sometimes fatal and constitutes a serious  
912 | threat to the public health. The Legislature finds that there is  
913 | a significant reservoir of tuberculosis infection in this state  
914 | and that there is a need to develop community programs to  
915 | identify tuberculosis and to respond quickly with appropriate  
916 | measures. The Legislature finds that some patients who have  
917 | active tuberculosis have complex medical, social, and economic  
918 | problems that make outpatient control of the disease difficult,  
919 | if not impossible, without posing a threat to the public health.  
920 | The Legislature finds that in order to protect the citizenry  
921 | from those few persons who pose a threat to the public, it is  
922 | necessary to establish a system of mandatory contact  
923 | identification, treatment to cure, hospitalization, and  
924 | isolation for contagious cases and to provide a system of  
925 | voluntary, community-oriented care and surveillance in all other  
926 | cases. The Legislature finds that the delivery of tuberculosis

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927 control services is best accomplished by the coordinated efforts  
928 of the respective county health departments, ~~the A.G. Holley~~  
929 ~~State Hospital~~, and the private health care delivery system.

930 Section 9. Subsection (5) of section 392.69, Florida  
931 Statutes, is created to read:

932 392.69 Appropriation, sinking, and maintenance trust  
933 funds; additional powers of the department.-

934 (5) The department shall develop a plan to provide  
935 treatment to cure, hospitalization, and isolation exclusively by  
936 private and non-state public hospitals for contagious cases of  
937 tuberculosis for persons who pose a threat to the public. The  
938 department shall submit the plan to the Governor, the President  
939 of the Senate and the Speaker of the House of Representatives by  
940 November 1, 2010. The plan shall include the following elements:

941 (a) Identification of hospitals functionally capable of  
942 caring for such patients;

943 (b) Reimbursement for hospital inpatient services at the  
944 Medicaid rate and reimbursement for other medically necessary  
945 services which are not hospital inpatient services at the  
946 relevant Medicaid rate;

947 (c) Projected cost estimates; and

948 (d) A transition plan for closing the A. G. Holley State  
949 Hospital and transferring patients to such hospitals over a 90-  
950 day period of time.

951 Section 10. Paragraph (d) of subsection (5) of section  
952 411.01, Florida Statutes, is amended to read:

953 411.01 School readiness programs; early learning  
954 coalitions.-

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955 (5) CREATION OF EARLY LEARNING COALITIONS.-

956 (d) Implementation.-

957 1. An early learning coalition may not implement the  
958 school readiness program until the coalition is authorized  
959 through approval of the coalition's school readiness plan by the  
960 Agency for Workforce Innovation.

961 2. Each early learning coalition shall develop a plan for  
962 implementing the school readiness program to meet the  
963 requirements of this section and the performance standards and  
964 outcome measures adopted by the Agency for Workforce Innovation.  
965 The plan must demonstrate how the program will ensure that each  
966 3-year-old and 4-year-old child in a publicly funded school  
967 readiness program receives scheduled activities and instruction  
968 designed to enhance the age-appropriate progress of the children  
969 in attaining the performance standards adopted by the Agency for  
970 Workforce Innovation under subparagraph (4)(d)8. Before  
971 implementing the school readiness program, the early learning  
972 coalition must submit the plan to the Agency for Workforce  
973 Innovation for approval. The Agency for Workforce Innovation may  
974 approve the plan, reject the plan, or approve the plan with  
975 conditions. The Agency for Workforce Innovation shall review  
976 school readiness plans at least annually.

977 3. If the Agency for Workforce Innovation determines  
978 during the annual review of school readiness plans, or through  
979 monitoring and performance evaluations conducted under paragraph  
980 (4)(1), that an early learning coalition has not substantially  
981 implemented its plan, has not substantially met the performance  
982 standards and outcome measures adopted by the agency, or has not

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983 effectively administered the school readiness program or  
984 Voluntary Prekindergarten Education Program, the Agency for  
985 Workforce Innovation may dissolve the coalition and temporarily  
986 contract with a qualified entity to continue school readiness  
987 and prekindergarten services in the coalition's county or  
988 multicounty region until the coalition is reestablished through  
989 resubmission of a school readiness plan and approval by the  
990 agency.

991 4. The Agency for Workforce Innovation shall adopt  
992 criteria for the approval of school readiness plans. The  
993 criteria must be consistent with the performance standards and  
994 outcome measures adopted by the agency and must require each  
995 approved plan to include the following minimum standards and  
996 provisions:

997 a. A sliding fee scale establishing a copayment for  
998 parents based upon their ability to pay, which is the same for  
999 all program providers, to be implemented and reflected in each  
1000 program's budget.

1001 b. A choice of settings and locations in licensed,  
1002 registered, religious-exempt, or school-based programs to be  
1003 provided to parents.

1004 c. Instructional staff who have completed the training  
1005 course as required in s. 402.305(2)(d)1., as well as staff who  
1006 have additional training or credentials as required by the  
1007 Agency for Workforce Innovation. The plan must provide a method  
1008 for assuring the qualifications of all personnel in all program  
1009 settings.

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1010 d. Specific eligibility priorities for children within the  
1011 early learning coalition's county or multicounty region in  
1012 accordance with subsection (6).

1013 e. Performance standards and outcome measures adopted by  
1014 the Agency for Workforce Innovation.

1015 f. Payment rates adopted by the early learning coalition  
1016 and approved by the Agency for Workforce Innovation. Payment  
1017 rates may not have the effect of limiting parental choice or  
1018 creating standards or levels of services that have not been  
1019 authorized by the Legislature.

1020 g. Systems support services, including a central agency,  
1021 child care resource and referral, eligibility determinations,  
1022 training of providers, and parent support and involvement.

1023 h. Direct enhancement services to families and children.  
1024 System support and direct enhancement services shall be in  
1025 addition to payments for the placement of children in school  
1026 readiness programs.

1027 i. The business organization of the early learning  
1028 coalition, which must include the coalition's articles of  
1029 incorporation and bylaws if the coalition is organized as a  
1030 corporation. If the coalition is not organized as a corporation  
1031 or other business entity, the plan must include the contract  
1032 with a fiscal agent. An early learning coalition may contract  
1033 with other coalitions to achieve efficiency in multicounty  
1034 services, and these contracts may be part of the coalition's  
1035 school readiness plan.

1036 j. Strategies to meet the needs of unique populations,  
1037 such as migrant workers.

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1039 As part of the school readiness plan, the early learning  
1040 coalition may request the Governor to apply for a waiver to  
1041 allow the coalition to administer the Head Start Program to  
1042 accomplish the purposes of the school readiness program. If a  
1043 school readiness plan demonstrates that specific statutory goals  
1044 can be achieved more effectively by using procedures that  
1045 require modification of existing rules, policies, or procedures,  
1046 a request for a waiver to the Agency for Workforce Innovation  
1047 may be submitted as part of the plan. Upon review, the Agency  
1048 for Workforce Innovation may grant the proposed modification.

1049 5. Persons with an early childhood teaching certificate  
1050 may provide support and supervision to other staff in the school  
1051 readiness program.

1052 6. An early learning coalition may not implement its  
1053 school readiness plan until it submits the plan to and receives  
1054 approval from the Agency for Workforce Innovation. Once the plan  
1055 is approved, the plan and the services provided under the plan  
1056 shall be controlled by the early learning coalition. The plan  
1057 shall be reviewed and revised as necessary, but at least  
1058 biennially. An early learning coalition may not implement the  
1059 revisions until the coalition submits the revised plan to and  
1060 receives approval from the Agency for Workforce Innovation. If  
1061 the Agency for Workforce Innovation rejects a revised plan, the  
1062 coalition must continue to operate under its prior approved  
1063 plan.

1064 7. Sections 125.901(2)(a)3. and ~~411.221, and 411.232~~ do  
1065 not apply to an early learning coalition with an approved school



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1066 readiness plan. To facilitate innovative practices and to allow  
1067 the regional establishment of school readiness programs, an  
1068 early learning coalition may apply to the Governor and Cabinet  
1069 for a waiver of, and the Governor and Cabinet may waive, any of  
1070 the provisions of ss. 411.223, ~~411.232~~, and 1003.54, if the  
1071 waiver is necessary for implementation of the coalition's school  
1072 readiness plan.

1073 8. Two or more counties may join for purposes of planning  
1074 and implementing a school readiness program.

1075 9. An early learning coalition may, subject to approval by  
1076 the Agency for Workforce Innovation as part of the coalition's  
1077 school readiness plan, receive subsidized child care funds for  
1078 all children eligible for any federal subsidized child care  
1079 program.

1080 10. An early learning coalition may enter into multiparty  
1081 contracts with multicounty service providers in order to meet  
1082 the needs of unique populations such as migrant workers.

1083 Section 11. Paragraphs (f) and (g) of subsection (2) of  
1084 section 411.224, Florida Statutes, are redesignated as  
1085 paragraphs (e) and (f), respectively, and present paragraph (e)  
1086 of that subsection is amended to read:

1087 411.224 Family support planning process.—The Legislature  
1088 establishes a family support planning process to be used by the  
1089 Department of Children and Family Services as the service  
1090 planning process for targeted individuals, children, and  
1091 families under its purview.

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1092 (2) To the extent possible within existing resources, the  
1093 following populations must be included in the family support  
1094 planning process:

1095 ~~(c) Participants who are served by the Children's Early~~  
1096 ~~Investment Program established in s. 411.232.~~

1097 Section 12. Section 458.3192, Florida Statutes, is amended  
1098 to read:

1099 458.3192 Analysis of survey results; report.-

1100 (1) Each year, the Department of Health shall analyze the  
1101 results of the physician survey required by s. 458.3191 and  
1102 determine by geographic area and specialty the number of  
1103 physicians who:

1104 (a) Perform deliveries of children in this state Florida.

1105 (b) Read mammograms and perform breast-imaging-guided  
1106 procedures in this state Florida.

1107 (c) Perform emergency care on an on-call basis for a  
1108 hospital emergency department.

1109 (d) Plan to reduce or increase emergency on-call hours in  
1110 a hospital emergency department.

1111 (e) Plan to relocate ~~their allopathic or osteopathic~~  
1112 ~~practice~~ outside the state.

1113 (f) Practice medicine in this state.

1114 (g) Reduce or modify the scope of their practice.

1115 (2) The Department of Health must report its findings to  
1116 the Governor, the President of the Senate, and the Speaker of  
1117 the House of Representatives by November 1 each year. The  
1118 department may also include in its report findings,  
1119 recommendations, or other information requested by the council.

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1120 Section 13. Section 459.0082, Florida Statutes, is amended  
1121 to read:

1122 459.0082 Analysis of survey results; report.—

1123 (1) Each year, the Department of Health shall analyze the  
1124 results of the physician survey required by s. 459.0081 and  
1125 determine by geographic area and specialty the number of  
1126 physicians who:

1127 (a) Perform deliveries of children in this state Florida.

1128 (b) Read mammograms and perform breast-imaging-guided  
1129 procedures in this state Florida.

1130 (c) Perform emergency care on an on-call basis for a  
1131 hospital emergency department.

1132 (d) Plan to reduce or increase emergency on-call hours in  
1133 a hospital emergency department.

1134 (e) Plan to relocate ~~their allopathic or osteopathic~~  
1135 ~~practice~~ outside the state.

1136 (f) Practice medicine in this state.

1137 (g) Reduce or modify the scope of their practice.

1138 (2) The Department of Health must report its findings to  
1139 the Governor, the President of the Senate, and the Speaker of  
1140 the House of Representatives by November 1 each year. The  
1141 department may also include in its report findings,  
1142 recommendations, or other information requested by the council.

1143 Section 14. Paragraph (a) of subsection (1) of section  
1144 409.908, Florida Statutes, is amended to read:

1145 409.908 Reimbursement of Medicaid providers.—Subject to  
1146 specific appropriations, the agency shall reimburse Medicaid  
1147 providers, in accordance with state and federal law, according

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1148 | to methodologies set forth in the rules of the agency and in  
1149 | policy manuals and handbooks incorporated by reference therein.  
1150 | These methodologies may include fee schedules, reimbursement  
1151 | methods based on cost reporting, negotiated fees, competitive  
1152 | bidding pursuant to s. 287.057, and other mechanisms the agency  
1153 | considers efficient and effective for purchasing services or  
1154 | goods on behalf of recipients. If a provider is reimbursed based  
1155 | on cost reporting and submits a cost report late and that cost  
1156 | report would have been used to set a lower reimbursement rate  
1157 | for a rate semester, then the provider's rate for that semester  
1158 | shall be retroactively calculated using the new cost report, and  
1159 | full payment at the recalculated rate shall be effected  
1160 | retroactively. Medicare-granted extensions for filing cost  
1161 | reports, if applicable, shall also apply to Medicaid cost  
1162 | reports. Payment for Medicaid compensable services made on  
1163 | behalf of Medicaid eligible persons is subject to the  
1164 | availability of moneys and any limitations or directions  
1165 | provided for in the General Appropriations Act or chapter 216.  
1166 | Further, nothing in this section shall be construed to prevent  
1167 | or limit the agency from adjusting fees, reimbursement rates,  
1168 | lengths of stay, number of visits, or number of services, or  
1169 | making any other adjustments necessary to comply with the  
1170 | availability of moneys and any limitations or directions  
1171 | provided for in the General Appropriations Act, provided the  
1172 | adjustment is consistent with legislative intent.

1173 |         (1) Reimbursement to hospitals licensed under part I of  
1174 | chapter 395 must be made prospectively or on the basis of  
1175 | negotiation.

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1176 (a) Reimbursement for inpatient care is limited as  
1177 provided for in s. 409.905(5), except for:

1178 1. The raising of rate reimbursement caps, excluding rural  
1179 hospitals.

1180 2. Recognition of the costs of graduate medical education.

1181 3. Other methodologies recognized in the General  
1182 Appropriations Act.

1183

1184 During the years funds are transferred from the Department of  
1185 Health, any reimbursement supported by such funds shall be  
1186 subject to certification by the Department of Health that the  
1187 hospital has complied with s. 381.4018 ~~s. 381.0403~~. The agency  
1188 ~~may is authorized to~~ receive funds from state entities,  
1189 including, but not limited to, the Department of Health, local  
1190 governments, and other local political subdivisions, for the  
1191 purpose of making special exception payments, including federal  
1192 matching funds, through the Medicaid inpatient reimbursement  
1193 methodologies. Funds received from state entities or local  
1194 governments for this purpose shall be separately accounted for  
1195 and shall not be commingled with other state or local funds in  
1196 any manner. The agency may certify all local governmental funds  
1197 used as state match under Title XIX of the Social Security Act,  
1198 to the extent that the identified local health care provider  
1199 that is otherwise entitled to and is contracted to receive such  
1200 local funds is the benefactor under the state's Medicaid program  
1201 as determined under the General Appropriations Act and pursuant  
1202 to an agreement between the Agency for Health Care  
1203 Administration and the local governmental entity. The local

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1204 governmental entity shall use a certification form prescribed by  
1205 the agency. At a minimum, the certification form shall identify  
1206 the amount being certified and describe the relationship between  
1207 the certifying local governmental entity and the local health  
1208 care provider. The agency shall prepare an annual statement of  
1209 impact which documents the specific activities undertaken during  
1210 the previous fiscal year pursuant to this paragraph, to be  
1211 submitted to the Legislature no later than January 1, annually.

1212 Section 15. Paragraph (q) of subsection (2) of section  
1213 499.01, Florida Statutes, is amended to read:

1214 499.01 Permits.—

1215 (2) The following permits are established:

1216 (q) Device manufacturer permit.—A device manufacturer  
1217 permit is required for any person that engages in the  
1218 manufacture, repackaging, or assembly of medical devices for  
1219 human use in this state, except that a permit is not required  
1220 if:

1221 1. The ~~the~~ person is engaged only in manufacturing,  
1222 repackaging, or assembling a medical device pursuant to a  
1223 practitioner's order for a specific patient; or

1224 2. The person does not manufacture, repackage, or assemble  
1225 any medical devices or components for such devices, except those  
1226 devices or components which are exempt from registration  
1227 pursuant to s. 499.015(8).

1228 a.1. A manufacturer or repackager of medical devices in  
1229 this state must comply with all appropriate state and federal  
1230 good manufacturing practices and quality system rules.

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1231 b.2. The department shall adopt rules related to storage,  
1232 handling, and recordkeeping requirements for manufacturers of  
1233 medical devices for human use.

1234 Section 16. Section 499.029, Florida Statutes, is amended  
1235 to read:

1236 499.029 Prescription Cancer Drug Donation Program.—

1237 (1) This section may be cited as the Prescription "Cancer  
1238 Drug Donation Program Act."

1239 (2) There is created a Prescription Cancer Drug Donation  
1240 Program within the department for the purpose of authorizing and  
1241 facilitating the donation of prescription cancer drugs and  
1242 supplies to eligible patients.

1243 (3) As used in this section:

1244 ~~(a) "Cancer drug" means a prescription drug that has been~~  
1245 ~~approved under s. 505 of the federal Food, Drug, and Cosmetic~~  
1246 ~~Act and is used to treat cancer or its side effects or is used~~  
1247 ~~to treat the side effects of a prescription drug used to treat~~  
1248 ~~cancer or its side effects. "Cancer drug" does not include a~~  
1249 ~~substance listed in Schedule II, Schedule III, Schedule IV, or~~  
1250 ~~Schedule V of s. 893.03.~~

1251 ~~(a)(b)~~ "Closed drug delivery system" means a system in  
1252 which the actual control of the unit-dose medication package is  
1253 maintained by the facility rather than by the individual  
1254 patient.

1255 (b) "Dispensing practitioner" means a practitioner  
1256 registered under s. 465.0276.

1257 (c) "Donor" means a patient or patient representative who  
1258 donates prescription cancer drugs or supplies needed to

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1259 administer prescription ~~cancer~~ drugs that have been maintained  
1260 within a closed drug delivery system; health care facilities,  
1261 nursing homes, hospices, or hospitals with closed drug delivery  
1262 systems; or pharmacies, prescription drug manufacturers, medical  
1263 device manufacturers or suppliers, or wholesalers of  
1264 prescription drugs or supplies, in accordance with this section.

1265 "Donor" includes a physician licensed under chapter 458 or  
1266 chapter 459 who receives prescription ~~cancer~~ drugs or supplies  
1267 directly from a drug manufacturer, wholesale distributor, or  
1268 pharmacy.

1269 (d) "Eligible patient" means a person who the department  
1270 determines is eligible to receive prescription ~~cancer~~ drugs from  
1271 the program.

1272 (e) "Participant ~~facility~~" means a ~~class II hospital~~  
1273 pharmacy or dispensing practitioner that has elected to  
1274 participate in the program and that accepts donated prescription  
1275 ~~cancer~~ drugs and supplies under the rules adopted by the  
1276 department for the program.

1277 (f) "Prescribing practitioner" means a physician licensed  
1278 under chapter 458 or chapter 459 or any other medical  
1279 professional with authority under state law to prescribe drugs  
1280 ~~cancer medication~~.

1281 (g) "Prescription drug" does not include a substance  
1282 listed in Schedule II, Schedule III, Schedule IV, or Schedule V  
1283 of s. 893.03.

1284 (h) ~~(g)~~ "Program" means the Prescription Cancer Drug  
1285 Donation Program created by this section.



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1286 (i)~~(h)~~ "Supplies" means any supplies used in the  
1287 administration of a prescription cancer drug.

1288 (4) Any donor may donate prescription cancer drugs or  
1289 supplies to a participant ~~facility~~ that elects to participate in  
1290 the program and meets criteria established by the department for  
1291 such participation. Prescription Cancer drugs or supplies may  
1292 not be donated to a specific ~~cancer~~ patient, and donated  
1293 prescription drugs or supplies may not be resold by the  
1294 participant program. Prescription Cancer drugs billed to and  
1295 paid for by Medicaid in long-term care facilities that are  
1296 eligible for return to stock under federal Medicaid regulations  
1297 shall be credited to Medicaid and are not eligible for donation  
1298 under the program. A participant ~~facility~~ may provide dispensing  
1299 and counseling ~~consulting~~ services to individuals who are not  
1300 patients of the participant hospital.

1301 (5) The prescription cancer drugs or supplies donated to  
1302 the program may be prescribed only by a prescribing practitioner  
1303 for use by an eligible patient and may be dispensed only by a  
1304 pharmacist or a dispensing practitioner.

1305 (6) (a) A prescription cancer drug may only be accepted or  
1306 dispensed under the program if the prescription drug is in its  
1307 original, unopened, sealed container, or in a tamper-evident  
1308 unit-dose packaging, except that a prescription cancer drug  
1309 packaged in single-unit doses may be accepted and dispensed if  
1310 the outside packaging is opened but the single-unit-dose  
1311 packaging is unopened with tamper-resistant packaging intact.

1312 (b) A prescription cancer drug may not be accepted or  
1313 dispensed under the program if the drug bears an expiration date

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1314 that is less than 6 months after the date the drug was donated  
1315 or if the drug appears to have been tampered with or mislabeled  
1316 as determined in paragraph (c).

1317 (c) Prior to being dispensed to an eligible patient, the  
1318 prescription cancer drug or supplies donated under the program  
1319 shall be inspected by a pharmacist or dispensing practitioner to  
1320 determine that the drug and supplies do not appear to have been  
1321 tampered with or mislabeled.

1322 (d) A dispenser of donated prescription cancer drugs or  
1323 supplies may not submit a claim or otherwise seek reimbursement  
1324 from any public or private third-party payor for donated  
1325 prescription cancer drugs or supplies dispensed to any patient  
1326 under the program, and a public or private third-party payor is  
1327 not required to provide reimbursement to a dispenser for donated  
1328 prescription cancer drugs or supplies dispensed to any patient  
1329 under the program.

1330 (7) (a) A donation of prescription cancer drugs or supplies  
1331 shall be made only at a participant's participant facility. A  
1332 participant facility may decline to accept a donation. A  
1333 participant facility that accepts donated prescription cancer  
1334 drugs or supplies under the program shall comply with all  
1335 applicable provisions of state and federal law relating to the  
1336 storage and dispensing of the donated prescription cancer drugs  
1337 or supplies.

1338 (b) A participant facility that voluntarily takes part in  
1339 the program may charge a handling fee sufficient to cover the  
1340 cost of preparation and dispensing of prescription cancer drugs

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1341 or supplies under the program. The fee shall be established in  
1342 rules adopted by the department.

1343 (8) The department, upon the recommendation of the Board  
1344 of Pharmacy, shall adopt rules to carry out the provisions of  
1345 this section. Initial rules under this section shall be adopted  
1346 no later than 90 days after the effective date of this act. The  
1347 rules shall include, but not be limited to:

1348 (a) Eligibility criteria, including a method to determine  
1349 priority of eligible patients under the program.

1350 (b) Standards and procedures for participants ~~participant~~  
1351 ~~facilities~~ that accept, store, distribute, or dispense donated  
1352 prescription cancer drugs or supplies.

1353 (c) Necessary forms for administration of the program,  
1354 including, but not limited to, forms for use by entities that  
1355 donate, accept, distribute, or dispense prescription cancer  
1356 drugs or supplies under the program.

1357 (d) The maximum handling fee that may be charged by a  
1358 participant ~~facility~~ that accepts and distributes or dispenses  
1359 donated prescription cancer drugs or supplies.

1360 (e) Categories of prescription cancer drugs and supplies  
1361 that the program will accept for dispensing; however, the  
1362 department may exclude any drug based on its therapeutic  
1363 effectiveness or high potential for abuse or diversion.

1364 (f) Maintenance and distribution of the participant  
1365 ~~facility~~ registry established in subsection (10).

1366 (9) A person who is eligible to receive prescription  
1367 ~~cancer~~ drugs or supplies under the state Medicaid program or  
1368 under any other prescription drug program funded in whole or in

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1369 part by the state, by any other prescription drug program funded  
1370 in whole or in part by the Federal Government, or by any other  
1371 prescription drug program offered by a third-party insurer,  
1372 unless benefits have been exhausted, or a certain prescription  
1373 ~~cancer~~ drug or supply is not covered by the prescription drug  
1374 program, is ineligible to participate in the program created  
1375 under this section.

1376 (10) The department shall establish and maintain a  
1377 participant ~~facility~~ registry for the program. The participant  
1378 ~~facility~~ registry shall include the participant's participant  
1379 ~~facility's~~ name, address, and telephone number. The department  
1380 shall make the participant ~~facility~~ registry available on the  
1381 department's website to any donor wishing to donate prescription  
1382 ~~cancer~~ drugs or supplies to the program. The department's  
1383 website shall also contain links to prescription ~~cancer~~ drug  
1384 manufacturers that offer drug assistance programs or free  
1385 medication.

1386 (11) Any donor of prescription ~~cancer~~ drugs or supplies,  
1387 or any participant in the program, who exercises reasonable care  
1388 in donating, accepting, distributing, or dispensing prescription  
1389 ~~cancer~~ drugs or supplies under the program and the rules adopted  
1390 under this section shall be immune from civil or criminal  
1391 liability and from professional disciplinary action of any kind  
1392 for any injury, death, or loss to person or property relating to  
1393 such activities.

1394 (12) A pharmaceutical manufacturer is not liable for any  
1395 claim or injury arising from the transfer of any prescription  
1396 ~~cancer~~ drug under this section, including, but not limited to,

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1397 liability for failure to transfer or communicate product or  
1398 consumer information regarding the transferred drug, as well as  
1399 the expiration date of the transferred drug.

1400 (13) If any conflict exists between the provisions in this  
1401 section and the provisions in this chapter or chapter 465, the  
1402 provisions in this section shall control the operation of the  
1403 ~~Cancer Drug Donation~~ Program.

1404 Section 17. Subsections (4) and (5) of section 509.013,  
1405 Florida Statutes, are amended to read:

1406 509.013 Definitions.—As used in this chapter, the term:

1407 (4)(a) "Public lodging establishment" includes a transient  
1408 public lodging establishment as defined in subparagraph 1. and a  
1409 nontransient public lodging establishment as defined in  
1410 subparagraph 2.

1411 1. "Transient public lodging establishment" means any  
1412 unit, group of units, dwelling, building, or group of buildings  
1413 within a single complex of buildings which is rented to guests  
1414 more than three times in a calendar year for periods of less  
1415 than 30 days or 1 calendar month, whichever is less, or which is  
1416 advertised or held out to the public as a place regularly rented  
1417 to guests.

1418 2. "Nontransient public lodging establishment" means any  
1419 unit, group of units, dwelling, building, or group of buildings  
1420 within a single complex of buildings which is rented to guests  
1421 for periods of at least 30 days or 1 calendar month, whichever  
1422 is less, or which is advertised or held out to the public as a  
1423 place regularly rented to guests for periods of at least 30 days  
1424 or 1 calendar month.

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1426 License classifications of public lodging establishments, and  
1427 the definitions therefor, are set out in s. 509.242. For the  
1428 purpose of licensure, the term does not include condominium  
1429 common elements as defined in s. 718.103.

1430 (b) The following are excluded from the definitions in  
1431 paragraph (a):

1432 1. Any dormitory or other living or sleeping facility  
1433 maintained by a public or private school, college, or university  
1434 for the use of students, faculty, or visitors;

1435 2. Any facility certified or licensed and regulated by the  
1436 Agency for Health Care Administration or the Department of  
1437 Children and Family Services ~~hospital, nursing home, sanitarium,~~  
1438 ~~assisted living facility,~~ or other similar place regulated under  
1439 s. 381.0072;

1440 3. Any place renting four rental units or less, unless the  
1441 rental units are advertised or held out to the public to be  
1442 places that are regularly rented to transients;

1443 4. Any unit or group of units in a condominium,  
1444 cooperative, or timeshare plan and any individually or  
1445 collectively owned one-family, two-family, three-family, or  
1446 four-family dwelling house or dwelling unit that is rented for  
1447 periods of at least 30 days or 1 calendar month, whichever is  
1448 less, and that is not advertised or held out to the public as a  
1449 place regularly rented for periods of less than 1 calendar  
1450 month, provided that no more than four rental units within a  
1451 single complex of buildings are available for rent;

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1452 5. Any migrant labor camp or residential migrant housing  
1453 permitted by the Department of Health; under ss. 381.008-  
1454 381.00895; and

1455 6. Any establishment inspected by the Department of Health  
1456 and regulated by chapter 513.

1457 (5) (a) "Public food service establishment" means any  
1458 building, vehicle, place, or structure, or any room or division  
1459 in a building, vehicle, place, or structure where food is  
1460 prepared, served, or sold for immediate consumption on or in the  
1461 vicinity of the premises; called for or taken out by customers;  
1462 or prepared prior to being delivered to another location for  
1463 consumption.

1464 (b) The following are excluded from the definition in  
1465 paragraph (a):

1466 1. Any place maintained and operated by a public or  
1467 private school, college, or university:

1468 a. For the use of students and faculty; or

1469 b. Temporarily to serve such events as fairs, carnivals,  
1470 and athletic contests.

1471 2. Any eating place maintained and operated by a church or  
1472 a religious, nonprofit fraternal, or nonprofit civic  
1473 organization:

1474 a. For the use of members and associates; or

1475 b. Temporarily to serve such events as fairs, carnivals,  
1476 or athletic contests.

1477 3. Any eating place located on an airplane, train, bus, or  
1478 watercraft which is a common carrier.

Amendment No. 1

1479 4. Any eating place maintained by a facility certified or  
1480 licensed and regulated by the Agency for Health Care  
1481 Administration or the Department of Children and Family Services  
1482 ~~hospital, nursing home, sanitarium, assisted living facility,~~  
1483 ~~adult day care center,~~ or other similar place that is regulated  
1484 under s. 381.0072.

1485 5. Any place of business issued a permit or inspected by  
1486 the Department of Agriculture and Consumer Services under s.  
1487 500.12.

1488 6. Any place of business where the food available for  
1489 consumption is limited to ice, beverages with or without  
1490 garnishment, popcorn, or prepackaged items sold without  
1491 additions or preparation.

1492 7. Any theater, if the primary use is as a theater and if  
1493 patron service is limited to food items customarily served to  
1494 the admittees of theaters.

1495 8. Any vending machine that dispenses any food or  
1496 beverages other than potentially hazardous foods, as defined by  
1497 division rule.

1498 9. Any vending machine that dispenses potentially  
1499 hazardous food and which is located in a facility regulated  
1500 under s. 381.0072.

1501 10. Any research and development test kitchen limited to  
1502 the use of employees and which is not open to the general  
1503 public.

1504 Section 18. (1) Effective July 1, 2011, all of the  
1505 statutory powers, duties and functions, records, personnel,  
1506 property, and unexpended balances of appropriations,



COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. 1

1507 allocations, or other funds for the administration of part I of  
1508 chapter 499, Florida Statutes, relating to drugs, devices,  
1509 cosmetics, and household products shall be transferred by a type  
1510 two transfer, as defined in s. 20.06(2), Florida Statutes, from  
1511 the Department of Health to the Department of Business and  
1512 Professional Regulation.

1513 (2) The transfer of regulatory authority under part I of  
1514 chapter 499, Florida Statutes, provided by this act shall not  
1515 affect the validity of any judicial or administrative action  
1516 pending as of 11:59 p.m. on the day before the effective date of  
1517 this act to which the Department of Health is at that time a  
1518 party, and the Department of Business and Professional  
1519 Regulation shall be substituted as a party in interest in any  
1520 such action.

1521 (3) All lawful orders issued by the Department of Health  
1522 implementing or enforcing or otherwise in regard to any  
1523 provision of part I of chapter 499, Florida Statutes, issued  
1524 prior to the effective date of this act shall remain in effect  
1525 and be enforceable after the effective date of this act unless  
1526 thereafter modified in accordance with law.

1527 (4) The rules of the Department of Health relating to the  
1528 implementation of part I of chapter 499, Florida Statutes, that  
1529 were in effect at 11:59 p.m. on the day prior to this act taking  
1530 effect shall become the rules of the Department of Business and  
1531 Professional Regulation and shall remain in effect until amended  
1532 or repealed in the manner provided by law.

1533 (5) Notwithstanding the transfer of regulatory authority  
1534 under part I of chapter 499, Florida Statutes, provided by this

Amendment No. 1

1535 act, persons and entities holding in good standing any permit  
1536 under part I of chapter 499, Florida Statutes, as of 11:59 p.m.  
1537 on the day prior to the effective date of this act shall, as of  
1538 the effective date of this act, be deemed to hold in good  
1539 standing a permit in the same capacity as that for which the  
1540 permit was formerly issued.

1541 (6) Notwithstanding the transfer of regulatory authority  
1542 under part I of chapter 499, Florida Statutes, provided by this  
1543 act, persons holding in good standing any certification under  
1544 part I of chapter 499, Florida Statutes, as of 11:59 p.m. on the  
1545 day prior to the effective date of this act shall, as of the  
1546 effective date of this act, be deemed to be certified in the  
1547 same capacity in which they were formerly certified.

1548 Section 19. (1) Effective July 1, 2011, all of the  
1549 statutory powers, duties and functions, records, personnel,  
1550 property, and unexpended balances of appropriations,  
1551 allocations, or other funds for the administration of the boards  
1552 and professions established within the Division of Medical  
1553 Quality Assurance as specified in s. 20.43(3)(g), Florida  
1554 Statutes, shall be transferred by a type two transfer, as  
1555 defined in s. 20.06(2), Florida Statutes, from the Department of  
1556 Health to the Department of Business and Professional  
1557 Regulation.

1558 (2) The transfer of regulatory authority of the Division  
1559 of Medical Quality Assurance provided by this act shall not  
1560 affect the validity of any judicial or administrative action  
1561 pending as of 11:59 p.m. on the day before the effective date of  
1562 this act to which the Department of Health is at that time a

Amendment No. 1

1563 party, and the Department of Business and Professional  
1564 Regulation shall be substituted as a party in interest in any  
1565 such action.

1566 (3) All lawful orders issued by the Department of Health  
1567 implementing or enforcing or otherwise in regard to any function  
1568 of the Division of Medical Quality Assurance issued prior to the  
1569 effective date of this act shall remain in effect and be  
1570 enforceable after the effective date of this act unless  
1571 thereafter modified in accordance with law.

1572 (4) The rules of the Department of Health relating to the  
1573 implementation of statutory directives administered by the  
1574 Division of Medical Quality Assurance that were in effect at  
1575 11:59 p.m. on the day prior to this act taking effect shall  
1576 become the rules of the Department of Business and Professional  
1577 Regulation and shall remain in effect until amended or repealed  
1578 in the manner provided by law.

1579 (5) Notwithstanding the transfer of regulatory authority  
1580 of the Division of Medical Quality Assurance provided by this  
1581 act, persons and entities holding in good standing any license  
1582 or permit issued by the Division of Medical Quality Assurance as  
1583 of 11:59 p.m. on the day prior to the effective date of this act  
1584 shall, as of the effective date of this act, be deemed to hold  
1585 in good standing a permit in the same capacity as that for which  
1586 the permit was formerly issued.

1587 (6) Notwithstanding the transfer of regulatory authority  
1588 of the Division of Medical Quality Assurance provided by this  
1589 act, persons holding in good standing any certification issued  
1590 by the Division of Medical Quality Assurance as of 11:59 p.m. on

Amendment No. 1

1591 | the day prior to the effective date of this act shall, as of the  
1592 | effective date of this act, be deemed to be certified in the  
1593 | same capacity in which they were formerly certified.

1594 | Section 20. This act shall take effect July 1, 2010.

1595 | -----

1596 | **T I T L E A M E N D M E N T**

1597 | Remove the entire title and insert:

1598 | An act relating to the reorganization of the Department of  
1599 | Health; amending s. 20.43, F.S.; revising the mission and  
1600 | responsibilities of the department; providing duties of the  
1601 | State Surgeon General to with respect to management of the  
1602 | department; abolishing responsibility to regulate health  
1603 | practitioners effective July 1, 2011; abolishing specified  
1604 | divisions of the department effective July 1, 2011, unless  
1605 | reviewed and reenacted by the Legislature; authorizing the  
1606 | department to establish multicounty service areas for county  
1607 | health departments; requiring the department to submit a  
1608 | reorganization plan to the Legislature by a specified date;  
1609 | prohibiting the department from establishing new programs or  
1610 | modifying current programs without legislative approval;  
1611 | requiring department to seek approval from the Legislative  
1612 | Budget Commission for certain activities; providing that the  
1613 | request for approval is subject to the procedures of s. 216.177;  
1614 | amending s. 381.0011, F.S.; revising duties and powers of the  
1615 | department; requiring the department to manage emergency  
1616 | preparedness and disaster response functions; authorizing the  
1617 | department to issue health alerts or advisories under certain  
1618 | conditions; revising rulemaking authority of the department;

## COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. 1

1619 amending s. 381.006, F.S.; revising the definition of the term  
1620 "group care facilities"; amending s. 381.0072, F.S.; revising  
1621 the definition of the term "food service establishment";  
1622 authorizing the department to advise and consult with other  
1623 agencies relating to the provision of food services; revising  
1624 entities that are exempt from rules relating to standards for  
1625 food service establishment manager certification; amending s.  
1626 381.0101, F.S.; revising the definition of the term "primary  
1627 environmental health program"; repealing s. 381.001, F.S.,  
1628 relating to legislative intent with respect to the state's  
1629 public health system; repealing s. 381.04015, F.S., relating to  
1630 the Women's Health Strategy; repealing s. 381.0403, F.S.,  
1631 relating to the Community Hospital Education Act and the  
1632 Community Hospital Education Council; repealing s. 401.243,  
1633 F.S., relating to the department's injury prevention program;  
1634 repealing s. 411.23, 411.231, and 411.232, F.S., relating to the  
1635 Children's Early Investment Act; amending s. 381.4018, F.S.;  
1636 providing definitions; revising the list of governmental  
1637 stakeholders that the Department of Health is required to work  
1638 with regarding the state strategic plan and in assessing the  
1639 state's physician workforce; creating the Physician Workforce  
1640 Advisory Council; providing membership of the council; providing  
1641 for appointments to the council; providing terms of membership;  
1642 providing for removal of a council member; providing for the  
1643 chair and vice chair of the council; providing that council  
1644 members are not entitled to receive compensation or  
1645 reimbursement for per diem or travel expenses; providing the  
1646 duties of the council; amending s. 392.51, F.S.; deleting

## COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

## Amendment No. 1

1647 legislative intent; amending s. 392.69, F.S.; requiring the  
1648 Department of Health to develop a plan to provide tuberculosis  
1649 services; requiring the Department of Health to submit the plan  
1650 to the Governor, President of the Senate and Speaker of the  
1651 House of Representatives by November 1, 2010; providing elements  
1652 for the plan; amending ss. 411.01 and 411.224, F.S.; conforming  
1653 cross-references; amending ss. 458.3192 and 459.0082, F.S.;  
1654 requiring the department to determine by geographic area and  
1655 specialty the number of physicians and osteopathic physicians  
1656 who plan to relocate outside the state, practice medicine in  
1657 this state, and reduce or modify the scope of their practice;  
1658 authorizing the department to report additional information in  
1659 its findings to the Governor and the Legislature; amending s.  
1660 409.908, F.S.; conforming a cross-reference; amending s. 499.01,  
1661 F.S.; creating an exemption from device manufacture permits for  
1662 certain persons; amending s. 499.029, F.S.; expanding the drugs  
1663 and supplies that may be donated under the program; expanding  
1664 the types of facilities that may participate in the program;  
1665 amending s. 509.013, F.S.; revising the definitions of the terms  
1666 "public lodging establishment" and "public food establishment";  
1667 transferring and reassigning certain functions and  
1668 responsibilities, including records, personnel, property, and  
1669 unexpended balances of appropriations and other resources, from  
1670 the Department of Health to the Department of Business and  
1671 Professional Regulation by a type two transfer; providing for  
1672 the continued validity of pending judicial or administrative  
1673 actions to which the Department of Health is a party; providing  
1674 for the continued validity of lawful orders issued by the

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. 1

1675 Department of Health; transferring rules created by the  
1676 Department of Health to the Department of Business and  
1677 Professional Regulation; providing for the continued validity of  
1678 permits and certifications issued by the Department of Health;  
1679 providing an effective date.  
1680

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. Am 1 to Am 1

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN  (Y/N)  
OTHER \_\_\_\_\_

W/D

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Domino offered the following:

**Amendment to Amendment (1) by Representative Hudson**

Remove lines 16-25 and insert:

7 1. ~~(a)~~ Identifying, diagnosing, investigating, and  
8 conducting surveillance of communicable and noncommunicable  
9 diseases in the state ~~Prevent to the fullest extent possible,~~  
10 ~~the occurrence and progression of communicable and~~  
11 ~~noncommunicable diseases and disabilities.~~

12 2. ~~(b)~~ Implementing interventions that prevent or limit  
13 the impact and spread of communicable and noncommunicable  
14 diseases in the state ~~Maintain a constant surveillance of~~  
15 ~~disease occurrence and accumulate health statistics necessary to~~  
16 ~~establish disease trends and to design health programs.~~



Amendment No. Am 2 to Am 1

COUNCIL/COMMITTEE ACTION

ADOPTED  (Y/N)  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN  (Y/N)  
OTHER

A

Council/Committee hearing bill: Health Care Appropriations  
Committee

Representative(s) Nehr offered the following:

**Amendment to Amendment (1) by Representative Hudson (with  
title amendment)**

Between lines 1233 and 1234, insert:

Section 16. Paragraph (i) is added to subsection (3) of  
section 499.01212, Florida Statutes, to read:

499.01212 Pedigree paper.—

(3) EXCEPTIONS.—A pedigree paper is not required for:

(i) The wholesale distribution of prescription drugs  
contained within a sealed medical convenience kit provided that:

1. The medical convenience kit is assembled in an  
establishment that is registered as a medical device  
manufacturer with the Food and Drug Administration; and

2. The medical convenience kit does not contain any  
controlled substance that appears in any schedule contained in

Amendment No. Am 2 to Am 1

19 | or subject to Chapter 893 Florida Statutes or the federal  
20 | Comprehensive Drug Abuse Prevention and Control Act of 1970.

21

22

23

24

-----  
**T I T L E   A M E N D M E N T**

25

Remove line 1662 and insert:

26

27 | certain persons; amending s. 499.01212, F.S.; exempting  
28 | prescription drugs contained in sealed medical convenience kits  
29 | from the pedigree paper requirements under specified  
30 | circumstances; amending s. 499.029, F.S.; expanding the drugs

27

28

29

30

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. Am 3 to Am 1

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_



1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Schwartz offered the following:  
4

5 **Amendment to Amendment (1) by Representative Hudson (with**  
6 **title amendment)**

7 Remove lines 302-306  
8  
9

10  
11 -----  
12 **T I T L E A M E N D M E N T**

13 Remove lines 1609-1610  
14

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. Am 4 to Am 1

COUNCIL/COMMITTEE ACTION

ADOPTED  (Y/N)  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN  (Y/N)  
OTHER \_\_\_\_\_

(A)

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Hudson offered the following:  
4

5 **Amendment to Amendment (1) by Representative Hudson (with**  
6 **title amendment)**

7 Remove line 633 and insert:

8 Section 6. Sections 381.001, 381.04015, 401.243,  
9

10 -----  
11

12 **T I T L E A M E N D M E N T**

13 Remove lines 1630-1632 and insert:

14 the Women's Health Strategy; repealing s. 401.243,

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 7183 (2010)

Amendment No. Am 5 to Am 1

COUNCIL/COMMITTEE ACTION

ADOPTED  (Y/N)  
ADOPTED AS AMENDED  (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT  (Y/N)  
WITHDRAWN  (Y/N)  
OTHER \_\_\_\_\_

A

1 Council/Committee hearing bill: Health Care Appropriations  
2 Committee  
3 Representative(s) Hudson offered the following:  
4

5 **Amendment to Amendment (1) by Representative Hudson (with**  
6 **title amendment)**

7 Remove lines 1143-1211  
8  
9

10  
11 -----  
12 **T I T L E A M E N D M E N T**

13 Remove lines 1659-1660 and insert:  
14 its findings to the Governor and the Legislature; amending s.  
15 499.01,



Committee on Health Care Appropriations

Date 03/26/10

Action (A)

**HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY**

(may be used in Committee, but not on House Floor)

Amendment No. to Amendment #1

Bill No. 7103

(For filing with the Clerk, Committee and Member Amendments must be prepared on computer)

Representative(s)/The Committee on Representative Domino

offered the following amendment: to Representative Hudson's  
Amendment #1

on page 2, line 21-25,

Remove lines 21-25 and insert:

2. (b) Maintain a constant surveillance of disease occurrence and accumulate health statistics necessary to establish disease trends and to design health programs.



Committee on Health Care Appropriations

Date 03/26/10

Action (A)

**HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY**

(may be used in Committee, but not on House Floor)

Amendment No. to Amendment #1

Bill No. 7183

(For filing with the Clerk, Committee and Member Amendments must be prepared on computer)

Representative(s)/The Committee on Representative Domino

offered the following amendment: to Representative Hudson's

Amendment #1

on page 2, line between lines 25 & 26 insert

3. Implementing interventions that prevent or limit the impact or spread of disease in the state.