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Florida House of Representatives - 1997

By the Committee on Health Care Services and
Representatives Albright, Heyman, Rodriguez-Chomat, Flanagan,
Goode, Peadar, Casey, Geller and Bloom

A bill to be entitled

An act relating to the Department of Health;
amending s. 20.43, F.S.; renaming certain
divisions within the department; creating a
Division of Local Health Planning, Education,
and Workforce Development, authorizing certain
use of state or federal funds to protect and
improve public health, transferring powers and
duties relating to rural health networks, local
health councils, and the Statewide Health
Council from the Agency for Health Care
Administration to the department; authorizing
certain budget flexibility; amending s. 154.04,
F.S.; authorizing county health departments to
establish peer review committees for certain
purposes; amending s. 154.06, F.S.; removing
requirement that county health department fees
cover costs; amending ss. 110.131, 216.341,
232.465, 240.4075, 381.0065, 381.0302,
381.0405, 381.0055, 395.401, 401.107, 401.111,
401.117, 401.23, 401.245, 401.265, 403.703,
404.031, 404.051, 404.0614, 404.131, 404.20,
414.23, 414.38, 458.316, 468.301, 468.314, and
514.011, F.S.; revising and conforming language
and references relating to the public health
functions of the department; deleting obsolete
language; amending s. 240.4076, F.S.; revising
operation of the nursing scholarship loan
program; amending s. 381.0101, F.S.; revising
requirements relating to professional
standards, continuing education, and

169-391C-97

1 certification of environmental health
2 professionals; revising certification fees;
3 providing for denial, suspension, or revocation
4 of a certificate; providing for fines; amending
5 s. 381.0203, F.S.; providing for a
6 contraceptive distribution program; specifying
7 eligibility requirements; providing for fees;
8 providing for rules; amending ss. 381.0406 and
9 381.04065, F.S.; conforming transfer of rural
10 health programs to the department; amending s.
11 381.0407, F.S.; clarifying reimbursement to
12 county health departments by Medicaid
13 providers; amending s. 383 3362, F.S., relating
14 to Sudden Infant Death Syndrome; deleting
15 requirement for visits by county public health
16 nurses or social workers; deleting an advisory
17 council; revising duties of the department;
18 amending s. 385.202, F.S.; revising
19 requirements relating to reporting and analysis
20 of reports to the statewide cancer registry;
21 amending s. 385.203, F.S.; clarifying
22 relationship of the Diabetes Advisory Council
23 to the Board of Regents; deleting requirement
24 for an annual diabetes state plan; amending s.
25 392.52, F.S.; revising definitions; creating s.
26 392.551, F.S.; providing that parental consent
27 is not required to examine a minor for
28 tuberculosis; amending s. 392.565, F.S.;
29 revising conditions for imposing an involuntary
30 hold on a person for tuberculosis; amending s.
31 392.62, F.S.; providing for forensic units in

1 tuberculosis hospitals; amending s. 395.3025,
2 F.S.; expanding the department's authority to
3 examine records of licensed facilities;
4 increasing a penalty for unauthorized
5 disclosure of information; amending s. 401.252,
6 F.S.; providing requirements for interfacility
7 transport of certain infants; providing for
8 rules for interfacility transport; amending s.
9 401.27, F.S.; providing for inactive status of
10 emergency medical technician and paramedic
11 certificates; providing for reactivation and
12 renewal; providing a fee; amending and
13 renumbering s. 402.105, F.S., relating to
14 biomedical and social research; amending and
15 renumbering s. 402.32, F.S., relating to the
16 school health services program; amending and
17 renumbering s. 402.321, F.S., relating to
18 funding for school health services; amending s.
19 402.41, F.S., relating to educational materials
20 and training in human immunodeficiency virus
21 infection and acquired immune deficiency
22 syndrome; amending and renumbering s. 402.475,
23 F.S., relating to the osteoporosis prevention
24 and education program; amending and renumbering
25 s. 402.60, F.S., relating to insect sting
26 emergency treatment; amending and renumbering
27 s. 402.61, F.S., relating to regulation of
28 tanning facilities; amending s. 404.056, F.S.;
29 providing penalties for certain fraud,
30 deception, or misrepresentation in performing
31 radon measurements or mitigation; amending s.

169-391C-97

1 404.22, F.S.; reducing the frequency of
2 inspections required for certain radiation
3 machines; amending s. 408.033, F.S.; providing
4 for the transfer of funds to support the local
5 health councils; amending s. 408.701, F.S.;
6 expanding the definition of "health care
7 provider" for purposes of community health
8 purchasing; amending s. 409.905, F.S.;
9 specifying family planning services provided
10 under the Medicaid program; amending s.
11 409.908, F.S.; deleting obsolete repeal
12 provision; amending s. 414.026, F.S.; adding
13 the Secretary of Health to the State Board of
14 Directors of the WAGES Program; amending s.
15 468.3101, F.S.; providing additional grounds
16 for disciplinary action against a radiologic
17 technologist; providing penalties; amending s.
18 514.028, F.S.; providing for reimbursement for
19 travel expenses for members of the advisory
20 review board on swimming and bathing
21 facilities; amending s. 627.4236, F.S.;
22 transferring rulemaking authority relating to
23 bone marrow transplant procedures to the Agency
24 for Health Care Administration; amending s.
25 766.101, F.S.; including certain committees of
26 a county health department, healthy start
27 coalition, or certified rural health network
28 within the definition of "medical review
29 committee"; amending s. 766.314, F.S.;
30 exempting public health physicians from
31 assessments that finance the Florida

1 Birth-Related Neurological Injury Compensation
2 Plan; amending s. 945.602, F.S.; providing for
3 assignment of the Correctional Medical
4 Authority to the department for administrative
5 purposes; transferring to the department powers
6 and duties of the Correctional Medical
7 Authority; amending ss. 28.101, 28.222, 63.062,
8 382.003, 382.004, 382.007, 382.011, 382.0135,
9 382.021, 382.022, 382.023, 382.356, 383.2161,
10 402.40, 460.414, 742.10, and 742.16, F.S.;
11 revising and conforming language and references
12 relating to the department's responsibility for
13 vital records and statistics, amending s.
14 63.165, F.S.; consolidating provisions relating
15 to the state registry of adoption information;
16 amending s. 68.07, F.S., revising procedures
17 relating to change of name; amending s.
18 382.002, F.S.; revising definitions; amending
19 s. 382.005, F.S.; revising duties of local
20 registrars; amending s. 382.006, F.S.; revising
21 duties of funeral directors with respect to
22 burial-transit permits; restricting issuance
23 thereof if death occurred from a communicable
24 disease; providing authority of certifications
25 of death certificates issued in other states or
26 countries; eliminating provisions relating to
27 permits for disinterment and reinterment;
28 amending s. 382.008, F.S., relating to death
29 and fetal death certificates; providing for
30 entry of aliases; requiring certain persons to
31 provide medical information regarding a fetal

169-391C-97

1 death within a specified period; providing for
2 extensions of time for certification of cause
3 of death; providing for temporary death
4 certificates; requiring certificates to contain
5 information required for legal, social, and
6 health research purposes; amending s. 382.012,
7 F.S.; providing requirements for a petitioner
8 seeking a presumptive death certificate;
9 amending s. 382.013, F.S.; revising provisions
10 and requirements relating to registration of a
11 live birth, paternity, and the name of the
12 child; amending s. 382.015, F.S.; revising
13 provisions relating to new certificates of live
14 birth; revising procedures for annulment of
15 adoptions and determination of paternity;
16 providing for filing of a new birth certificate
17 upon receipt of an order of affirmation of
18 parental status; providing for the form of
19 original, new, and amended birth certificates;
20 providing for rules; amending s. 382.016, F.S.;
21 revising provisions relating to amendment of
22 birth and death records; amending s. 382.017,
23 F.S.; revising procedures relating to
24 registration of birth certificates for adopted
25 children of foreign birth; amending and
26 renumbering s. 382.018, F.S.; revising
27 procedures and requirements relating to
28 issuance of delayed birth certificates;
29 amending s. 382.019, F.S.; revising procedures
30 and requirements relating to the delayed
31 registration of a death or birth certificate;

169-391C-97

1 amending s. 382.025, F.S.; revising procedures
2 and requirements relating to issuance of
3 certified copies of birth and death records;
4 providing requirements and restrictions for
5 sharing vital records with a research entity;
6 providing for rules; creating s. 382 0255,
7 F.S.; providing for fees for searching and
8 processing vital records, revising and
9 consolidating provisions relating thereto;
10 amending s. 382.026, F.S., revising and
11 expanding penalties; providing for rules;
12 amending s. 741.041, F.S.; conforming
13 provisions relating to the period of validity
14 of marriage licenses, repealing s. 110.1125,
15 F.S., relating to a requirement to provide
16 information on human immunodeficiency virus
17 infection and acquired immune deficiency
18 syndrome to state employees; repealing s.
19 381.698, F.S., relating to "The Florida Blood
20 Transfusion Act"; repealing s. 381.81, F S ,
21 relating to the "Minority Health Improvement
22 Act"; repealing s. 382.014, F.S., relating to
23 contents, form, and disclosure of birth
24 certificates; repealing s. 382.024, F.S.,
25 relating to departmental accounting of
26 dissolution of marriage fees and charges;
27 repealing s. 382.027, F.S , relating to
28 voluntary registration of adoption information;
29 repealing ss. 387.01, 387.02, 387.03, 387 04,
30 387.05, 387.06, 387 07, 387.08, 387.09, and
31 387.10, F.S., relating to permits for draining

1 surface water or sewage into underground waters
2 of the state, penalties for polluting water
3 supplies or surface or underground waters,
4 septic tank construction requirements, and
5 injunction proceedings; repealing s. 402.37,
6 F.S., relating to the medical manpower
7 clearinghouse grant program; repealing s.
8 403.7045(1)(e), F.S., relating to activities
9 regulated under the "Florida Hazardous
10 Substances Law" exempted from environmental
11 regulation; repealing ss. 501.061, 501.065,
12 501.071, 501.075, 501.081, 501.085, 501.091,
13 501.095, 501.101, 501.105, 501.111, 501.115,
14 and 501.121, F.S., relating to the "Florida
15 Hazardous Substances Law"; repealing s.
16 501.124, F.S., relating to art or craft
17 material containing toxic substances and
18 labeling requirements therefor; repealing s.
19 766.1115(12), F.S., as created by section 1 of
20 ch. 92-278, Laws of Florida, relating to the
21 scheduled repeal of the "Access to Health Care
22 Act"; providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Paragraphs (c) and (d) of subsection (3) of
27 section 20.43, Florida Statutes, 1996 Supplement, are amended,
28 paragraph (f) of subsection (3) is redesignated as paragraph
29 (g), a new paragraph (f) is added to said subsection, and
30 subsection (6) is added to said section, to read:
31

1 20.43 Department of Health.--There is created a
2 Department of Health.

3 (3) The following divisions of the Department of
4 Health are established:

5 (c) Division of Disease Intervention Control.

6 (d) Division of Family Health Services

7 (f) Division of Local Health Planning, Education, and
8 Workforce Development.

9
10 The department shall contract with the Agency for Health Care
11 Administration who shall provide consumer complaint,
12 investigative, and prosecutorial services required by the
13 Division of Medical Quality Assurance, councils, or boards, as
14 appropriate.

5 (6) To protect and improve the public health, the
16 department may use state or federal funds to:

17 (a) Provide incentives, including food coupons or
18 payment for travel expenses, for encouraging disease
19 prevention and patient compliance with medical treatment, such
20 as tuberculosis therapy.

21 (b) Plan and conduct health education campaigns for
22 the purpose of protecting or improving public health. The
23 department may purchase promotional items and advertising,
24 such as space on billboards or in publications or radio or
25 television time, for health information and promotional
26 messages.

27 (c) Plan and conduct promotional campaigns to recruit
28 health professionals to be employed by the department or to
9 recruit participants in departmental programs for health
J practitioners, such as scholarship, loan repayment, or
31

169-391C-97

1 volunteer programs. To this effect the department may
2 purchase promotional items and advertising.

3 Section 2. All powers, duties and functions, rules,
4 records, personnel, property, and unexpended balances of
5 appropriations, allocations, or other funds of the Agency for
6 Health Care Administration related to the development of rural
7 health networks and rural health network cooperative
8 agreements as provided in ss. 381.0406 and 381.04065, Florida
9 Statutes, and the establishment of local health councils and
10 the Statewide Health Council as provided in s. 408.033,
11 Florida Statutes, are transferred by a type two transfer, as
12 defined in s. 20.06(2), Florida Statutes, from the Agency for
13 Health Care Administration to the Department of Health. The
14 Department of Health may organize, classify, and manage the
15 positions transferred in a manner that will reduce
16 duplication, achieve maximum efficiency, and ensure
17 accountability.

18 Section 3. For fiscal year 1997-1998 only, in
19 accordance with chapter 216, Florida Statutes, 20 percent of
20 any unobligated general revenue or trust fund appropriations
21 to the Department of Health for salaries and benefits,
22 expenses, other personal services, operating capital outlay,
23 and special categories remaining at the end of the fiscal year
24 shall be available to the Department of Health for purchasing
25 productivity enhancing technology, improving existing
26 services, and funding community health initiatives. Funds
27 used for such purposes may be certified forward. The
28 department shall have until June 30, 1998, to make reversions
29 from the fiscal year 1996-1997 budget. The Secretary of
30 Health is authorized to transfer up to one-half of 1 percent
31 of the total department budget in order to establish positions

1 chapter 459, and which establish the formulary from which
2 medications may be ordered.

3 5. The department shall require that a consultant
4 pharmacist conduct a periodic inspection of each county health
5 department in meeting the requirements of this paragraph.

6 6. A county health department may establish or
7 contract with peer review committees or organizations to
8 review the quality of communicable disease control and primary
9 care services provided by the county health department.

10 Section 6. Section 154.06, Florida Statutes, is
11 amended to read:

12 154.06 Fees and services rendered; authority.--

13 (1) The Department of Health and-Rehabilitative
14 Services is authorized to establish by rule; pursuant to
15 chapter 420; fee schedules for public health services rendered
16 through the county health departments public-health-units. In
17 addition, the department shall adopt by rule a uniform
18 statewide fee schedule for all regulatory activities performed
19 through the environmental health program. By July 1, 1985;
20 the fees charged for these regulatory activities shall, at a
21 minimum, be sufficient to cover all costs for providing such
22 activities. Each county may establish, and each county health
23 department public-health-unit may collect, fees for primary
24 care services, provided that a schedule of such fees is
25 established by resolution of the board of county commissioners
26 or by rule of the department, respectively. Fees for primary
27 care services and communicable disease control services may
28 not be less than Medicaid reimbursement rates unless otherwise
29 required by federal or state law or regulation.

30 (2) All funds collected under this section shall be
31

1 in excess of those authorized for administrative support and
2 contract management pursuant to the budget amendment
3 provisions of chapter 216, Florida Statutes.

4 Section 4. Paragraph (c) of subsection (6) of section
5 110.131, Florida Statutes, 1996 Supplement, is amended to
6 read:

7 110.131 Other-personal-services temporary
8 employment.--

9 (6)

10 (c) Notwithstanding the provisions of this section,
11 the secretary of the Department of Health and-Rehabilitative
12 Services or the secretary's delegate may extend the
13 other-personal-services employment of a health care
14 practitioner licensed pursuant to chapter 458, chapter 459,
15 chapter 460, chapter 461, chapter 463, chapter 464, chapter
16 466, chapter 468, chapter 483, chapter 486, or chapter 490
17 beyond 2,080 hours and may employ such practitioner on an
18 hourly or other basis.

19 Section 5. Paragraph (c) of subsection (1) of section
20 154.04, Florida Statutes, 1996 Supplement, is amended to read:

21 154.04 Personnel of county health departments; duties;
22 compensation.--

23 (1)

24 (c)1. A registered nurse or certified physician
25 assistant working in a county health department is authorized
26 to assess a patient and order medications, provided that:

27 a. No licensed physician is on the premises;

28 b. The patient is assessed and medication ordered in
29 accordance with rules promulgated by the department and
30 pursuant to a protocol approved by a physician who supervises
31

1 and facilities within the county served by the county health
2 department public-health-unit. Fees collected by county health
3 departments public-health-units pursuant to department rules
4 shall be deposited with the Treasurer and credited to the
5 County Health Department Public-Health-Unit Trust Fund. Fees
6 collected by the county health department public-health-unit
7 for public health services or personal health services shall
8 be allocated to the state and the county based upon the pro
9 rata share of funding for each such service. The board of
10 county commissioners, if it has so contracted, shall provide
11 for the transmittal of funds collected for its pro rata share
12 of personal health services or primary care services rendered
13 under the provisions of this section to the State Treasury for
14 credit to the County Health Department Public-Health-Unit
15 Trust Fund, but in any event the proceeds from such fees may
16 only be used to fund county health department public-health
17 unit services.

18 (3) The foregoing provisions notwithstanding, any
19 county which charges fees for any services delivered through
20 county health departments public-health-units prior to July 1,
21 1983, and which has pledged or committed the fees yet to be
22 collected toward the retirement of outstanding obligations
23 relating to county health department public-health-unit
24 facilities may be exempted from the provisions of subsection
25 (1) until such commitment or obligation has been satisfied or
26 discharged.

27 Section 7. Section 216.341, Florida Statutes, is
28 amended to read:

29 216.341 Disbursement of county health department unit
30 trust funds.--County health department unit trust funds may be
31 expended by the Department of Health and-Rehabilitative

14

CODING: Deletions are stricken; additions are underlined.

1 the patient care activities of the registered nurse or
2 certified physician assistant;
3 c. The patient is being assessed by the registered
4 nurse or certified physician assistant as a part of a program
5 approved by the department; and

6 d. The medication ordered appears on a formulary
7 approved by the department and is prepackaged and pre-labeled
8 with dosage instructions and distributed from a source
9 authorized under chapter 499 to repackage and distribute
10 drugs, which source is under the supervision of a consultant
11 pharmacist employed by the department.

12 2. Each county health department shall adopt written
13 protocols which provide for supervision of the registered
14 nurse or certified physician assistant by a physician licensed
15 pursuant to chapter 458 or chapter 459 and for the procedures
16 by which patients may be assessed, and medications ordered and
17 delivered, by the registered nurse or certified physician
18 assistant. Such protocols shall be signed by the supervising
19 physician, the director of the county health department, and
20 the registered nurse or certified physician assistant.

21 3. Each county health department shall maintain and
22 have available for inspection by representatives of the
23 Department of Health all medical records and patient care
24 protocols, including records of medications delivered to
25 patients, in accordance with rules of the department.

26 4. The Department of Health shall adopt rules which
27 establish the conditions under which a registered nurse or
28 certified physician assistant may assess patients and order
29 and deliver medications, based upon written protocols of
30 supervision by a physician licensed pursuant to chapter 458 or
31

12

CODING: Deletions are stricken; additions are underlined.

1 (b)--When-repaying-scholarship-loans; The recipient
2 shall be encouraged to complete the service obligation at a
3 single employment site. If and-when-such continuous
4 employment at the same site is not feasible, the recipient may
5 apply to the department for a transfer to another approved
6 health care facility.

7 (c) Any recipient who does not complete an appropriate
8 program of studies or who does not become licensed shall repay
9 to the Department of Health and-Rehabilitative-Services, on a
10 schedule to be determined by the department, the entire amount
11 of the scholarship loan plus 18 percent interest accruing from
12 the date of the scholarship loan payment. Moneys repaid shall
13 be deposited into the Nursing Student Loan Forgiveness Trust
14 Fund established in s. 240.4075. However, the department may
15 provide additional time for repayment if the department finds
16 that circumstances beyond the control of the recipient caused
17 or contributed to the default.

18 (d) Any recipient who does not accept employment as a
19 nurse at an approved health care facility or who does not
20 complete 12 months of approved employment for each year of
21 scholarship loan assistance received shall repay to the
22 Department of Health and-Rehabilitative-Services an amount
23 equal to two three times the entire amount of the scholarship
24 loan plus interest accruing from the date of the scholarship
25 loan payment at the maximum allowable interest rate permitted
26 by law. Such Repayment shall be made within 1 year of notice
27 that the recipient loan is considered to be in default.
28 However, the department may provide additional time for
29 repayment if the department finds that circumstances beyond
30 the control of the recipient caused or contributed to the
31 default.

169-391C-97

1 (5) Payment-of Scholarship payments loans shall be
2 transmitted to the recipient upon receipt of documentation
3 that the recipient is enrolled as-a-full-time-student in an
4 approved nursing program. The Department of Health and
5 Rehabilitative-Services shall develop a formula to prorate
6 payments to scholarship loan recipients so as not to exceed
7 the maximum amount per academic year.

8 (6) The Department of Health and-Rehabilitative
9 Services shall adopt rules, including rules to address
10 extraordinary circumstances that may cause a recipient to
11 default on either the school enrollment or employment
12 contractual agreement, to implement this section and may
13 solicit technical assistance relating to the conduct of this
14 program from the Department of Education.

15 (7) The Department of Health and-Rehabilitative
16 Services is authorized to recover from the Nursing Student
17 Loan Forgiveness Trust Fund its costs for administering the
18 nursing scholarship loan program.

19 Section 11. Section 381.0055, Florida Statutes, 1996
20 Supplement, is amended to read:

21 381.0055 Confidentiality and quality assurance
22 activities.--

23 (1) All information which is confidential by operation
24 of law and which is obtained by the Department of Health, a
25 county health department public-health-unit, healthy start
26 coalition, or certified rural health network, or a panel or
27 committee assembled by the department, a county health
28 department public-health-unit, healthy start coalition, or
29 certified rural health network pursuant to this section, shall
30 retain its confidential status and be exempt from the
31

1 provisions of s. 119.07(1) and s. 24(a), Art. I of the State
2 Constitution.

3 (2) All information which is confidential by operation
4 of law and which is obtained by a hospital or health care
5 provider from the department, a county health department
6 public-health-unit, healthy start coalition, or certified
7 rural health network, or a panel or committee assembled by the
8 department, a county health department public-health-unit,
9 healthy start coalition, or certified rural health network
10 pursuant to this section, shall retain its confidential status
11 and be exempt from the provisions of s. 119.07(1) and s
12 24(a), Art. I of the State Constitution.

13 (3) Portions of meetings, proceedings, reports, and
14 records of the department, a county health department public
15 health-unit, healthy start coalition, or certified rural
16 health network, or a panel or committee assembled by the
17 department, a county health department public-health-unit,
18 healthy start coalition, or certified rural health network
19 pursuant to this section, which relate solely to patient care
20 quality assurance and where specific persons or incidents are
21 discussed are confidential and exempt from the provisions of
22 s 286 011, and s. 24(b), Art. I of the State Constitution and
23 are confidential and exempt from the provisions of s.
24 119.07(1) and s. 24(a), Art. I of the State Constitution,
25 respectively. Patient care quality assurance is not limited to
26 includes medical peer review activities and fetal infant
27 mortality reviews.

28 Section 12 Paragraph (c) of subsection (3) and the
29 introductory paragraph and paragraph (g) of subsection (4) of
30 section 381.0065, Florida Statutes, 1996 Supplement, are
31 amended to read:

1 381.0065 Onsite sewage treatment and disposal systems;
2 regulation.--

3 (3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH AND
4 REHABILITATIVE SERVICES.--The Department of Health shall:

5 (c) Develop a comprehensive program to ensure that
6 onsite sewage treatment and disposal systems regulated by the
7 department are sized, designed, constructed, installed,
8 repaired, modified, abandoned, and maintained in compliance
9 with this section and rules adopted under this section to
10 prevent groundwater contamination and surface water
11 contamination and to preserve the public health. The
12 department State-Health-Office is the final administrative
13 interpretive authority regarding rule interpretation. In the
14 event of a conflict regarding rule interpretation, the
15 Division Director Assistant-Health-Officer for Environmental
16 Health of the department of Health and Rehabilitative
17 Services, or his or her designee, shall timely assign a staff
18 person to resolve the dispute

19 (4) PERMITS; INSTALLATION; AND CONDITIONS.--A person
20 may not construct, repair, modify, abandon, or operate an
21 onsite sewage treatment and disposal system without first
22 obtaining a permit approved by the department of Health and
23 Rehabilitative Services. The department may issue permits to
24 carry out this section. A construction permit is valid for 18
25 months from the issuance date and may be extended by the
26 department for one 90-day period under rules adopted by the
27 department. A repair permit is valid for 90 days from the
28 date of issuance. An operating permit is valid for 1 year
29 from the date of issuance and must be renewed annually. If
30 all information pertaining to the siting, location, and
31 installation conditions or repair of an onsite sewage

1 treatment and disposal system remains the same, a construction
2 or repair permit for the onsite sewage treatment and disposal
3 system may be transferred to another person, if the transferee
4 files, within 60 days after the transfer of ownership, an
5 amended application providing all corrected information and
6 proof of ownership of the property. There is no fee
7 associated with the processing of this supplemental
8 information. A person may not contract to construct, modify,
9 alter, repair, service, abandon, or maintain any portion of an
10 onsite sewage treatment and disposal system without being
11 registered under part III of chapter 489. A property owner
12 who personally performs construction, maintenance, or repairs
13 to a system serving his or her own owner-occupied
14 single-family residence is exempt from registration
15 requirements for performing such construction, maintenance, or
16 repairs on that residence, but is subject to all permitting
17 requirements.

18 (g)1. The department may grant variances in hardship
19 cases which may be less restrictive than the provisions
20 specified in this section. If a variance is granted and the
21 onsite sewage treatment and disposal system construction
22 permit has been issued, the variance may be transferred with
23 the system construction permit, if the transferee files,
24 within 60 days after the transfer of ownership, an amended
25 construction permit application providing all corrected
26 information and proof of ownership of the property and if the
27 same variance would have been required for the new owner of
28 the property as was originally granted to the original
29 applicant for the variance. There is no fee associated with
30 the processing of this supplemental information. A variance
31

1 the environmental health or sanitary conditions within a
2 building, on an individual's property, or within the community
3 at large, and who has the knowledge, skills, and abilities to
4 carry out these tasks.

5 (e) "Certified" means a person who has displayed
6 competency by-examination to perform evaluations of
7 environmental or sanitary conditions through examination

8 (f) "Registered sanitarian" or "R.S." means a person
9 who has been certified by either the National Environmental
10 Health Association or the Florida Environmental Health
11 Association as knowledgeable in the environmental health
12 profession.

13 (g) "Primary environmental health program" means those
14 programs determined by the department to be essential for
15 providing basic environmental and sanitary protection to the
16 public. At a minimum, these programs shall include food
17 hygiene evaluations, and onsite sewage treatment and
18 wastewater disposal system evaluations.

19 (3) CERTIFICATION REQUIRED.--No person shall perform
20 environmental health or sanitary evaluations in any primary
21 program area of environmental health without being certified
22 by the department as competent to perform such evaluations.
23 The requirements of this section shall not be mandatory for
24 persons performing inspections of public food service
25 establishments licensed under chapter 509.

26 (4) ENVIRONMENTAL HEALTH PROFESSIONALS ADVISORY
27 BOARD.--The State Health Officer shall appoint an advisory
28 board to assist the department in the promulgation of rules
29 for certification, testing, establishing standards, and
30 seeking enforcement actions against certified professionals.

31

1 (a) The board shall be comprised of the Division
2 Director Assistant-Health-Officer for Environmental Health or
3 his or her designee, one individual who will be certified
4 under this section, one individual not employed in a
5 governmental capacity who will or does employ a certified
6 environmental health professional, one individual whose
7 business is or will be evaluated by a certified environmental
8 health professional, a citizen of the state who neither
9 employs nor is routinely evaluated by a person certified under
10 this section.

11 (b) The board shall advise the department as to the
12 minimum standards of competency and proficiency necessary to
13 obtain certification in a primary area of environmental health
14 practice.

5 1. The board shall recommend primary areas of
16 environmental health practice in which environmental health
17 professionals should be required to obtain certification.

18 2. The board shall recommend minimum standards of
19 practice which the department shall incorporate into rule.

20 3. The board shall evaluate and recommend to the
21 department existing registrations and certifications which
22 meet or exceed minimum department standards and should,
23 therefore, exempt holders of such certificates or
24 registrations from compliance with this section.

25 4. The board shall hear appeals of certificate
26 denials, revocation, or suspension and shall advise the
27 department as to the disposition of such an appeal.

28 5. The board shall meet as often as necessary, but no
29 less than semiannually, handle appeals to the department, and
30 conduct other duties of the board.

31

1 6. Members of the board shall receive no compensation
2 but shall be reimbursed for per diem and travel expenses in
3 accordance with s. 112.061

4 (5) STANDARDS FOR CERTIFICATION.--The department shall
5 adopt rules that establish minimum standards of education,
6 training, or experience for those persons subject to this
7 section. The rules shall also address ethical standards of
8 practice for the profession.

9 (a) Persons employed as environmental health
10 professionals shall exhibit a knowledge of rules and
11 principles of environmental and public health law in Florida
12 through examination. No person shall conduct environmental
13 health evaluations in a primary program area unless he or she
14 is currently certified in that program area or works under the
15 direct supervision of a certified environmental health
16 professional.

17 1. All such persons who begin employment in a primary
18 environmental health program on or after September 21, 1994,
19 must July-4,-1994;-shall be certified in that program within 6
20 months after employment.

21 2. Persons employed in a primary environmental health
22 program prior to September 21, 1994, shall be considered
23 certified July-4,-1994;-are-exempt-from-certification
24 requirements while employed in that position and shall be
25 required to adhere to any professional standards established
26 by the department pursuant to paragraph (b); complete any
27 continuing education requirements imposed under paragraph (d);
28 and pay the certificate renewal fee imposed under subsection
29 (7).

30 3. Persons employed in a primary environmental health
31 program prior to September 21, 1994, who change positions or

1 program areas and transfer into another primary environmental
2 health program area on or after September 21, 1994, must be
3 certified in that program within 6 months after such transfer,
4 except that they will not be required to possess the college
5 degree required under paragraph (a).

6 4. Registered sanitarians shall be considered
7 certified and shall be required to adhere to any professional
8 standards established by the department pursuant to paragraph
9 (b).

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

13 (c) Those persons conducting primary environmental
14 health evaluations shall be certified by examination to be
15 knowledgeable in any primary area of environmental health in
16 which they are routinely assigned duties.

17 (d) Persons who are certified shall renew their
18 certification biennially by completing not less than 24 6
19 contact hours of continuing education for each program area in
20 which they maintain certification.

21 (e) Applicants for certification shall have graduated
22 from an accredited 4-year college or university with major
23 coursework in environmental health, environmental science, or
24 a physical or biological science.

25 (6) EXEMPTIONS.--A person who conducts primary
26 environmental evaluation activities and maintains a current
27 registration or certification from another state agency which
28 examined the person's knowledge of the primary program area
29 and requires comparable continuing education to maintain the
30 certificate shall not be required to be certified by this
31 section. Examples of persons not subject to certification are

1 physicians, registered dietitians, certified laboratory
2 personnel, and nurses. Registered-sanitarians-are-deemed-to
3 have-met-the-certification-requirements-of-this-section:

4 (7) FEES.--The department shall charge fees in amounts
5 necessary to meet the cost of providing certification.
6 Application Fees for certification in-a-program-area shall be
7 no less than \$25 nor more than \$300 and shall be set by rule
8 \$100. Application, examination, and certification costs shall
9 be included in this fee. Certification-fees-shall-be-no-less
10 than-\$25-nor-more-than-\$50-per-biennium: Fees for renewal of a
11 certificate shall be no less than \$25 nor more than \$150 \$50
12 per biennium.

13 (8) PENALTIES.--The department may deny, suspend, or
14 revoke a certificate or impose an administrative fine of up to
15 \$500 for each violation of this section or a rule adopted
16 under this section or may pursue any other enforcement action
17 authorized by law. Any person who has had a certificate
18 revoked may not conduct environmental health evaluations in a
19 primary program area for a minimum of 5 years from the date of
20 revocation.

21 Section 14. Paragraph (e) is added to subsection (2)
22 of section 381.0203, Florida Statutes, to read:

23 381.0203 Pharmacy services.--

24 (2) The department may establish and maintain a
25 pharmacy services program, including, but not limited to:

26 (e) A contraception distribution program which shall
27 be implemented, to the extent resources permit, through the
28 licensed pharmacies of county health departments. A woman who
29 is eligible for participation in the contraceptive
30 distribution program is deemed a patient of the county health
31 department.

1 1. To be eligible for participation in the program a
2 woman must:

3 a. Be a client of the department or the Department of
4 Children and Family Services.

5 b. Be of childbearing age with undesired fertility.

6 c. Have an income between 150 and 200 percent of the
7 federal poverty level.

8 d. Have no Medicaid benefits or applicable health
9 insurance benefits.

10 e. Have had a medical examination by a licensed health
11 care provider within the past 6 months.

12 f. Have a valid prescription for contraceptives that
13 are available through the contraceptive distribution program.

14 g. Consent to the release of necessary medical
15 information to the county health department.

16 2. Fees charged for the contraceptives under the
17 program must cover the cost of purchasing and providing
18 contraceptives to women participating in the program.

19 3. The department may adopt rules to administer this
20 program.

21 Section 15. Subsections (3) and (12) of section
22 381.0302, Florida Statutes, are amended to read:

23 381.0302 Florida Health Services Corps.--

24 (3) The Florida Health Services Corps shall be
25 developed by the department State-Health-Office in cooperation
26 with the programs in the area Health Education Center network
27 as defined in s. 381.0402 and the state's health care
28 education and training institutions. The State Health Officer
29 shall be the director of the Florida Health Services Corps.

30 (12) Funds appropriated under this section shall be
31 deposited in the Florida Health Services Corps Trust Fund,

1 which shall be administered by the department State-Health
2 Office. The department may use funds appropriated for the
3 Florida Health Services Corps as matching funds for federal
4 service-obligation scholarship programs for health care
5 practitioners, such as the Demonstration Grants to States for
6 Community Scholarship Grants program. If funds appropriated
7 under this section are used as matching funds, federal
8 criteria shall be followed whenever there is a conflict
9 between provisions in this section and federal requirements.

10 Section 16. Subsection (1) of section 381.0405,
11 Florida Statutes, is amended to read:

12 381 0405 Office of Rural Health.--

13 (1) ESTABLISHMENT.--The Department of Health shall
14 establish an Office of Rural Health within-the-State-Health
15 Office. The Office of Rural Health shall coordinate its
16 activities with the area health education center network
17 established pursuant to s. 381.0402 and with any appropriate
18 research and policy development centers within universities
19 that have state-approved medical schools. The Office of Rural
20 Health may enter into a formal relationship with any center
21 that designates the office as an affiliate of the center.

22 Section 17. Subsections (13), (16), and (17), and
23 paragraph (a) of subsection (15), of section 381.0406, Florida
24 Statutes, are amended to read:

25 381.0406 Rural health networks.--

26 (13) TRAUMA SERVICES.--In those network areas which
27 have an established trauma agency approved by the Department
28 of Health and-Rehabilitative-Services, that trauma agency must
29 be a participant in the network. Trauma services provided
30 within the network area must comply with s. 395.037.

31

1 (15) NETWORK IMPLEMENTATION.--As funds become
2 available, networks shall be developed and implemented in two
3 phases.

4 (a) Phase I shall consist of a network planning and
5 development grant program administered-by-the-Agency-for
6 ~~Health-Care-Administration-in-consultation-with-the-State~~
7 ~~Health-Officer~~. Planning grants shall be used to organize
8 networks, incorporate network boards, and develop formal
9 provider agreements as provided for in this section. The
10 Department of Health Agency-for-Health-Care-Administration
11 shall develop a request-for-proposal process to solicit grant
12 applications.

13 (16) CERTIFICATION.--For the purpose of certifying
14 networks that are eligible for Phase II funding, the
15 Department of Health Agency-for-Health-Care-Administration;-in
16 ~~consultation-with-the-State-Health-Office~~; shall certify
17 networks that meet the criteria delineated in this section and
18 the rules governing rural health networks.

19 (17) RULES.--The Department of Health Agency-for
20 ~~Health-Care-Administration;-in-consultation-with-the-State~~
21 ~~Health-Office~~; shall establish rules that govern the creation
22 and certification of networks, including establishing outcome
23 measures for networks.

24 Section 18. Section 381.04065, Florida Statutes, is
25 amended to read:

26 381.04065 Rural health network cooperative
27 agreements.--

28 (1) INTENT.--It is the Legislature's intent that, to
29 the extent necessary to foster the development of rural health
30 networks as provided for in s. 381.0406, competitive market
31 forces shall be replaced with state regulation, as provided

1 for in this section subsections-(2)-and-(3). It is also the
2 intent of the Legislature that consolidation of network
3 hospital services or technologies undertaken pursuant to this
4 section, and cooperative agreements between members of rural
5 health networks, shall not violate the state's antitrust laws
6 when such arrangements improve the quality of health care,
7 moderate cost increases, and are made between members of rural
8 health networks as defined in s. 381.0406. It is also the
9 intent of the Legislature that such arrangements be protected
10 from federal antitrust laws, subject to the approval and
11 supervision of the Department of Health Agency-for-Health-Care
12 Administration. Such intent is within the public policy of the
13 state to facilitate the provision of quality, cost-efficient
14 medical care to rural patients.

15 (2) DEPARTMENT STATE-ACTION APPROVAL--Providers who
16 are members of certified rural health networks who seek to
17 consolidate services or technologies or enter into cooperative
18 agreements shall seek approval from the Department of Health
19 Agency-for-Health-Care-Administration, which may consult with
20 the Department of Legal Affairs. The department agency shall
21 determine that the likely benefits resulting from the
22 agreement outweigh any disadvantages attributable to any
23 potential reduction in competition resulting from the
24 agreement and issue a letter of approval if, in its
25 determination, the agreement reduces or moderates costs and
26 meets any of the following criteria:

27 (a) Consolidates services or facilities in a market
28 area used by rural health network patients to avoid
29 duplication;

30 (b) Promotes cooperation between rural health network
31 members in the market area;

169-391C-97

1 (c) Encourages cost sharing among rural health network
2 facilities,

3 (d) Enhances the quality of rural health care; or

4 (e) Improves utilization of rural health resources and
5 equipment.

6 (3) STATE OVERSIGHT.--The Department of Health agency
7 shall review each agreement approved under this section
8 subsection-(f) at least every 2 years. If the department
9 agency determines that the likely benefits resulting from its
10 state action approval no longer outweigh any disadvantages
11 attributable to any potential reduction in competition
12 resulting from the agreement, the department agency shall
13 initiate proceedings to terminate its state action approval
14 governing the agreement. Such termination proceeding shall be
15 governed by chapter 120;-the-Florida-Administrative-Procedure
16 Act.

17 (4) JUDICIAL REVIEW.--Any applicant aggrieved by a
18 decision of the Department of Health Agency-for-Health-Care
19 Administration shall be entitled to both administrative and
20 judicial review thereof in accordance with chapter 120. In
21 such review, the decision of the department agency shall be
22 affirmed unless it is arbitrary, capricious, or it is not in
23 compliance with this section.

24 (5) RULEMAKING.--The Department of Health Agency-for
25 Health-Care-Administration, in consultation with the State
26 Health-Office-and-the Office of the Attorney General, shall
27 establish rules necessary to implement this section.

28 Section 19. Subsections (3) through (7) of section
29 381.0407, Florida Statutes, 1996 Supplement, are amended to
30 read:

31

1 381.0407 Managed care and publicly funded primary care
2 program coordination.--

3 (3) DEFINITIONS.--As used in this section the term:

4 (a) "Managed care plan" or "plan" means an entity that
5 contracts with the Agency for Health Care Administration on a
6 prepaid or fixed-sum basis for the provision of Medicaid
7 services pursuant to s. 409.912.

8 (b) "Publicly funded primary care provider" or "public
9 provider" means a county health department public-health-unit
10 or a migrant health center funded under s. 329 of the Public
11 Health Services Act or a community health center funded under
12 s. 330 of the Public Health Services Act.

13 (4) REIMBURSEMENT REQUIRED.--Without prior
14 authorization, managed care plans, and the MediPass program as
15 administered by the Agency for Health Care Administration,
16 shall pay claims initiated by any public provider, to the
17 extent the managed care plan or MediPass program provides
18 coverage, for:

19 (a) The diagnosis and treatment of sexually
20 transmitted diseases and other communicable diseases such as
21 tuberculosis and human immunodeficiency virus infection
22 syndrome.

23 (b) The provision of immunizations.

24 (c) Family planning services and related
25 pharmaceuticals.

26 (d) School health services listed in paragraphs (a),
27 (b), and (c) and for services rendered on an urgent basis.
28 Services rendered on an urgent basis are those health care
29 services needed to immediately relieve pain or distress for
30 medical problems such as injuries, nausea, and fever, and
31

1 services-needed to treat infectious diseases and other similar
2 conditions.

3

4 Public providers shall attempt to contact managed care plans
5 before providing health care services to their subscribers.
6 Public providers shall provide managed care plans with the
7 results of the office visit, including test results, and shall
8 be reimbursed by managed care plans at the rate negotiated
9 between the managed care plan and the public provider or, if a
10 rate has not been negotiated, at the lesser of either the rate
11 charged by the public provider or the Medicaid fee-for-service
12 reimbursement rate.

13 (5) EMERGENCY SHELTER MEDICAL SCREENING
14 REIMBURSEMENT.--County health departments public-health-units
15 shall be reimbursed by managed care plans, and the MediPass
16 program as administered by the Agency for Health Care
17 Administration, for clients of the Department of Children and
18 Family Health-and-Rehabilitative Services who receive
19 emergency shelter medical screenings.

20 (6) MATERNAL AND CHILD HEALTH SERVICES.--The Agency
21 for Health Care Administration, in consultation with the
22 Department of Health State-Health-Office, shall encourage
23 agreements between Medicaid-financed managed care plans and
24 public providers for the authorization of and payment for the
25 following services:

- 26 (a) Maternity case management.
27 (b) Well-child care.
28 (c) Prenatal care.

29 (7) VACCINE-PREVENTABLE DISEASE EMERGENCIES.--In the
30 event that a vaccine-preventable disease emergency is declared
31 by the State Health Officer or a county health department

1 public-health-unit director or administrator, managed care
2 plans, the MediPass program as administered by the Agency for
3 Health Care Administration, and health maintenance
4 organizations and prepaid health clinics licensed under
5 chapter 641 shall reimburse county health departments public
6 health-units for the cost of the administration of vaccines to
7 persons covered by these entities, provided such action is
8 necessary to end the emergency. Reimbursement shall be at the
9 rate negotiated between the entity and the county health
10 department public-health-unit or, if a rate has not been
11 negotiated, at the lesser of either the rate charged by the
12 county health department public-health-unit or the Medicaid
13 fee-for-service reimbursement rate. No charge shall be made
14 by the county health department public-health-unit for the
15 actual cost of the vaccine or and for services not covered
16 under the policy or contract of the entity.

17 Section 20. Section 383.3362, Florida Statutes, is
18 amended to read:

19 383.3362 Sudden Infant Death Syndrome.--

20 (1) FINDINGS AND INTENT.--The Legislature recognizes
21 that research-has-shown Sudden Infant Death Syndrome, or SIDS,
22 is to-be a leading cause of death among children under the age
23 of 1 year, both nationally and in this state. The Legislature
24 further recognizes that first responders to emergency calls
25 relating to such a death need access to special training to
26 better enable them to distinguish SIDS from death caused by
27 criminal acts and to appropriately interact with the deceased
28 infant's parents or caretakers. At the same time, the
29 Legislature, recognizing that the primary focus of first
30 responders is to carry out their assigned duties, intends to
31 increase the awareness of SIDS by first responders, but in no

169-391C-97

1 way expand or take away from their duties. Further, the
2 Legislature recognizes the importance of a standard protocol
3 for review of SIDS deaths by medical examiners and the
4 importance of appropriate followup in cases of certified or
5 suspected SIDS deaths. Further; ~~the Legislature recognizes~~
6 ~~the benefits of establishing a SIDS Advisory Council;~~
7 Finally, the Legislature finds that it is desirable to analyze
8 existing data, and to conduct further research on, the
9 possible causes of SIDS and how to lower the number of sudden
10 infant deaths.

11 (2) DEFINITION.--As used in this section, the term
12 "Sudden Infant Death Syndrome," or "SIDS," means the sudden
13 unexpected death of an infant under 1 year of age which
14 remains unexplained after a complete autopsy, death-scene
15 investigation, and review of the case history. The term
16 includes only those deaths for which, currently, there is no
17 known cause or cure.

18 (3) TRAINING.--

19 (a) The Legislature finds that an emergency medical
20 technician, a paramedic, a firefighter, or a law enforcement
21 officer is likely to be the first responder to a request for
22 assistance which is made immediately after the sudden
23 unexpected death of an infant. The Legislature further finds
24 that these first responders should be trained in appropriate
25 responses to sudden infant death.

26 (b) After January 1, 1995, the basic training programs
27 required for certification as an emergency medical technician,
28 a paramedic, a firefighter, or a law enforcement officer as
29 defined in s. 943.10, other than a correctional officer or a
30 correctional probation officer, must include curriculum that
31 contains instruction on Sudden Infant Death Syndrome.

1 (c) ~~On or before January 4, 1994~~; The Department of
2 Health and Rehabilitative Services, in consultation with the
3 Sudden-Infant-Death-Syndrome-Advisory-Council; the Emergency
4 Medical Services Advisory Council, the Firefighters Standards
5 and Training Council, and the Criminal Justice Standards and
6 Training Commission, shall develop and adopt, by rule,
7 curriculum that, at a minimum, includes training in the nature
8 of SIDS, standard procedures to be followed by law enforcement
9 agencies in investigating cases involving sudden deaths of
10 infants, and training in responding appropriately to the
11 parents or caretakers who have requested assistance.

12 (4) AUTOPSIES.--

13 (a) The medical examiner must perform an autopsy upon
14 any infant under the age of 1 year who is suspected to have
15 died of Sudden Infant Death Syndrome. The autopsy must be
16 performed within 24 hours after the death, or as soon
17 thereafter as is feasible. When the medical examiner's
18 findings are consistent with the definition of sudden infant
19 death syndrome in subsection (2), the medical examiner must
20 state on the death certificate that sudden infant death
21 syndrome was the cause of death.

22 (b) ~~Before January 4, 1994~~; The Medical Examiners
23 Commission shall develop and implement a protocol for dealing
24 with suspected sudden infant death syndrome. The protocol must
25 be followed by all medical examiners when conducting the
26 autopsies required under this subsection. The protocol may
27 include requirements and standards for scene investigations,
28 requirements for specific data, criteria for ascertaining
29 cause of death based on the autopsy, criteria for any specific
30 tissue sampling, and any other requirements that the
31 commission considers necessary.

1 (c) A medical examiner is not liable for damages in a
2 civil action for any act or omission done in compliance with
3 this subsection.

4 (d) An autopsy must be performed under the authority
5 of a medical examiner under s. 406.11.

6 ~~(5) -- VISITATION BY COUNTY PUBLIC HEALTH NURSE OR SOCIAL
7 WORKER --~~

8 ~~(a) -- After the death of an infant which is attributed
9 to Sudden Infant Death Syndrome, a county public health unit
10 nurse or professional social worker affiliated with the county
11 public health unit must attempt to visit the parents or
12 guardians of the deceased, in order to provide the parents or
13 guardians with appropriate educational and support services.~~

14 ~~(b) -- A nurse or social worker who conducts visits under
15 paragraph (a) must receive training in providing appropriate
16 educational and support services to the parents or guardians
17 of an infant whose death is attributed to SIDS. -- The State
18 Health Office shall by rule prescribe the requirements for the
19 training, including content, protocol, and frequency.~~

20 ~~(6) -- SUDDEN INFANT DEATH SYNDROME ADVISORY COUNCIL --~~

21 ~~(a) -- There is created the Sudden Infant Death Syndrome
22 Advisory Council, consisting of nine members appointed by the
23 secretary of the Department of Health and Rehabilitative
24 Services in consultation with the Florida SIDS Alliance, of
25 whom three are members of SIDS parents' groups, one is a
26 medical examiner, one is a county public health nurse, one is
27 a physician who has expertise in SIDS, one is a law
28 enforcement officer, one is an emergency medical technician,
and one is a paramedic. -- Either the emergency medical
29 technician or the paramedic must also be a firefighter. -- Each
30 member must be appointed for a term of 3 years, except that,
31~~

169-391C-97

1 of the initial appointees; who must be appointed before
2 October 1, 1993; three must be appointed for terms of 1 year
3 each; two must be appointed for terms of 2 years each; and
4 three must be appointed for terms of 3 years each:

5 (b) -- The council shall meet at least annually; and hold
6 additional meetings by teleconference as necessary; and shall
7 annually choose a chair from among its membership:

8 (c) -- The State Health Office shall administer and
9 provide support staff to the council:

10 (d) -- The duties of the council are:

11 1: -- To provide guidance to the department in the
12 development of training; educational; and research programs
13 regarding SIDS:

14 2: -- To provide ongoing guidance to the Governor and the
15 Legislature regarding the need for specific programs regarding
16 SIDS for specific targeted groups of persons:

17 3: -- To establish a link with the fetal and infant
18 mortality reviews of the county Healthy Start Coalitions
19 authorized under chapter 383; to the extent that those
20 coalitions exist in the various counties:

21 4: -- In conjunction with the department or a person with
22 whom the department contracts to provide SIDS education; to
23 convene annually a statewide conference for examining the
24 progress in discovering the cause of SIDS; exploring the
25 progress of newly established programs and services relating
26 to SIDS; identifying future needs for legislation and program
27 development regarding SIDS; and making recommendations on the
28 needs of programs regarding SIDS; -- invited conference
29 participants shall include professionals and service providers
30 in the area of SIDS; family members of SIDS victims; members
31

1 of the legislature or their staffs; and appropriate state
2 agency staff:

3 ~~(e) The members of the advisory council shall serve at~~
4 ~~the pleasure of the secretary; the members of the advisory~~
5 ~~council shall serve without compensation; but may be~~
6 ~~reimbursed for necessary per diem and travel expenses incurred~~
7 ~~in the performance of the duties of the advisory council; as~~
8 ~~provided in s. 412.861:~~

9 (5)(7) DEPARTMENT STATE HEALTH OFFICE, DUTIES RELATING
10 TO SUDDEN INFANT DEATH SYNDROME (SIDS) --The Department of
11 State Health Office shall:

12 (a) Collaborate with other agencies in the development
13 and presentation of the Sudden Infant Death Syndrome (SIDS)
14 training programs for first responders, including those for
15 emergency medical technicians and paramedics, firefighters,
16 and law enforcement officers.

17 (b) Maintain a database of statistics on reported SIDS
18 deaths, and analyze the data as funds allow.

19 ~~(c) Administer and provide staff support for the~~
20 ~~Sudden Infant Death Syndrome Advisory Council:~~

21 (c)(d) Serve as liaison and closely coordinate
22 activities with the Florida SIDS Alliance, including the
23 services related to the SIDS hotline.

24 (d)(e) Maintain a library reference list and materials
25 about SIDS for public dissemination.

26 (e)(f) Provide professional support to field staff.

27 (f) Coordinate the activities of and promote a link
28 between the fetal and infant mortality review committees of
the local healthy start coalitions, the local SIDS alliance,
and other related support groups.

31

169-391C-97

1 (g)--Provide professional support services to people
2 who are affected by SIBS:

3 (h)--Prepare and submit to the Governor; the President
4 of the Senate; and the Speaker of the House of Representatives
5 an annual report; beginning January 1, 1995; which must
6 include information on the training programs for first
7 responders; the results of visitation by county public health
8 unit personnel; a summary of the information presented at the
9 annual conference; and statistical data and findings from
10 research relating to SIBS:

11 (i)--FISCAL CONSTRAINT--This section may be
12 implemented only to the extent that funding is provided by the
13 Legislature:

14 Section 21. Section 385.202, Florida Statutes, 1996
15 Supplement, is amended to read:

16 385.202 Statewide cancer registry.--

17 (1) Each facility hospital licensed under pursuant to
18 chapter 395 and each freestanding radiation therapy center as
19 defined in s. 408.07 shall report to the Department of Health
20 and Rehabilitative Services such information, specified by the
21 department, by rule, which indicates as will indicate
22 diagnosis, stage of disease, medical history, laboratory data,
23 tissue diagnosis, and radiation, surgical, or other methods of
24 diagnosis or treatment for on each cancer diagnosed or patient
25 treated by the facility or center hospital. Failure to comply
26 with this requirement may be cause for registration or
27 licensure suspension or revocation of the license of any such
28 hospital. Ambulatory surgical centers and freestanding
29 radiation therapy centers shall only be required to report
30 cancer information that has not previously been recorded by
31

1 another facility or cannot be retrieved from existing state
2 reports as reported to the centers by the department.

3 (2) The department shall establish, or cause to have
4 established, by contract with a recognized medical
5 organization in this state and its affiliated institutions, a
6 statewide cancer registry program to ensure that cancer
7 reports required under this section ~~as required in subsection~~
8 (4) shall be maintained and shall be available for use in the
9 course of any study for the purpose of reducing morbidity or
10 mortality; and no liability of any kind or character for
11 damages or other relief shall arise or be enforced against any
12 hospital by reason of having provided such information or
13 material to the department.

14 (3) The department or a contractual designee operating
15 the statewide cancer registry program required by this section
16 act shall use or publish said material only for the purpose of
17 advancing medical research or medical education in the
18 interest of reducing morbidity or mortality, except that a
19 summary of such studies may be released for general
20 publication. Information which discloses or could lead to the
21 disclosure of the identity of any person whose condition or
22 treatment has been reported and studied shall be confidential
23 and exempt from the provisions of s. 119.07(1), except that:

24 (a) Release may be made with the written consent of
25 all persons to whom the information applies;

26 (b) The department or a contractual designee may
27 contact individuals for the purpose of epidemiologic
28 investigation and monitoring, provided information that is
confidential under this section is not further disclosed; or

29 (c) The department may exchange personal data with any
30 other governmental agency or a contractual designee for the
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169-391C-97

1 purpose of medical or scientific research, provided such
2 governmental agency or contractual designee shall not further
3 disclose information that is confidential under this section.

4 (4) Funds appropriated for this section act shall be
5 used utilized for the purposes of establishing, administering,
6 compiling, processing, and providing suitable biometric and
7 statistical analyses to the reporting facilities hospitals and
8 ~~shall be utilized to help defray the expenses incurred by the~~
9 ~~reporting hospitals in providing information to the cancer~~
10 ~~registry. Funds may also be used to ensure the quality and~~
11 ~~accuracy of the information reported and to provide management~~
12 ~~information to the reporting facilities.~~ Such reporting
13 hospitals shall be reimbursed for reasonable costs.

14 (5) The department may, by rule, classify facilities
15 for purposes of reports made to the cancer registry and
16 specify the content and frequency of the reports. The
17 provisions of this section act shall not apply to any facility
18 hospital whose primary function is to provide psychiatric care
19 to its patients.

20 Section 22. Section 385.203, Florida Statutes, is
21 amended to read:

22 385 203 Diabetes Advisory Council; creation; function;
23 membership.--

24 (1) There is created a Diabetes Advisory Council to
25 the diabetes centers, the Board of Regents, and the Department
26 of Health and Rehabilitative Services. The council shall:

27 (a) Serve as a forum for the discussion and study of
28 issues related to the delivery of health care services to for
29 persons with diabetes.

30 (b) Provide advice and consultation to:
31

4 1. the deans of the medical schools in which are
2 located diabetes centers, and by June 30 of each year, the
3 council shall submit written recommendations to the deans
4 regarding the need for diabetes education, treatment, and
5 research activities to promote the prevention and control of
6 diabetes.

7 ~~(c)2:--The secretary of the department; and~~ By June 30
8 of each year, the council shall meet with the Secretary of
9 Health or his or her designee to make specific recommendations
10 regarding the public health aspects of the prevention and
11 control of diabetes.

12 ~~(c)--By October 1, 1994; and; subsequently; no later~~
13 ~~than October 1 of each year preceding a legislative session~~
14 ~~for which a biennial budget is submitted; submit to the~~
15 ~~Governor and the legislature a diabetes state plan;--The plan~~
16 ~~must be developed with administrative assistance from the~~
17 ~~department and must contain information regarding;--the~~
18 ~~problems of diabetes in Florida; the resources currently~~
19 ~~available and needed to address the problems; the goals and~~
20 ~~methods by which the department; the diabetes centers; the~~
21 ~~council; and the health care community should address the~~
22 ~~problems; and an evaluation scheme for assessing progress;--The~~
23 ~~plan shall set the overall policy and procedures for~~
24 ~~establishing a statewide health care delivery system for~~
25 ~~diabetes mellitus-~~

26 (2) The members of the council shall be appointed by
27 the Governor from nominations by the Board of Regents, the
28 Board of Trustees of the University of Miami, and the
29 Secretary of the Department of Health and Rehabilitative
30 Services. Members shall serve 4-year terms or until their
31 successors are appointed or qualified.

1 (3) The council shall be composed of 18 citizens of
2 the state as follows: four practicing physicians; one
3 representative from each medical school; seven interested
4 citizens, at least three of whom shall be persons who have or
5 have had diabetes mellitus or who have a child with diabetes
6 mellitus; the Deputy Secretary of for Health or his or her
7 designee; one representative from the Division of Children's
8 Medical Services of the Department of Health Program-Office;
9 and one professor of nutrition.

10 (4)(a) The council shall annually elect from its
11 members a chair and a secretary. The council shall meet at
12 the chair's discretion; however, at least three meetings shall
13 be held each year.

14 (b) In conducting its meetings, the council shall use
15 accepted rules of procedure. A majority of the members of the
16 council constitutes a quorum, and action by a majority of a
17 quorum is necessary for the council to take any official
18 action. The secretary shall keep a complete record of the
19 proceedings of each meeting. The record shall show the names
20 of the members present and the actions taken. The records
21 shall be kept on file with the department, and these and other
22 documents about matters within the jurisdiction of the council
23 may be inspected by members of the council.

24 (5) Members of the council shall serve without
25 remuneration but may be reimbursed for per diem and travel
26 expenses as provided in s. 112.061, to the extent resources
27 are available.

28 (6) The department shall serve as an intermediary for
29 the council if the council coordinates, applies for, or
30 accepts any grants, funds, gifts, or services made available
31 to it by any agency or department of the Federal Government,

169-391C-97

1 or any private agency or individual, for assistance in the
2 operation of the council or the diabetes centers established
3 in the various medical schools.

4 ~~{7}--The department shall consider the plan of the~~
5 ~~advisory council in dispersing funds appropriated for the~~
6 ~~prevention and control of diabetes:~~

7 Section 23. Subsections (1), (2), and (4) of section
8 392.52, Florida Statutes, are amended to read:

9 392.52 Definitions.--As used in this chapter, the
10 term:

11 (1) "Active tuberculosis" means tuberculosis disease
12 that is demonstrated to be contagious by clinical ~~or~~
13 bacteriological; ~~or~~ radiographic evidence, or by other means
14 as determined by rule of the department. Tuberculosis disease
15 is considered active until cured.

16 (2) "County health department public-health-unit"
17 means an agency or entity designated as such in chapter 154.

18 (4) "Department" means the Department of Health and
19 Rehabilitative Services.

20 Section 24. Section 392.551, Florida Statutes, is
21 created to read:

22 392.551 Parental consent to examination.--The consent
23 of a minor's parent or guardian is not required for the
24 department or its authorized representative to examine a minor
25 to determine if the minor has been exposed to or has active
26 tuberculosis.

27 Section 25. Section 392.565, Florida Statutes, is
28 amended to read:

29 392.565 Execution of certificate for involuntary
30 hold.--When a person who has active tuberculosis or who is
31 reasonably suspected of having ~~or having been exposed to~~

1 active tuberculosis presents to a physician licensed under
2 chapter 458 or chapter 459 for examination or treatment and
3 the physician has reason to believe that if the person leaves
4 the treatment location the person will pose a threat to the
5 public health based on test results or the patient's medical
6 history and the physician has reason to believe that the
7 person is not likely to appear at a hearing scheduled under s.
8 392.55 or s. 392.56, the treating physician shall request the
9 State Health Officer or his or her designee to order that the
10 person be involuntarily held by executing a certificate
11 stating that the person appears to meet the criteria for
12 involuntary examination or treatment and stating the
13 observation upon which that conclusion is based. The sheriff
14 of the county in which the certificate was issued shall take
15 such person into custody and shall deliver the person to the
16 nearest available licensed hospital, or to another location
17 where isolation is available, as appropriate, for observation,
18 examination, and treatment for a period not to exceed 72
19 hours, pending a hearing scheduled under s. 392.55 or s.
20 392.56. The certificate must be filed with the circuit court
21 in which the person is involuntarily held and constitutes a
22 petition for a hearing under s. 392.55 or s. 392.56.

23 Section 26. Subsections (2) and (4) of section 392.62,
24 Florida Statutes, are amended to read:

25 392.62 Hospitalization and placement programs.--

26 (2) The department may operate a licensed hospital for
27 the care and treatment to cure of persons who have active
28 tuberculosis. The hospital may have a forensic unit where,
29 under medical protocol, a patient can be held in a secure or
30 protective setting. However; The department shall also seek
31 to maximize use of existing licensed community hospitals for

169-391C-97

1 the care and treatment to cure of persons who have active
2 tuberculosis.

3 (4) A hospital may, pursuant to court order, place a
4 patient in temporary isolation for a period of no more than 72
5 continuous hours. The department shall obtain a court order in
6 the same manner as prescribed in s. 392.57. Nothing in this
7 subsection precludes a hospital from isolating an infectious
8 patient for medical reasons.

9 Section 27. Subsections (4) and (5) of section
10 395.3025, Florida Statutes, 1996 Supplement, are amended to
11 read:

12 395.3025 Patient and personnel records; copies,
13 examination.--

14 (4) Patient records are confidential and must not be
15 disclosed without the consent of the person to whom they
16 pertain, but appropriate disclosure may be made without such
17 consent to:

18 (a) Licensed facility personnel and attending
19 physicians for use in connection with the treatment of the
20 patient.

21 (b) Licensed facility personnel only for
22 administrative purposes or risk management and quality
23 assurance functions.

24 (c) The agency, for purposes of health care cost
25 containment.

26 (d) In any civil or criminal action, unless otherwise
27 prohibited by law, upon the issuance of a subpoena from a
28 court of competent jurisdiction and proper notice by the party
29 seeking such records to the patient or his or her legal
30 representative.

31

1 (e) ~~The agency or the Department of Business and~~
2 ~~Professional Regulation~~ upon subpoena issued pursuant to s.
3 455.223, but the records obtained thereby must be used solely
4 for the purpose of the ~~agency or the Department of Business~~
5 ~~and Professional Regulation~~ and the appropriate professional
6 board in its investigation, prosecution, and appeal of
7 disciplinary proceedings. If the ~~agency or the Department of~~
8 ~~Business and Professional Regulation~~ requests copies of the
9 records, the facility shall charge no more than its actual
10 copying costs, including reasonable staff time. The records
11 must be sealed and must not be available to the public
12 pursuant to s. 119.07(1) or any other statute providing access
13 to records, nor may they be available to the public as part of
14 the record of investigation for and prosecution in
15 disciplinary proceedings made available to the public by the
16 ~~agency; the Department of Business and Professional~~
17 ~~Regulation~~; or the appropriate regulatory board. However, the
18 ~~agency or the Department of Business and Professional~~
19 ~~Regulation~~ must make available, upon written request by a
20 practitioner against whom probable cause has been found, any
21 such records that form the basis of the determination of
22 probable cause.

23 (f) The Department of Health or its agent, for the
24 purpose of establishing and maintaining a trauma registry and
25 for the purpose of ensuring that hospitals and trauma centers
26 are in compliance with the standards and rules established
27 under ss. 395.401, 395.4015, 395.4025, 395.404, 395.4045, and
28 395.405, and for the purpose of monitoring patient outcome at
29 hospitals and trauma centers that provide trauma care
30 services.

1 (g) The Department of Children and Family Health and
2 Rehabilitative Services or its agent, for the purpose of
3 investigations of cases of abuse, neglect, or exploitation of
4 children or disabled adults or elderly persons

5 (h) The State Long-Term Care Ombudsman Council and the
6 district long-term care ombudsman councils, with respect to
7 the records of a patient who has been admitted from a nursing
8 home or long-term care facility, when the councils are
9 conducting an investigation involving the patient as
10 authorized under part II of chapter 400, upon presentation of
11 identification as a council member by the person making the
12 request. Disclosure under this paragraph shall only be made
13 after a competent patient or the patient's representative has
14 been advised that disclosure may be made and the patient has
15 not objected.

16 (i) A local trauma agency or a regional trauma agency
17 that performs quality assurance activities, or a panel or
18 committee assembled to assist a local trauma agency or a
19 regional trauma agency in performing quality assurance
20 activities. Patient records obtained under this paragraph are
21 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
22 of the State Constitution.

23 (j) Organ procurement organizations, tissue banks, and
24 eye banks required to conduct death records reviews pursuant
25 to s. 395.2050.

26 (5) The Department of Health may examine patient
27 records of a licensed facility, whether held by the facility
28 or the Agency for Health Care Administration, for the purpose
29 of epidemiological investigations, ~~;-provided-that~~ The
30 unauthorized release of information by agents of the
31 department which would identify an individual patient is a

1 misdemeanor of the first second degree, punishable as provided
2 in s. 775.082 or s. 775.083.

3 Section 28. Paragraphs (c) through (l) of subsection
4 (1) of section 395.401, Florida Statutes, are redesignated as
5 paragraphs (d) through (m), respectively, and a new paragraph
6 (c) is added to said subsection to read:

7 395 401 Trauma services system plans; verification of
8 trauma centers and pediatric trauma referral centers;
9 procedures; renewal.--

10 (1) As used in this part, the term:

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

12 Section 29. Subsection (1) of section 401.107, Florida
13 Statutes, is amended to read:

14 401.107 Definitions --As used in this part, the term:

15 (1) "Department" means the Department of Health and
16 Rehabilitative-Services.

17 Section 30. Section 401.111, Florida Statutes, is
18 amended to read:

19 401.111 Emergency medical services grant program;
20 authority.--The department of-Health-and-Rehabilitative
21 Services is hereby authorized to make grants to local agencies
22 and emergency medical services organizations in accordance
23 with any agreement entered into pursuant to this part. These
24 grants shall be designed to assist said agencies and
25 organizations in providing emergency medical services. The
26 cost of administering this program shall be paid by the
27 department from funds appropriated to it.

28 Section 31. The introductory paragraph of section
29 401.117, Florida Statutes, is amended to read:

30 401.117 Grant agreements; conditions.--The department
31 of-Health-and-Rehabilitative-Services shall use the following

169-391C-97

1 guidelines in developing the procedures for grant
2 disbursement:

3 Section 32. Subsections (10) and (21) of section
4 401.23, Florida Statutes, are amended to read:

5 401.23 Definitions.--As used in this part, the term:

6 (10) "Department" means the Department of Health and
7 Rehabilitative-Services.

8 (21) "Secretary" means the Secretary of Health and
9 Rehabilitative-Services.

10 Section 33. Paragraphs (a) and (c) of subsection (2)
11 and subsection (5) of section 401.245, Florida Statutes, are
12 amended to read:

13 401.245 Emergency Medical Services Advisory Council.--

14 (2)(a) No more than 15 members may be appointed to
15 this council. Each-district-of-the-department-shall,-when
16 possible;-be-represented-on-the-advisory-council: Members
17 shall be appointed for 4-year terms in such a manner that each
18 year the terms of approximately one-fourth of the members
19 expire. The chair of the council shall be designated by the
20 secretary. Vacancies shall be filled for the remainder of
21 unexpired terms in the same manner as the original
22 appointment. Members shall receive no compensation but may be
23 reimbursed for per diem and travel expenses.

24 (c) Appointments to the council shall be made by the
25 secretary of-the-Department-of-Health-and-Rehabilitative
26 Services, except that state agency representatives shall be
27 appointed by the respective agency head.

28 (5) The department of-Health-and-Rehabilitative
29 Services shall adopt rules to implement this section, which
30 rules shall serve as formal operating procedures for the
31 Emergency Medical Services Advisory Council.

1 Section 34. Section 401.252, Florida Statutes, is
2 amended to read:

3 401.252 Interfacility transfer.--

4 (1) A licensed basic or advanced life support
5 ambulance service may conduct interfacility transfers in a
6 permitted ambulance, using a registered nurse in place of an
7 emergency medical technician or paramedic, if:

8 (a) The registered nurse holds a current certificate
9 of successful course completion in advanced cardiac life
10 support;

11 (b) The physician in charge has granted permission for
12 such a transfer, has designated the level of service required
13 for such transfer, and has deemed the patient to be in such a
14 condition appropriate to this type of ambulance staffing; and

15 (c) The registered nurse operates within the scope of
16 chapter 464.

17 (2) A licensed basic or advanced life support service
18 may conduct interfacility transfers in a permitted ambulance
19 if the patient's treating physician certifies that the
20 transfer is medically appropriate and the physician provides
21 reasonable transfer orders. An interfacility transfer must be
22 conducted in a permitted ambulance if it is determined that
23 the patient needs, or is likely to need, medical attention
24 during transport. If the emergency medical technician or
25 paramedic believes the level of patient care required during
26 the transfer is beyond his or her capability, the medical
27 director, or his or her designee, must be contacted for
28 clearance prior to conducting the transfer. If necessary, the
29 medical director, or his or her designee, shall attempt to
30 contact the treating physician for consultation to determine
31 the appropriateness of the transfer.

169-391C-97

1 (3) Infants less than 28 days old or infants weighing
2 less than 5 kilograms, who require critical care interfacility
3 transport to a neonatal intensive care unit, shall be
4 transported in a permitted advanced life support or basic life
5 support transport ambulance, or in a permitted advanced life
6 support or basic life support ambulance that is recognized by
7 the department as meeting designated criteria for neonatal
8 interfacility critical care transport.

9 (4) The department shall adopt and enforce rules to
10 carry out this section, including rules for permitting,
11 equipping, and staffing transport ambulances and that govern
12 the medical direction under which interfacility transfers take
13 place.

14 Section 35. Subsection (2) of section 401.265, Florida
15 Statutes, is amended to read:

16 401.265 Medical directors.--

17 (2) Each medical director shall establish a quality
18 assurance committee to provide for quality assurance review of
19 all emergency medical technicians and paramedics operating
20 under his or her supervision. If the medical director has
21 reasonable belief that conduct by an emergency medical
22 technician or paramedic may constitute one or more grounds for
23 discipline as provided by this part, he or she shall document
24 facts and other information related to the alleged violation.
25 The medical director shall report to the department of Health
26 and Rehabilitation Services any emergency medical technician
27 or paramedic whom the medical director reasonably believes to
28 have acted in a manner which might constitute grounds for
29 disciplinary action. Such a report of disciplinary concern
30 must include a statement and documentation of the specific
31 acts of the disciplinary concern. Within 7 days after receipt

169-391C-97

1 of such a report, the department shall provide the emergency
2 medical technician or paramedic a copy of the report of the
3 disciplinary concern and documentation of the specific acts
4 related to the disciplinary concern. If the department
5 determines that the report is insufficient for disciplinary
6 action against the emergency medical technician or paramedic
7 pursuant to s. 401.411, the report shall be expunged from the
8 record of the emergency medical technician or paramedic.

9 Section 36. Subsection (8) of section 401.27, Florida
10 Statutes, is amended to read:

11 401.27 Personnel; standards and certification.--

12 (8) Each emergency medical technician certificate and
13 each paramedic certificate will expire automatically and may
14 be renewed if the holder meets the qualifications for renewal
15 as established by the department. A certificate that is not
16 renewed at the end of the 2-year period will automatically
17 revert to an inactive status for a period not to exceed 180
18 days. Such certificate may be reactivated and renewed within
19 the 180 days if the certificateholder meets all other
20 qualifications for renewal and pays a \$25 late fee.
21 Reactivation shall be in a manner and on forms prescribed by
22 department rule. The holder of a certificate that expired on
23 December 1, 1996, shall have until September 30, 1997, to
24 reactivate the certificate in accordance with this subsection.

25 Section 37. Section 402.105, Florida Statutes, is
26 renumbered as section 381.85, Florida Statutes, and paragraph
27 (a) of subsection (2) of said section is amended to read:

28 381.85 402:105 Biomedical and social research.--

29 (2) DEFINITIONS.--When used in this section:

30 (a) "Department" means the Department of Health and
31 Rehabilitative-Services.

169-391C-97

1 Section 38. Section 402.32, Florida Statutes, is
2 renumbered as section 381.0056, Florida Statutes, and
3 subsections (3) through (8) of said section are amended to
4 read:

5 381.0056 402:32 School health services program.--

6 (3) ~~When used in this~~ the following words and phrases
7 have the following meanings for the purpose of this section:

8 (a) "Emergency health needs" means onsite management
9 and aid for illness or injury pending the student's return to
10 the classroom or release to a parent, guardian, designated
11 friend, or designated health care provider.

12 (b) "Invasive screening" means any screening procedure
13 in which the skin or any body orifice is penetrated.

14 (c) "Physical examination" means a thorough evaluation
15 of the health status of an individual.

16 (d) "School health services plan" means the document
17 that describes the services to be provided, the responsibility
18 for provision of the services, the anticipated expenditures to
19 provide the services, and evidence of cooperative planning by
20 local school districts and county health departments public
21 health units of the Department of Health and Rehabilitative
22 Services.

23 (e) "Screening" means presumptive identification of
24 unknown or unrecognized diseases or defects by the application
25 of tests that can be given with ease and rapidity to
26 apparently healthy persons.

27 (4) The Department of Health and Rehabilitative
28 Services shall have the responsibility, in cooperation with
9 the Department of Education, to supervise the administration
10 of the school health services program and perform periodic
11 program reviews. However, the principal of each school shall

1 have immediate supervisory authority over the health personnel
2 working in the school.

3 (5) Each county health department public-health-unit
4 shall develop, jointly with the district school board and the
5 local school health advisory committee, a health services
6 plan; and the plan shall include, at a minimum, provisions
7 for:

8 (a) Health appraisal;

9 (b) Records review;

10 (c) Nurse assessment;

11 (d) Nutrition assessment;

12 (e) A preventive dental program;

13 (f) Vision screening;

14 (g) Hearing screening;

15 (h) Scoliosis screening;

16 (i) Growth and development screening;

17 (j) Health counseling;

18 (k) Referral and followup of suspected or confirmed
19 health problems by the local county health department public
20 health-unit;

21 (l) Meeting emergency health needs in each school;

22 (m) County health department Public-health-unit
23 personnel to assist school personnel in health education
24 curriculum development;

25 (n) Referral of students to appropriate health
26 treatment, in cooperation with the private health community
27 whenever possible;

28 (o) Consultation with a student's parent or guardian
29 regarding the need for health attention by the family
30 physician, dentist, or other specialist when definitive
31 diagnosis or treatment is indicated;

1 (p) Maintenance of records on incidents of health
2 problems, corrective measures taken, and such other
3 information as may be needed to plan and evaluate health
4 programs; except, however, that provisions in the plan for
5 maintenance of health records of individual students must be
6 in accordance with s. 228.093,

7 (q) Health information which will be provided by the
8 school health nurses, when necessary, regarding the placement
9 of students in exceptional student programs and the
10 reevaluation at periodic intervals of students placed in such
11 programs; and

12 (r) Notification to the local nonpublic schools of the
13 school health services program and the opportunity for
14 representatives of the local nonpublic schools to participate
15 in the development of the cooperative health services plan.

16 (6) A nonpublic school may request to participate in
17 the school health services program. A nonpublic school
18 voluntarily participating in the school health services
19 program shall:

20 (a) Cooperate with the county health department public
21 health-unit and district school board in the development of
22 the cooperative health services plan;

23 (b) Make available physical facilities for health
24 services;

25 (c) Provide inservice health training to school
26 personnel;

27 (d) Cooperate with public health personnel in the
28 implementation of the school health services plan;

29 (e) Be subject to health service program reviews by
0 the Department of Health and-Rehabilitative-Services and the
31 Department of Education; and

169-391C-97

1 (f) At the beginning of each school year, inform
2 parents or guardians in writing that their children who are
3 students in the school will receive specified health services
4 as provided for in the district health services plan. A
5 student will be exempt from any of these services if his or
6 her parent or guardian requests such exemption in writing.
7 This paragraph shall not be construed to authorize invasive
8 screening; if there is a need for such procedure, the consent
9 of the student's parent or guardian shall be obtained in
10 writing prior to performing the screening. However, the laws
11 and rules relating to contagious or communicable diseases and
12 sanitary matters shall not be violated.

13 (7) The district school board shall:

14 (a) Coordinate the educational aspects of the school
15 health services program with the Florida Comprehensive Health
16 Education and Substance Abuse Prevention Act Comprehensive
17 Health-Education-Act-of-1973;

18 (b) Include health services and health education as
19 part of the comprehensive plan for the school district;

20 (c) Provide inservice health training for school
21 personnel;

22 (d) Make available physical facilities for health
23 services; and

24 (e) At the beginning of each school year, inform
25 parents or guardians in writing that their children who are
26 students in the district schools will receive specified health
27 services as provided for in the district health services plan.
28 A student will be exempt from any of these services if his or
29 her parent or guardian requests such exemption in writing.
30 This paragraph shall not be construed to authorize invasive
31 screening; if there is a need for such procedure, the consent

1 of the student's parent or guardian shall be obtained in
2 writing prior to performing the screening. However, the laws
3 and rules relating to contagious or communicable diseases and
4 sanitary matters shall not be violated.

5 (8) The Department of Health and-Rehabilitative
6 Services, in cooperation with the Department of Education, is
7 authorized to promulgate rules necessary to implement this
8 section.

9 Section 39. Section 402.321, Florida Statutes, is
10 renumbered as section 381.0057, Florida Statutes, and
11 subsections (2), (3), and (4) of said section are amended to
12 read:

13 381.0057 402:321 Funding for school health services.--

14 (2) The Secretary of Health and-Rehabilitative
15 Services, or his or her designee, in cooperation with the
16 Commissioner of Education, or his or her designee, shall
17 publicize the availability of funds, targeting those school
18 districts or schools which have a high incidence of medically
19 underserved high-risk children, low birthweight babies, infant
20 mortality, or teenage pregnancy.

21 (3) The Secretary of Health and-Rehabilitative
22 Services, or his or her designees, in cooperation with the
23 Commissioner of Education, or his or her designees, in equal
24 representation, shall form a joint committee to evaluate and
25 select the school districts or schools to be funded.

26 (4) Any school district, school, or laboratory school
27 which desires to receive state funding under the provisions of
28 this section shall submit a proposal to the joint committee
29 established in subsection (3). The proposal shall state the
30 goals of the program, provide specific plans for reducing
31 teenage pregnancy, and describe all of the health services to

1 be available to students with funds provided pursuant to this
2 section, including a combination of initiatives such as health
3 education, counseling, extracurricular, and self-esteem
4 components. School health services shall not promote elective
5 termination of pregnancy as a part of counseling services.
6 Only those program proposals which have been developed jointly
7 by county health departments ~~public-health-units~~ and local
8 school districts or schools, and which have community and
9 parental support, shall be eligible for funding. Funding
10 shall be available specifically for implementation of one of
11 the following programs:

12 (a) School health improvement pilot project.--The
13 program shall include basic health care to an elementary
14 school, middle school, and high school feeder system. Program
15 services shall include, but not be limited to:

16 1. Planning, implementing, and evaluating school
17 health services. Staffing shall include a full-time, trained
18 school health aide in each elementary, middle, and high
19 school; one full-time nurse to supervise the aides in the
20 elementary and middle schools; and one full-time nurse in each
21 high school.

22 2. Providing student health appraisals and
23 identification of actual or potential health problems by
24 screenings, nursing assessments, and record reviews.

25 3. Expanding screening activities.

26 4. Improving the student utilization of school health
27 services.

28 5. Coordinating health services for students with
29 parents or guardians and other agencies in the community.

30 (b) Student support services team program.--The
31 program shall include a multidisciplinary team composed of a

169-391C-97

1 psychologist, social worker, and nurse whose responsibilities
2 are to provide basic support services and to assist, in the
3 school setting, children who exhibit mild to severely complex
4 health, behavioral, or learning problems affecting their
5 school performance. Support services shall include, but not
6 be limited to: evaluation and treatment for minor illnesses
7 and injuries, referral and followup for serious illnesses and
8 emergencies, onsite care and consultation, referral to a
9 physician, and followup care for pregnancy or chronic diseases
10 and disorders as well as emotional or mental problems.
11 Services also shall include referral care for drug and alcohol
12 abuse and sexually transmitted diseases, sports and employment
13 physicals, immunizations, and in addition, effective
14 preventive services aimed at delaying early sexual involvement
15 and aimed at pregnancy, acquired immune deficiency syndrome,
16 sexually transmitted diseases, and destructive lifestyle
17 conditions, such as alcohol and drug abuse. Moneys for this
18 program shall be used to fund three teams, each consisting of
19 one half-time psychologist, one full-time nurse, and one
20 full-time social worker. Each team shall provide student
21 support services to an elementary school, middle school, and
22 high school that are a part of one feeder school system and
23 shall coordinate all activities with the school administrator
24 and guidance counselor at each school. A program which places
25 all three teams in middle schools or high schools may also be
26 proposed.

27 (c) Full service schools.--The full-service schools
28 shall integrate the services of the Department of Health and
29 Rehabilitative-Services that are critical to the
30 continuity-of-care process. The department of Health and
31 Rehabilitative-Services shall provide services to students on

1 the school grounds. The Department of Health and
2 Rehabilitative Services personnel shall provide their
3 specialized services as an extension of the educational
4 environment. Such services may include nutritional services,
5 medical services, aid to dependent children, parenting skills,
6 counseling for abused children, and education for the
7 students' parents or guardians.

8
9 Funding may also be available for any other program that is
10 comparable to a program described in this subsection but is
11 designed to meet the particular needs of the community

12 Section 40. Section 402.41, Florida Statutes, is
13 amended to read:

14 402.41 Educational materials and training concerning
15 human immunodeficiency virus infections and acquired immune
16 deficiency syndrome.--The Department of Health and
17 Rehabilitative Services shall develop educational materials
18 and training about the transmission, control, and prevention
19 of human immunodeficiency virus infections and acquired immune
20 deficiency syndrome and other communicable diseases relevant
21 for use in those facilities licensed under the provisions of
22 this chapter.

23 Section 41. Section 402.475, Florida Statutes, 1996
24 Supplement, is renumbered as section 381.87, Florida Statutes,
25 and subsections (1) and (3) of said section are amended to
26 read:

27 381.87 402:475 Osteoporosis prevention and education
28 program.--

29 (1) The Department of Health and Rehabilitative
30 Services, using available federal funds, state funds
31 appropriated for that purpose, or other available funding as

1 provided for in this section, shall establish, promote, and
2 maintain an osteoporosis prevention and education program to
3 promote public awareness of the causes of osteoporosis,
4 options for prevention, the value of early detection, and
5 possible treatments, including the benefits and risks of those
6 treatments. The department shall consult with medical
7 professionals, including physicians licensed under chapter 458
8 or chapter 459, in carrying out these duties. The department
9 may accept, for that purpose, any special grant of money,
10 services, or property from the Federal Government or any of
11 its agencies or from any foundation, organization, or medical
12 school.

13 (3) The Department of Health State-Health-Office shall
14 implement this section. The department State-Health-Office
15 shall consult with the Agency for Health Care Administration
16 and the Department of Elderly Affairs with respect to the
17 prevention and education activities relating to osteoporosis
18 which are described in this section.

19 Section 42. Section 402.60, Florida Statutes, is
20 renumbered as section 381.88, Florida Statutes, and subsection
21 (3) of said section is amended to read:

22 381.88 402:60 Insect sting emergency treatment.--

23 (3) The Department of Health and-Rehabilitative
24 Services may:

25 (a) Adopt rules necessary to administer this section.

26 (b) Conduct educational training programs as described
27 in subsection (4), and approve programs conducted by other
28 persons or governmental agencies.

29 (c) Issue and renew certificates of training to
30 persons who have complied with this section and the rules
31 adopted by the department.

1 (d) Collect fees necessary to administer this section.

2 Section 43. Section 402.61, Florida Statutes, is
3 renumbered as section 381.89, Florida Statutes, and paragraph

4 (b) of subsection (1) of said section is amended to read:

5 381.89 402-61 Regulation of tanning facilities.--

6 (1) As used in this section:

7 (b) "Department" means the Department of Health and
8 Rehabilitative-Services.

9 Section 44. Subsection (41) of section 403.703,
10 Florida Statutes, 1996 Supplement, is amended to read:

11 403.703 Definitions.--As used in this act, unless the
12 context clearly indicates otherwise, the term:

13 (41) "Recovered materials processing facility" means a
14 facility engaged solely in the storage, processing, resale, or
15 reuse of recovered materials. Such a facility is not a solid
16 waste management facility if it meets the conditions of s.

17 403.7045(1)(e)(f)

18 Section 45. Subsection (6) of section 404.031, Florida
19 Statutes, is amended to read:

20 404.031 Definitions.--As used in this chapter, unless
21 the context clearly indicates otherwise, the term:

22 (6) "Department" means the Department of Health and
23 Rehabilitative-Services.

24 Section 46. The catchline of section 404.051, Florida
25 Statutes, is amended to read:

26 404.051 Powers and duties of the department of Health
27 and Rehabilitative-Services.--

28 Section 47. Paragraphs (a) and (b) of subsection (2)
29 of section 404.056, are amended, paragraphs (e) through (h) of
30 subsection (3) are redesignated as paragraphs (f) through (i),
31

1 respectively, and a new paragraph (e) is added to subsection
 2 (3) of said section, to read:

3 404.056 Environmental radiation standards and
 4 programs; radon protection.--

5 (2) FLORIDA COORDINATING COUNCIL ON RADON
 6 PROTECTION.--

7 (a) Establishment.--It is declared to be in the best
 8 interest of the state that public agencies responsible for and
 9 involved in radon protection activities work together to
 10 reduce duplication of effort, foster maximum efficient use of
 11 existing resources, advise and assist the agencies involved in
 12 radon protection and mitigation in implementing the best
 13 management practices and the best available technology in
 14 limiting exposure to radon, identify outside funding sources
 15 and recommend priorities for research into the effects of
 16 radon, and enhance communication between all interests
 17 involved in radon protection and mitigation activities.
 18 Therefore, the Florida Coordinating Council on Radon
 19 Protection is hereby established as an advisory body;-as
 20 defined-in-s:-41:611(3)(a); to the Department of Community
 21 Affairs in developing the construction and mitigation
 22 standards required by s. 553.98 and to the department of
 23 Health-and-Rehabilitative-Services in developing the public
 24 information program on radon and radon progeny as required by
 25 subsection (4).

26 (b) Membership.--The Florida Coordinating Council on
 27 Radon Protection shall be composed of the following
 28 representatives or their authorized designees:

- 29 1. The Secretary of Community Affairs;
- 30 2. The Secretary of Health and-Rehabilitative
- 31 Services;

169-391C-97

1 3. The Commissioner of Education or a representative;

2 4 An expert in the mitigation or prevention of radon,
3 the development of building codes designed to control and
4 abate radon, or the development of construction techniques to
5 mitigate the effects of radon in existing buildings, one
6 representative of one of these fields to be jointly appointed
7 by the University of South Florida and Florida Agricultural
8 and Mechanical University, and one representative of one of
9 these fields to be appointed by the University of Florida.

10 Two representatives from any of these fields shall be
11 appointed by the Board of Regents from other universities in
12 the state;

13 5. One representative each from the Florida
14 Association of the American Institute of Architects, the
15 Florida Engineering Society, the Associated General
16 Contractors Council, the Florida Association of Counties, the
17 Florida League of Cities, the Florida Association of Realtors,
18 the Florida Home Builders Association, and the Florida
19 Phosphate Council; and an elected official of county
20 government, to be appointed by the Association of Counties;
21 and an elected official of city government, to be appointed by
22 the League of Cities;

23 6. One representative each from two recognized
24 voluntary health agencies to be appointed by the Secretary of
25 Health and-Rehabilitative-Services; and

26 7. One representative each from two public interest
27 consumer groups to be appointed by the Secretary of the
28 Department-of Community Affairs.

29 (3) CERTIFICATION.--

30 (e) Any person who practices fraud, deception, or
31 misrepresentation in performing radon gas or radon progeny

169-391C-97

1 measurements or in performing mitigation of buildings for
2 radon gas or radon progeny is subject to the penalties
3 provided in s. 404.161.

4 Section 48. Subsections (2), (3), and (5) of section
5 404.0614, Florida Statutes, are amended to read:

6 404.0614 Licensing of commercial low-level radioactive
7 waste management facilities.--

8 (2) The department, within 90 days of receiving an
9 application for a license to construct, operate, or close a
10 commercial low-level radioactive waste management facility,
11 shall forward a copy of the application to the Department of
12 Environmental Protection and, after review by both
13 departments, notify the applicant of any errors or omissions
14 and request any additional information needed by the
15 Department of Environmental Protection to issue a report to
16 the Department of Health and-Rehabilitative-Services as
17 required by subsection (3) and needed by the Department of
18 Health and-Rehabilitative-Services to review the license
19 application.

20 (3) The department, after receiving a complete license
21 application, shall notify the Department of Environmental
22 Protection that a complete license application to construct,
23 operate, or close a commercial low-level radioactive waste
24 management facility has been received, shall send a copy of
25 the complete application to the Department of Environmental
26 Protection, and shall request a report from the Department of
27 Environmental Protection describing the ecological,
28 meteorological, topographical, hydrological, geological, and
29 seismological characteristics of the proposed site. Such
30 report shall be completed no later than 180 days from the date
31 the department requests the report. The Department of

169-391C-97

1 Environmental Protection shall be reimbursed for the cost of
2 the report from fees collected by the Department of Health and
3 Rehabilitative-Services pursuant to subsection (8).

4 (5) The department shall consider the report by the
5 Department of Environmental Protection in addition to
6 information required by the Department of Health and
7 Rehabilitative-Services in the license application and, within
8 180 days from receiving that report, decide whether to grant a
9 license to construct, operate, or close the commercial
10 low-level radioactive waste management facility. Such a
11 license shall be subject to renewal by the department as
12 specified in the terms of the license initially granted by the
13 department. The failure of the department to renew a license
14 does not relieve the licensee of any obligations incurred
15 under this section.

16 Section 49. Subsection (1) of section 404.131, Florida
17 Statutes, 1996 Supplement, is amended to read:

18 404.131 Fees.--

19 (1) The department of-Health-and-Rehabilitative
20 Services is authorized to charge and collect reasonable fees
21 for specific and general licenses and for the registration of
22 radiation machines. The fees shall not exceed the estimated
23 costs to the department of performing licensing, registration,
24 inspection, and other regulatory duties. Unless otherwise
25 provided by law, such fees shall be deposited to the credit of
26 the Radiation Protection Trust Fund, to be held and applied
27 solely for salaries and expenses of the department incurred in
28 implementing and enforcing the provisions of this chapter.

29 Section 50. Subsections (1), (2), (6), and (8) of
30 section 404.20, Florida Statutes, are amended to read:

31 404.20 Transportation of radioactive materials.--

1 (1) The department of-Health-and-Rehabilitative
2 Services shall adopt reasonable rules governing the
3 transportation of radioactive materials which, in the judgment
4 of the department, will promote the public health, safety, or
5 welfare and protect the environment.

6 (a) Such rules shall be limited to provisions for the
7 packing, marking, loading, and handling of radioactive
8 materials, and the precautions necessary to determine whether
9 the material when offered is in proper condition for
10 transport, and shall include criteria for departmental
11 approval of routes in this state which are to be used for the
12 transportation of radioactive materials as defined in 49
13 C.F.R. s. 173.403(1)(1), (2), and (3) and (n)(4)(i), (ii), and
14 (iii), and all radioactive materials shipments destined for
15 treatment, storage, or disposal facilities as defined in the
16 Southeast Interstate Low-Level Radioactive Waste Compact. The
17 department may designate routes in the state to be used for
18 the transportation of all other shipments of radioactive
19 materials.

20 (b) Such rules shall be compatible with, but no less
21 restrictive than, those established by the United States
22 Nuclear Regulatory Commission, the United States Federal
23 Aviation Agency, the United States Department of
24 Transportation, the United States Coast Guard, or the United
25 States Postal Service.

26 (2)(a) Rules adopted by the department of-Health-and-
27 Rehabilitative-Services pursuant to subsection (1) may be
28 enforced, within their respective jurisdictions, by any
29 authorized representative of the department of-Health-and-
30 Rehabilitative-Services, the Department of Highway Safety and
31 Motor Vehicles, and the Department of Transportation.

1 (b) The department of-Health-and-Rehabilitative
2 Services, through any authorized representative, is authorized
3 to inspect any records of persons engaged in the
4 transportation of radioactive materials when such records
5 reasonably relate to the method or contents of packing,
6 marking, loading, handling, or shipping of radioactive
7 materials.

8 (c) The department of-Health-and-Rehabilitative
9 Services, through any authorized representative, is authorized
10 to enter upon and inspect the premises or vehicles of any
11 person engaged in the transportation of radioactive materials,
12 with or without a warrant, for the purpose of determining
13 compliance with the provisions of this section and the rules
14 promulgated hereunder.

15 (6) Any person desiring to transport radioactive
16 materials into or through the borders of this state, destined
17 to a treatment, storage, or disposal facility as defined in
18 the Southeast Interstate Low-Level Radioactive Waste Compact,
19 shall obtain a permit from the department of-Health-and
20 Rehabilitative-Services to bring such materials into the
21 state. A permit application shall contain the time at which
22 such radioactive materials will enter the state; a description
23 of the radioactive materials to be shipped; the proposed route
24 over which such radioactive materials will be transported into
25 the state; and, in the event that such radioactive materials
26 will leave the state, the time at which that will occur.

27 (8) Upon a finding by the department of-Health-and
28 Rehabilitative-Services that any provision of this section, or
29 of the rules adopted promulgated hereunder, is being violated,
30 it may issue an order requiring correction.

31

1 Section 51. Subsections (1), (2), (3), (4), and (5) of
2 section 404.22, Florida Statutes, are amended to read:

3 404.22 Radiation machines and components;
4 inspection.--

5 (1) The department of-Health-and-Rehabilitative
6 Services and its duly authorized agents have the power to
7 inspect in a lawful manner at all reasonable hours any
8 hospital or other health care facility or other place in the
9 state in which a radiation machine is installed for the
10 purpose of determining whether the facility, the radiation
11 machine and its components, the film and film processing
12 equipment, and the resultant image produced meet the standards
13 of the department of-Health-and-Rehabilitative-Services as set
14 forth in this chapter and rules adopted pursuant thereto. If,
15 in the opinion of the department, a radiation machine which
16 fails to meet such standards can be made to meet the standards
17 through an adjustment or limitation upon the stations or range
18 of the radiation machine or through the purchase of a
19 component meeting the standards, the department shall order
20 the owner of the radiation machine to make the necessary
21 adjustment or to purchase the necessary component within 90
22 days of the date of receipt of the order. However, if the
23 radiation machine cannot be made to meet the standards, the
24 department shall order the owner to cease the utilization of
25 the radiation machine.

26 (2) Any person who enters the state with a radiation
27 machine or component owned by him for the purpose of
28 installing and utilizing the radiation machine shall register
29 the radiation machine with the department of-Health-and
30 Rehabilitative-Services. The department shall inspect the
31 radiation machine to determine its compliance with the

1 standards and shall approve or disapprove the radiation
2 machine or shall order adjustments to the radiation machine in
3 accordance with the provisions of subsection (1).

4 (3) No person shall sell or offer to sell in this
5 state any radiation machine or component thereof which does
6 not meet the standards of the department of-Health-and
7 Rehabilitative-Services or which cannot be adjusted to meet
8 such standards in accordance with the provisions of subsection
9 (1).

10 (4) The department of-Health-and-Rehabilitative
11 Services shall enforce the provisions of this section and may
12 impose an administrative fine, in addition to all other fines
13 and penalties imposed by law, in an amount of \$1,000 for each
14 violation of this section.

15 (5)(a) The department ~~may~~ is-authorized-to charge and
16 collect reasonable fees annually for the registration and
17 inspection of radiation machines pursuant to this section.
18 Such fees shall include the registration fee provided in s.
19 404.131 and shall be deposited into the Radiation Protection
20 Trust Fund. Registration shall be on an annual basis.
21 Registration shall consist of having the registrant file, on
22 forms prescribed and furnished by the department, information
23 which includes, but is not limited to: type and number of
24 radiation machines, location of radiation machines, and
25 changes in ownership. ~~Subsequent-to-fiscal-year-1984-1988;~~
26 The department shall establish by rule a an-annual fee
27 schedule based upon the actual costs incurred by the
28 department in carrying out its registration and inspection
29 responsibilities, including the salaries, expenses, and
30 equipment of inspectors, but excluding costs of supervision
31 and program administration. The fee schedule shall reflect

1 differences in the frequency and complexity of inspections
2 necessary to ensure that the radiation machines are
3 functioning in accordance with the applicable standards
4 developed pursuant to this chapter and rules adopted pursuant
5 hereto.

6 (b) The fee schedule and frequency of inspections
7 shall be determined as follows:

8 1. Radiation machines which are used in the practice
9 of medicine, chiropractic medicine, osteopathic medicine, or
10 naturopathic medicine shall be inspected at least once every 2
11 years, but not more than annually, for an annual fee which is
12 not less than \$83 or more than \$145 for the first radiation
13 machine within an office or facility and not less than \$36 or
14 more than \$85 for each additional radiation machine therein.

15 2 Radiation machines which are used in the practice
16 of veterinary medicine shall be inspected at least once every
17 3 years for an annual fee which is not less than \$28 or more
18 than \$50 for the first radiation machine within an office or
19 facility and not less than \$19 or more than \$34 for each
20 additional radiation machine therein

21 3 Radiation machines which are used for educational
22 or industrial purposes shall be inspected at least once every
23 3 years for an annual fee which is not less than \$26 or more
24 than \$47 for the first radiation machine within an office or
25 facility and not less than \$12 or more than \$23 for each
26 additional radiation machine therein.

27 4. Radiation machines which are used in the practice
28 of dentistry or podiatry shall be inspected at least once
29 every 5 years but not more often than once every 4 years for
30 an annual fee which is not less than \$16 or more than \$31 for
31 the first radiation machine within an office or facility and

169-391C-97

1 not less than \$5 or more than \$11 for each additional
2 radiation machine therein

3 5. Radiation machines which accelerate particles and
4 are used in the healing arts shall be inspected at least
5 annually for an annual fee which is not less than \$153 or more
6 than \$258 for the first radiation machine within an office or
7 facility and not less than \$87 or more than \$148 for each
8 additional radiation machine therein.

9 6. Radiation machines which accelerate particles and
10 are used for educational or industrial purposes shall be
11 inspected at least once every 2 years for an annual fee which
12 is not less than \$46 or more than \$81 for the first radiation
13 machine within an office or facility and not less than \$26 or
14 more than \$48 for each additional radiation machine therein.

15 7. If a radiation machine fails to meet the applicable
16 standards upon initial inspection, the department may
17 reinspect the radiation machine and charge a reinspection fee
18 in accordance with the same schedule of fees as in
19 subparagraphs 1. through 6.

20 (c) The fee schedule for fiscal year 1981-1982 shall
21 be the minimum fee prescribed in subparagraphs (b)1. through
22 6. and shall remain in effect until the effective date of a
23 fee schedule adopted promulgated by rule by the department
24 pursuant to this subsection.

25 Section 52. Paragraph (f) of subsection (3) of section
26 408.033, Florida Statutes, is amended to read:

27 408.033 Local and state health planning.--

28 (3) FUNDING.--

29 (f) The agency shall deposit in the Health Care Trust
30 Fund all health care facility assessments that are assessed
31 under this subsection and proceeds from the

1 certificate-of-need application fees. The agency shall
2 transfer from these funds to the Department of Health an amount
3 which are sufficient to maintain the aggregate funding level
4 for the local health councils and the Statewide Health Council
5 as specified in the General Appropriations Act. The remaining
6 certificate-of-need application fees shall be used only for
7 the purpose of administering the Health Facility and Services
8 Development Act.

9 Section 53. Subsection (13) of section 408.701,
10 Florida Statutes, is amended to read:

11 408.701 Community health purchasing; definitions.--As
12 used in ss 408.70-408.706, the term:

13 (13) "Health care provider" or "provider" means a
14 state-licensed or state-authorized facility, a facility
15 principally supported by a local government or by funds from a
16 charitable organization that holds a current exemption from
17 federal income tax under s. 501(c)(3) of the Internal Revenue
18 Code, a licensed practitioner, or a county health department
19 public-health-unit established under part I of chapter 154, a
20 patient care center described in s. 391.031, a prescribed
21 pediatric extended care center defined in s. 391.202, a
22 federally supported primary-care program such as a migrant
23 health center or a community health center authorized under s.
24 329 or s. 330 of the United States Public Health Services Act
25 that which delivers health care services to individuals, or a
26 community facility that receives funds from the state under
27 the Community Alcohol, Drug Abuse, and Mental Health Services
28 Act and provides mental health services to individuals

29 Section 54. Subsection (3) and paragraph (b) of
30 subsection (5) of section 409.905, Florida Statutes, 1996
31 Supplement, are amended to read:

169-391C-97

1 409.905 Mandatory Medicaid services.--The agency may
2 make payments for the following services, which are required
3 of the state by Title XIX of the Social Security Act,
4 furnished by Medicaid providers to recipients who are
5 determined to be eligible on the dates on which the services
6 were provided. Any service under this section shall be
7 provided only when medically necessary and in accordance with
8 state and federal law. Nothing in this section shall be
9 construed to prevent or limit the agency from adjusting fees,
10 reimbursement rates, lengths of stay, number of visits, number
11 of services, or any other adjustments necessary to comply with
12 the availability of moneys and any limitations or directions
13 provided for in the General Appropriations Act or chapter 216.

14 (3) FAMILY PLANNING SERVICES.--The agency shall pay
15 for services necessary to enable a recipient voluntarily to
16 plan family size or to space children. These services include
17 information; education; counseling regarding the
18 availability, benefits, and risks of each method of pregnancy
19 prevention; drugs and supplies; and necessary medical care
20 and followup. Each recipient participating in the family
21 planning portion of the Medicaid program must be provided
22 freedom to choose any alternative method of family planning,
23 as required by federal law.

24 (5) HOSPITAL INPATIENT SERVICES.--The agency shall pay
25 for all covered services provided for the medical care and
26 treatment of a recipient who is admitted as an inpatient by a
27 licensed physician or dentist to a hospital licensed under
28 part I of chapter 395. However, the agency shall limit the
29 payment for inpatient hospital services for a Medicaid
30 recipient 21 years of age or older to 45 days or the number of
31 days necessary to comply with the General Appropriations Act.

1 (b) A licensed hospital maintained primarily for the
2 care and treatment of patients having mental disorders or
3 mental diseases is not eligible to participate in the hospital
4 inpatient portion of the Medicaid program except as provided
5 in federal law. However, the department shall apply for a
6 waiver, within 9 months after June 5, 1991, designed to
7 provide hospitalization services for mental health reasons to
8 children and adults in the most cost-effective and lowest cost
9 setting possible. Such waiver shall include a request for the
10 opportunity to pay for care in hospitals known under federal
11 law as "institutions for mental disease" or "IMD's." The
12 waiver proposal shall propose no additional aggregate cost to
13 the state or federal government, and shall be conducted in
14 District 6 of the Department of Children and Family Health and
15 Rehabilitative Services. The waiver proposal may incorporate
16 competitive bidding for hospital services, comprehensive
17 brokering, prepaid capitated arrangements, or other mechanisms
18 deemed by the department to show promise in reducing the cost
19 of acute care and increasing the effectiveness of preventive
20 care. When developing the waiver proposal, the department
21 shall take into account price, quality, accessibility,
22 linkages of the hospital to community services and family
23 support programs, plans of the hospital to ensure the earliest
24 discharge possible, and the comprehensiveness of the mental
25 health and other health care services offered by participating
26 providers. The department is directed to monitor and evaluate
27 the implementation of this waiver program if it is granted and
28 report to the chairs of the appropriations committees of the
29 Senate and the House of Representatives by February 1, 1992.

30 Section 55. Subsection (19) of section 409.908,
31 Florida Statutes, 1996 Supplement, is amended to read:

169-391C-97

1 409.908 Reimbursement of Medicaid providers.--Subject
2 to specific appropriations, the agency shall reimburse
3 Medicaid providers, in accordance with state and federal law,
4 according to methodologies set forth in the rules of the
5 agency and in policy manuals and handbooks incorporated by
6 reference therein. These methodologies may include fee
7 schedules, reimbursement methods based on cost reporting,
8 negotiated fees, competitive bidding pursuant to s. 287.057,
9 and other mechanisms the agency considers efficient and
10 effective for purchasing services or goods on behalf of
11 recipients. Payment for Medicaid compensable services made on
12 behalf of Medicaid eligible persons is subject to the
13 availability of moneys and any limitations or directions
14 provided for in the General Appropriations Act or chapter 216.
15 Further, nothing in this section shall be construed to prevent
16 or limit the agency from adjusting fees, reimbursement rates,
17 lengths of stay, number of visits, or number of services, or
18 making any other adjustments necessary to comply with the
19 availability of moneys and any limitations or directions
20 provided for in the General Appropriations Act, provided the
21 adjustment is consistent with legislative intent.

22 (19) County health department public-health-clinic
23 services may be reimbursed a rate per visit based on total
24 reasonable costs of the clinic, as determined by the agency in
25 accordance with federal regulations under the authority of 42
26 C.F.R. s. 431.615. However; ~~-this-cost-based-reimbursement~~
27 ~~shall-not-be-implemented-until-the-State-Health-Officer-has~~
28 ~~certified-that-cost-accounting-systems-have-been-modified-and~~
29 ~~are-in-place-prior-to-implementation-in-a-specific-county-in~~
30 ~~order-to-ensure-accurate-and-timely-reporting-of~~
31 ~~Medicaid-related-costs-in-accordance-with-established-Medicaid~~

169-391C-97

1 reimbursement standards. -- This section shall be repealed
2 effective June 30, 1995, unless otherwise provided for in the
3 General Appropriations Act or other provision of law. -- The
4 agency shall develop a methodology to adequately evaluate the
5 cost effectiveness of this method of reimbursement and shall
6 make recommendations to the Legislature based on this
7 evaluation prior to the 1995 regular legislative session.

8 Section 56. Paragraph (a) of subsection (2) of section
9 414.026, Florida Statutes, 1996 Supplement, is amended to
10 read:

11 414.026 WAGES Program State Board of Directors. --

12 (2)(a) The board of directors shall be composed of the
13 following members:

14 1. The Commissioner of Education, or the
15 commissioner's designee.

16 2. The Secretary of Children and Family Health and
17 Rehabilitative Services.

18 3. The Secretary of Health.

19 4.3- The Secretary of Labor and Employment Security.

20 5.4- The Secretary of Community Affairs.

21 6.5- The Secretary of Commerce.

22 7.6- The president of Enterprise Florida Jobs and
23 Education Partnership, established under s. 288.0475.

24 8.7- Nine members appointed by the Governor, as
25 follows:

26 a. Six members shall be appointed from a list of ten
27 nominees, of which five must be submitted by the President of
28 the Senate and five must be submitted by the Speaker of the
29 House of Representatives. The list of five nominees submitted
30 by the President of the Senate and the Speaker of the House of
31 Representatives must each contain at least three individuals

1 employed in the private sector, two of whom must have
2 management experience. One of the five nominees submitted by
3 the President of the Senate and one of the five nominees
4 submitted by the Speaker of the House of Representatives must
5 be an elected local government official who shall serve as an
6 ex officio member.

7 b. Three members shall be at-large members appointed
8 by the Governor.

9 c. Of the nine members appointed by the Governor, at
10 least six must be employed in the private sector and of these,
11 at least five must have management experience.

12

13 The members appointed by the Governor shall be appointed to
14 4-year, staggered terms. Within 60 days after a vacancy occurs
15 on the board, the Governor shall fill the vacancy of a member
16 appointed from the nominees submitted by the President of the
17 Senate and the Speaker of the House of Representatives for the
18 remainder of the unexpired term from one nominee submitted by
19 the President of the Senate and one nominee submitted by the
20 Speaker of the House of Representatives. Within 60 days after
21 a vacancy of a member appointed at-large by the Governor
22 occurs on the board, the Governor shall fill the vacancy for
23 the remainder of the unexpired term. The composition of the
24 board must generally reflect the racial, gender, and ethnic
25 diversity of the state as a whole. The list of initial five
26 nominees shall be submitted by the President of the Senate and
27 the Speaker of the House of Representatives by July 1, 1996,
28 and the initial appointments by the Governor shall be made by
29 September 1, 1996.

30 Section 57. Subsection (7) of section 414 23, Florida
31 Statutes, 1996 Supplement, is amended to read:

1 (c) Imposition of an administrative fine not to exceed
2 \$1,000 for each count or separate offense.

3 (d) Issuance of a reprimand.

4 (e) Placement of the radiologic technologist on
5 probation for such period of time and subject to such
6 conditions as the department may specify, including requiring
7 the radiologic technologist to submit to treatment, to
8 undertake further relevant education or training, to take an
9 examination, or to work under the supervision of a licensed
10 practitioner.

11 Section 62. Subsection (1) of section 468.314, Florida
12 Statutes, is amended to read:

13 468.314 Advisory Council on Radiation Protection;
14 appointment; terms; powers; duties.--

15 (1) The Advisory Council on Radiation Protection is
16 created within the Department of Health and Rehabilitative
17 Services and shall consist of 15 persons to be appointed by
18 the secretary for 3-year terms.

19 Section 63. Subsection (1) of section 514.011, Florida
20 Statutes, is amended to read:

21 514.011 Definitions.--As used in this chapter:

22 (1) "Department" means the Department of Health and
23 Rehabilitative-Services.

24 Section 64 Subsection (3) of section 514.028, Florida
25 Statutes, is amended to read:

26 514.028 Advisory review board.--

27 (3) Members shall not be reimbursed for travel
28 expenses incurred in connection with service on the advisory

and amendment to s. 112 061.

1 414.23 Evaluation.--The department shall arrange for
2 evaluation of programs operated under this chapter, as
3 follows:

4 (7) Evaluations described in this section are exempt
5 from the provisions of s. 381.85 s--402:105.

6 Section 58. Paragraph (c) of subsection (10) of
7 section 414.38, Florida Statutes, 1996 Supplement, is amended
8 to read:

9 414.38 Pilot work experience and job training for
10 noncustodial parents program.--

11 (10)

12 (c) In order to provide evaluation findings with the
13 highest feasible level of scientific validity, the Department
14 of Health and Rehabilitative Services may contract for an
15 evaluation design that includes random assignment of program
16 participants to program groups and control groups. Under such
17 design, members of control groups must be given the level of
18 job training and placement services generally available to
19 noncustodial parents who are not included in the local work
20 experience and job training pilot program areas. The
21 provisions of s. 381.85 s--402:105 or similar provisions of
22 federal or state law do not apply under this section.

23 Section 59. Subsection (2) of section 458.316, Florida
24 Statutes, is amended to read:

25 458.316 Public health certificate.--

26 (2) Such certificate shall be issued pursuant to the
27 following conditions:

28 (a) The certificate shall authorize the holder to
29 practice only in conjunction with his employment duties with
30 the Department of Health and Rehabilitative-Services and shall
31

1 (1) As used in this section:
2 (a) The term "medical review committee" or "committee"
3 means:
4 1.a. A committee of a hospital or ambulatory surgical
5 center licensed under chapter 395 or a health maintenance
6 organization certificated under part I of chapter 641,
7 b. A committee of a state or local professional
8 society of health care providers,
9 c. A committee of a medical staff of a licensed
10 hospital or nursing home, provided the medical staff operates
11 pursuant to written bylaws that have been approved by the
12 governing board of the hospital or nursing home,
13 d. A committee of the Department of Corrections or the
14 Correctional Medical Authority as created under s. 945.602, or
15 employees, agents, or consultants of either the department or
16 the authority or both,
17 e. A committee of a professional service corporation
18 formed under chapter 621 or a corporation organized under
19 chapter 607 or chapter 617, which is formed and operated for
20 the practice of medicine as defined in s. 458.305(3), and
21 which has at least 25 health care providers who routinely
22 provide health care services directly to patients,
23 f. A committee of a mental health treatment facility
24 licensed under chapter 394 or a community mental health center
25 as defined in s. 394.907, provided the quality assurance
26 program operates pursuant to the guidelines which have been
27 approved by the governing board of the agency,
28 g. A committee of a substance abuse treatment and
29 education prevention program licensed under chapter 397
30 provided the quality assurance program operates pursuant to
31

90

CODING: Deletions are stricken; additions are underlined.

1 automatically expire when the holder's relationship with the
2 department is terminated.
3 (b) The certificate is subject to biennial renewal and
4 shall be renewable only if the secretary of the Department of
5 Health and-Rehabilitative-Services recommends in writing that
6 the certificate be renewed.
7 Section 60. Subsections (5) and (15) of section
8 468.301, Florida Statutes, are amended to read:
9 468.301 Definitions.--As used in this part, the term:
10 (5) "Department" means the Department of Health and
11 Rehabilitative-Services.
12 (15) "Secretary" means the Secretary of Health and
13 Rehabilitative-Services.
14 Section 61. Paragraphs (d) through (i) of subsection
15 (1) of section 468.3101, Florida Statutes, are redesignated as
16 paragraphs (e) through (j), respectively, and a new paragraph
17 (d) is added to said section to read:
18 468.3101 Disciplinary grounds and actions.--
19 (1) The following acts shall be grounds for
20 disciplinary action as set forth in this section:
21 (d) Being convicted or found guilty, regardless of
22 adjudication, in any jurisdiction of a crime against a person.
23 A plea of nolo contendere shall be considered a conviction for
24 the purposes of this provision.
25 (2) If the department finds any person or firm guilty
26 of any of the grounds set forth in subsection (1), it may
27 enter an order imposing one or more of the following
28 penalties:
29 (a) Refusal to approve an application for
30 certification.
31 (b) Revocation or suspension of a certificate.

86

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1 the guidelines which have been approved by the governing board
2 of the agency,

3 h. A peer review or utilization review committee
4 organized under chapter 440, or

5 i. A committee of a county health department, healthy
6 start coalition, or certified rural health network, when
7 reviewing quality of care, or employees of these entities when
8 reviewing mortality records An-optometric-service-plan
9 certified-under-chapter-637,

10

11 which committee is formed to evaluate and improve the quality
12 of health care rendered by providers of health service or to
13 determine that health services rendered were professionally
14 indicated or were performed in compliance with the applicable
15 standard of care or that the cost of health care rendered was
16 considered reasonable by the providers of professional health
17 services in the area; or

18 2. A committee of an insurer, self-insurer, or joint
19 underwriting association of medical malpractice insurance, or
20 other persons conducting review under s. 766.106.

21 (b) The term "health care providers" means physicians
22 licensed under chapter 458, osteopaths licensed under chapter
23 459, podiatrists licensed under chapter 461, optometrists
24 licensed under chapter 463, dentists licensed under chapter
25 466, chiropractors licensed under chapter 460, pharmacists
26 licensed under chapter 465, or hospitals or ambulatory
27 surgical centers licensed under chapter 395.

28 Section 67. Paragraph (b) of subsection (4) of section
9 766.314, Florida Statutes, 1996 Supplement, is amended to
30 read:

31 766.314 Assessments; plan of operation.--

1 (4) The following persons and entities shall pay into
2 the association an initial assessment in accordance with the
3 plan of operation:

4 (b)1. On or before October 15, 1988, all physicians
5 licensed pursuant to chapter 458 or chapter 459 as of October
6 1, 1988, other than participating physicians, shall be
7 assessed an initial assessment of \$250, which must be paid no
8 later than December 1, 1988.

9 2. Any such physician who becomes licensed after
10 September 30, 1988, and before January 1, 1989, shall pay into
11 the association an initial assessment of \$250 upon licensure.

12 3. Any such physician who becomes licensed on or after
13 January 1, 1989, shall pay an initial assessment equal to the
14 most recent assessment made pursuant to this paragraph,
15 paragraph (5)(a), or paragraph (7)(b).

16 4. However, if the physician is a physician specified
17 in this subparagraph, the assessment is not applicable:

18 a. A resident physician, assistant resident physician,
19 or intern in an approved postgraduate training program, as
20 defined by the Board of Medicine or the Board of Osteopathic
21 Medicine by rule;

22 b. A retired physician who has withdrawn from the
23 practice of medicine but who maintains an active license as
24 evidenced by an affidavit filed with the Department of
25 Business and Professional Regulation. Prior to reentering the
26 practice of medicine in this state, a retired physician as
27 herein defined must notify the Board of Medicine or the Board
28 of Osteopathic Medicine and pay the appropriate assessments
29 pursuant to this section;
30
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169-391C-97

1 c. A physician who holds a limited license pursuant to
2 s. 458.317 and who is not being compensated for medical
3 services;

4 d. A physician who is employed full time by the United
5 States Department of Veterans Affairs and whose practice is
6 confined to United States Department of Veterans Affairs
7 hospitals; or

8 e. A physician who is a member of the Armed Forces of
9 the United States and who meets the requirements of s. 455.02.

10 f. A physician who is employed full time by the State
11 of Florida and whose practice is confined to state-owned
12 correctional institutions, county health department, or and
13 state-owned mental health facilities, or who is employed full
14 time by the Department of Health.

15 Section 68. Subsections (1) and (2), and paragraphs
16 (b) and (c) of subsection (7), of section 945.602, Florida
17 Statutes, 1996 Supplement, are amended to read:

18 945.602 State of Florida Correctional Medical
19 Authority; creation, members.--

20 (1) ~~There is created in the Department of Corrections~~
21 ~~the State of Florida Correctional Medical Authority~~ which for
22 administrative purposes shall be assigned to the Department of
23 Health. The governing board of the authority shall be
24 composed of nine persons appointed by the Governor subject to
25 confirmation by the Senate. One member must be a member of
26 the Florida Hospital Association; one member must be a member
27 of the Florida League of Hospitals; one member must be a
28 member of the Association of Community Hospitals and Health
29 Systems of Florida Voluntary-Hospitals; and one member must be
30 a member of the Florida Medical Association. The authority
31 shall contract with the Department of Health for the provision

169-391C-97

1 (1) Anyone seeking to enter, change, or use
2 information in the registry, or any agent of such person,
3 shall present verification of his or her identity and, if
4 applicable, his or her authority. A person who enters
5 information in the registry shall be required to indicate
6 clearly the persons to whom he or she is consenting to release
7 this information, which persons shall be limited to the
8 adoptee and the natural mother, natural father, adoptive
9 mother, adoptive father, natural siblings, and maternal and
10 paternal natural grandparents of the adoptee. Except as
11 provided in this section, information in the registry is
12 confidential and exempt from the provisions of s. 119.07(1).
13 Consent to the release of this information may be made in the
14 case of a minor adoptee by his or her adoptive parents or by
15 the court after a showing of good cause. At any time, any
16 person may withdraw, limit, or otherwise restrict consent to
17 release information by notifying the department in writing.

18 (2) The department may charge a reasonable fee to any
19 person seeking to enter, change, or use information in the
20 registry. The department shall deposit such fees in a trust
21 fund to be used by the department only for the efficient
22 administration of this section. The department and agencies
23 shall make counseling available for a fee to all persons
24 seeking to use the registry, and the department shall inform
25 all affected persons of the availability of such counseling.

26 (3) The department, intermediary, or licensed
27 child-placing agency must inform the birth parents before
28 parental rights are terminated, and the adoptive parents
29 before placement, in writing, of the existence and purpose of
30 the registry established under this section s.-362-027, but
31

1 failure to do so does not affect the validity of any
2 proceeding under this chapter.

3 Section 74. Subsection (4) of section 68.07, Florida
4 Statutes, is amended to read:

5 68.07 Change of name.--

6 (4) On filing the final judgment, the clerk shall, if
7 the birth occurred in this state, send a report of the
8 judgment to the Office of Vital Statistics of the Department
9 of Health and-Rehabilitative-Services on a form to be
10 furnished by the that department. The form shall contain
11 sufficient information to identify the original birth
12 certificate of the person, the new name, and the file number
13 of the judgment. This report shall be filed by the department
14 state-registrar with respect to a person born in this state
15 and shall become a part of the vital statistics of this state.
16 With respect to a person born in another state, the clerk
17 shall provide the petitioner with a certified copy of the
18 final judgment. ~~Department-of-Health-and-Rehabilitative~~
19 ~~Services-shall-send-the-report-to-the-office-of-vital~~
20 ~~statistics-of-the-state-in-which-the-person's-birth-occurred:~~

21 Section 75. Section 382.002, Florida Statutes, is
22 amended to read:

23 382.002 Definitions.--As used in this chapter, the
24 term:

25 (1)--"Applicant"--means-the-person-requesting-a-copy-of
26 a-vital-record:

27 (1)(2) "Computer Certification" or "certified" means a
28 document produced-by-computer-or-other-electromagnetic
29 equipment containing all or a part of the exact information
30 contained on the original vital record, and which, when issued
31

1 certified by the State Registrar, has the full force and
2 effect of the original vital record.

3 ~~(2)~~(3) "Dead body" means a human body or such parts of
4 a human body from the condition of which it reasonably may be
5 concluded that death recently occurred.

6 ~~(4)~~--"Death-without-medical-attendance"--means-a-death
7 occurring-more-than-30-days-after-the-decedent-was-last
8 treated-by-a-physician;-except-where-death-was-medically
9 expected-as-certified-by-an-attending-physician-

10 ~~(3)~~(5) "Department" means the Department of Health and
11 Rehabilitative Services

12 ~~(4)~~(6) "Dissolution of marriage" includes an annulment
13 of marriage.

14 ~~(5)~~(7) "Fetal death" means death prior to the complete
15 expulsion or extraction of a product of human conception from
16 its mother if the 20th week of gestation has been reached and
17 the death is indicated by the fact that after such expulsion
18 or extraction the fetus does not breathe or show any other
19 evidence of life such as beating of the heart, pulsation of
20 the umbilical cord, or definite movement of voluntary muscles.

21 ~~(6)~~(8) "Final disposition" means the burial,
22 interment, cremation, removal from the state, or other
23 authorized disposition of a dead body or a fetus; as described
24 defined in subsection (5) (7). In the case of cremation,
25 dispersion of ashes or cremation residua is considered to
26 occur after final disposition; the cremation itself is
27 considered final disposition.

28 ~~(7)~~(9) "Funeral director" means a licensed funeral
29 director or direct disposer licensed pursuant to chapter 470
30 or other person who first assumes custody of or affects the

31

169-391C-97

1 final disposition of a dead body or a fetus; as described
2 defined in subsection (5) (7).

3 (8) "Legal age" means a person who is not a minor, or
4 a minor who has had the disability of nonage removed as
5 provided under chapter 743.

6 (9)(10) "Live birth" means the complete expulsion or
7 extraction of a product of human conception from its mother,
8 irrespective of the duration of pregnancy, which, after such
9 expulsion, breathes or shows any other evidence of life such
10 as beating of the heart, pulsation of the umbilical cord, and
11 definite movement of the voluntary muscles, whether or not the
12 umbilical cord has been cut or the placenta is attached.

13 (10)(11) "Medical examiner" means a person so
14 appointed pursuant to chapter 406.

15 (11)(12) "Physician" means a person authorized to
16 practice medicine, or osteopathic medicine, or chiropractic
17 pursuant to chapter 458, or chapter 459, or chapter 460.

18 ~~(13) -- "Presumptive death" means determination by a~~
19 ~~court of competent jurisdiction that a death has occurred or~~
20 ~~is presumed to have occurred in this state or adjacent waters;~~
21 ~~but the body of the person involved has not been located or~~
22 ~~recovered;~~

23 (12)(14) "Registrant" means the child entered on a
24 birth certificate, the deceased entered on a death
25 certificate, and both the husband or and wife entered on a
26 marriage or dissolution of marriage record.

27 (13)(15) "Vital records" or "records" means
28 certificates or reports of birth, death, fetal death,
29 marriage, dissolution of marriage, name change filed pursuant
30 to s. 68.07, and data related thereto.

31

1 registrar's stead in case of his or her absence or disability
2 and may appoint other deputy registrars.

3 Section 79. Section 382.006, Florida Statutes, is
4 amended to read:

5 382.006 Burial-transit permit.--

6 (1) The funeral director who first assumes custody of
7 a dead body or fetus must shall obtain a burial-transit permit
8 prior to final disposition or removal from the state of the
9 dead body or fetus and within 5 days after death. The
10 application for a burial-transit permit must be signed by the
11 funeral director and include the funeral director's license
12 number. The funeral director must attest on the application
13 that he or she has contacted the physician's or medical
14 examiner's office and has received assurance that the
15 physician or medical examiner will provide medical
16 certification of the cause of death within 72 hours after
17 receipt of the death certificate from the funeral director.

18 (2) A Such burial-transit permit shall be issued by
19 the local registrar or subregistrar of the registration
20 district in which the death occurred or the body was found. A
21 No such burial-transit permit shall not be issued:

22 (a) Until a complete and satisfactory certificate of
23 death or fetal death has been filed in accordance with the
24 requirements of this chapter and adopted rules, unless or the
25 funeral director provides adequate assurance that a complete
26 and satisfactory certificate will be so registered.

27 (b) Except under conditions prescribed by the
28 department, if the death occurred from some disease which is
29 held by the department to be infectious, contagious, or
30 communicable and dangerous to the public health.

31

169-391C-97

1 (3)(2) The funeral director shall deliver the
2 burial-transit permit to the person in charge of the place of
3 final disposition, before interring or otherwise disposing of
4 the dead body or fetus within this state; or when transported
5 to a point outside the state, the permit shall accompany the
6 dead body or fetus to its destination.

7 (4)(3) A burial-transit permit issued under the law of
8 another state or country, or a certification of a death
9 certificate issued under the law of a state or country that
10 does not issue burial-transit permits, which accompanies a
11 dead body or fetus brought into this state; shall be authority
12 for final disposition of the dead body or fetus in this state.

13 (5) Rules of the department may provide for the
14 issuance of a burial-transit permit prior to the filing of a
15 certificate of death or fetal death upon conditions designed
16 to assure compliance with the purposes of this chapter in
17 cases in which compliance with the requirement that the
18 certificate be filed prior to the issuance of the permit would
19 result in undue hardship.

20 (6) Burial-transit permits filed with the local
21 registrar under the provisions of this chapter may be
22 destroyed after the expiration of 3 years from the date of
23 filing.

24 ~~(4)--A-permit-for-disinterment-and-reinterment-shall-be~~
25 ~~required-prior-to-disinterment-or-reinterment-of-a-dead-body~~
26 ~~or-fetus-except-as-authorized-or-otherwise-provided-by-law;~~
27 ~~Such-permit-shall-be-issued-by-the-local-registrar-for-vital~~
28 ~~statistics-of-the-district-in-which-the-dead-body-or-fetus-is~~
29 ~~buried;-to-a-funeral-director;-upon-proper-application:~~

30 Section 80. Section 382 007, Florida Statutes, is
31 amended to read:

169-391C-97

1 permits in cases in which compliance with the applicable
2 prescribed period would result in undue hardship:

3 (5)--Rules of the department may provide for the
4 issuance of a burial transit permit prior to the filing of a
5 certificate of death or fetal death upon conditions designed
6 to assure compliance with the purposes of this act in cases in
7 which compliance with the requirement that the certificate be
8 filed prior to the issuance of the permit would result in
9 undue hardship:

10 (6) The original certificate of death or fetal death
11 shall contain all the information required by the department
12 for legal, social, and health research purposes. All
13 information relating to cause of death in the cause-of-death
14 section of all death and fetal death records and the
15 parentage, marital status, and medical information included in
16 all fetal death records of this state are confidential and
17 exempt from the provisions of s. 119.07(1), except for health
18 research purposes as approved by the department; nor may
19 copies of the same be issued except as provided in s.
20 382.025(4).

21 (7)--~~The provisions of s. 382.013(5), (6), and (7) also~~
22 ~~apply to the entry of similar information on fetal death~~
23 ~~certificates:~~

24 Section 82. Section 382.011, Florida Statutes, is
25 amended to read:

26 382.011 Medical examiner determination of cause of
27 death ~~When Death occurs without medical attendance or due to~~
28 ~~unlawful act or neglect.--~~

29 (1) In the case of any death or fetal death due to
30 causes or conditions listed in s. 406.11, or where the death
31 occurred more than 30 days after the decedent was last treated

1 by a physician unless the death was medically expected as
2 certified by an attending physician occurring without medical
3 attendance, or where there is reason to believe that the death
4 may have been due to unlawful act or neglect, the funeral
5 director or other person to whose attention the death may come
6 shall refer the case to the medical examiner of the district
7 in which the death occurred for his or her investigation and
8 determination of certification; and the medical examiner shall
9 certify the cause of death, as required for a burial permit,
10 and to properly classify the cause of death.

11 (2) The medical examiner shall complete and sign the
12 medical certification of cause of death section of the death
13 or fetal death certificate within 72 hours after notification,
14 whether or not final determination of the cause of death has
15 been established, unless an extension has been granted as
16 provided under s. 382.008. Any amendment fees prescribed in
17 s. 382.0255 shall be are waived when a later determination of
18 cause of death is made in such a case.

19 (3) The funeral director shall retain the
20 responsibility for preparation of the death or fetal death
21 certificate, obtaining the necessary signatures, filing with
22 the local registrar in a timely manner, and disposing of the
23 remains when the remains are released by the medical examiner.

24 Section 83. Section 382.012, Florida Statutes, is
25 amended to read:

26 382.012 Presumptive death certificate.--

27 (1) "Presumptive death" means a determination by a
28 court of competent jurisdiction that:

9 (a) A death of a resident of this state has occurred
30 or is presumed to have occurred, but the body of the person
31 involved has not been located or recovered; or

1 ~~(b) A death of a nonresident of this state has~~
2 ~~occurred or is presumed to have occurred in this state, but~~
3 ~~the body of the person involved has not been located or~~
4 ~~recovered.~~

5 (2) The department shall file a presumptive death
6 certificate when ordered by a court of competent jurisdiction.
7 In case of a presumptive death certificate, the medical
8 certification of cause of death must section-shall be signed
9 by the judge issuing the court order. ~~A petitioner seeking a~~
10 ~~presumptive death certificate must include in the petition~~
11 ~~before the court all information necessary to complete the~~
12 ~~presumptive death certificate.~~

13 Section 84. Section 382.013, Florida Statutes, is
14 amended to read:

15 ~~(Substantial rewording of section. See~~
16 ~~s. 382.013, F.S., for present text.)~~

17 382.013 Birth registration.--A certificate for each
18 live birth that occurs in this state shall be filed within 5
19 days after such birth with the local registrar of the district
20 in which the birth occurred and shall be registered by the
21 local registrar if the certificate has been completed and
22 filed in accordance with this chapter and adopted rules.

23 (1) FILING.--

24 (a) If a birth occurs in a hospital, birth center, or
25 other health care facility, or en route thereto, the person in
26 charge of the facility shall be responsible for preparing the
27 certificate, certifying the facts of the birth, and filing the
28 certificate with the local registrar. Within 48 hours after
29 the birth, the physician, midwife, or person in attendance
30 during or immediately after the delivery shall provide the

1 facility with the medical information required by the birth
2 certificate.

3 (b) If a birth occurs outside a facility and the child
4 is not taken to the facility within 3 days after delivery, the
5 certificate shall be prepared and filed by one of the
6 following persons in the indicated order of priority:

7 1. The physician or midwife in attendance during or
8 immediately after the birth.

9 2. In the absence of persons described in subparagraph
10 1., any other person in attendance during or immediately after
11 the birth.

12 3. In the absence of persons described in subparagraph
13 2., the father or mother.

14 4. In the absence of the father and the inability of
15 the mother, the person in charge of the premises where the
16 birth occurred.

17 (c) If a birth occurs in a moving conveyance and the
18 child is first removed from the conveyance in this state, the
19 birth shall be filed and registered in this state and the
20 place to which the child is first removed shall be considered
21 the place of birth.

22 (d) At least one of the parents of the child shall
23 attest to the accuracy of the personal data entered on the
24 certificate in time to permit the timely registration of the
25 certificate.

26 (e) If a certificate of live birth is incomplete, the
27 local registrar shall immediately notify the health care
28 facility or person filing the certificate and shall require
9 the completion of the missing items of information if they can
30 be obtained prior to issuing certified copies of the birth
31 certificate.

1 (2) PATERNITY.--

2 (a) If the mother is married at the time of birth, the
3 name of the husband shall be entered on the birth certificate
4 as the father of the child, unless paternity has been
5 determined otherwise by a court of competent jurisdiction.

6 (b) If the husband of the mother dies while the mother
7 is pregnant but before the birth of the child, the name of the
8 deceased husband shall be entered on the birth certificate as
9 the father of the child, unless paternity has been determined
10 otherwise by a court of competent jurisdiction.

11 (c) If the mother is not married at the time of birth,
12 the name of the father may not be entered on the birth
13 certificate without the execution of a consenting affidavit
14 signed by both the mother and the person to be named as the
15 father. The facility shall provide the mother and the person
16 to be named as the father with the affidavit, as well as
17 information provided by the Title IV-D agency established
18 pursuant to s. 409.2557, regarding the benefits of voluntary
19 establishment of paternity. Upon request of the mother and
20 the person to be named as the father, the facility shall
21 assist in the execution of the affidavit.

22 (d) If the paternity of the child is determined by a
23 court of competent jurisdiction as provided under s. 382.015,
24 the name of the father and the surname of the child shall be
25 entered on the certificate in accordance with the finding and
26 order of the court. If the court fails to specify a surname
27 for the child, the surname shall be entered in accordance with
28 subsection (3).

29 (e) If the father is not named on the certificate, no
30 other information about the father shall be entered on the
31 certificate.

1 (3) NAME OF CHILD.--

2 (a) If the mother is married at the time of birth, the
3 mother and father whose names are entered on the birth
4 certificate shall select the given names and surname of the
5 child if both parents have custody of the child, otherwise the
6 parent who has custody shall select the child's name.

7 (b) If the mother and father whose names are entered
8 on the birth certificate disagree on the surname of the child
9 and both parents have custody of the child, the surname
10 selected by the father and the surname selected by the mother
11 shall both be entered on the birth certificate, separated by a
12 hyphen, with the selected names entered in alphabetical order.
13 If the parents disagree on the selection of a given name, the
14 given name may not be entered on the certificate until a joint
15 agreement that lists the agreed upon given name and is
16 notarized by both parents is submitted to the department, or
17 until a given name is selected by a court.

18 (c) If the mother is not married at the time of birth,
19 the person who will have custody of the child shall select the
20 child's given name and surname.

21 (d) If multiple names of the child exceed the space
22 provided on the face of the birth certificate they shall be
23 listed on the back of the certificate. Names listed on the
24 back of the certificate shall be part of the official record.

25 (4) UNDETERMINED PARENTAGE.--A birth certificate shall
26 be registered for every child of undetermined parentage
27 showing all known or approximate facts relating to the birth.
28 To assist in later determination, information concerning the
29 place and circumstances under which the child was found shall
30 be included on the portion of the birth certificate relating
31 to marital status and medical details. In the event the child

1 is later identified to the satisfaction of the department, a
2 new birth certificate shall be prepared which shall bear the
3 same number as the original birth certificate, and the
4 original certificate shall be sealed and filed, shall be
5 confidential and exempt from the provisions of s. 119.07(1),
6 and shall not be opened to inspection by, nor shall certified
7 copies of the same be issued except by court order to, any
8 person other than the registrant if of legal age.

9 (5) DISCLOSURE.--The original certificate of live
10 birth shall contain all the information required by the
11 department for legal, social, and health research purposes.
12 However, all information concerning parentage, marital status,
13 and medical details shall be confidential and exempt from the
14 provisions of s. 119.07(1), except for health research
15 purposes as approved by the department, nor shall copies of
16 the same be issued except as provided in s. 382.025.

17 Section 85. Section 382.0135, Florida Statutes, is
18 amended to read:

19 382.0135 Social security numbers; enumeration-at-birth
20 program.--The department of-Health-and-Rehabilitative
21 Services;-through-the-State-Registrar; shall make arrangements
22 with the United States Social Security Administration to
23 participate enable this state to begin participating; as soon
24 as practicable; in the voluntary enumeration-at-birth program
25 established by that federal agency. The State Registrar is
26 authorized to and shall take any actions that are necessary in
27 order to administer the program in this state, including
28 modifying the procedures and forms used in the birth
29 registration process.

30 Section 86. Section 382.015, Florida Statutes, 1996
31 Supplement, is amended to read:

169-391C-97

1 382.015 New or amended certificates of live birth;
2 duty of clerks of court and department.--The clerk of the
3 court in which any proceeding for determination of paternity;
4 adoption, or annulment of an adoption, affirmation of parental
5 status, or determination of paternity is to shall be
6 registered, shall within 30 days after the final disposition,
7 thereof forward to the department a court-certified copy of
8 the court decree, or a report of the said proceedings upon a
9 form to be furnished by the department, together with; which
10 form shall contain sufficient information to identify the
11 original birth certificate of the child and to enable the
12 preparation of an amendatory or new birth certificate to be
13 prepared.

14 (1) ADOPTION AND ANNULMENT OF ADOPTION.--

15 (a) Upon receipt of the report or certified copy of an
16 adoption decree, together with the information necessary to
17 identify the original certificate of live birth, and establish
18 a new certificate of an adoption from a clerk of the court; or
19 upon receipt of a certified copy of a final decree of
20 adoption; together with all necessary information; from any
21 registrant or adoptive parent of a registrant, the department
22 shall prepare and file a new birth certificate, absent
23 objection by the court decreeing the adoption, the adoptive
24 parents, or the adoptee if of legal age. The ; which
25 certificate shall bear the same file number as the original
26 birth certificate. All names and identifying information
27 relating to the adoptive parents statistical particulars
28 entered on the new certificate shall refer to the adoptive
1 parents, but nothing in the said certificate shall refer to or
30 designate the said parents as being adoptive. All other items
31

1 or her birth. However, a certificate may not be granted based
2 solely on the uncorroborated testimony of the petitioner.

3 (3) If the evidence is sufficient, the court shall
4 issue a delayed birth certificate on a form furnished by the
5 department. Documentation submitted by the petitioner in
6 support of the petition shall be recorded on the delayed birth
7 certificates.

8 (4) The original and court copies of the delayed birth
9 certificate issued by the court shall be distributed as
10 follows:

11 (a) One copy shall be filed in the circuit court as a
12 permanent record.

13 (b) If the birth occurred in this state, one copy
14 shall be delivered to the petitioner and the original shall be
15 mailed to the department by the clerk of the court within 10
16 days after the delayed certificate is issued by the court.

17 (c) If the birth occurred outside this state, the
18 original certificate plus one copy shall be delivered to the
19 petitioner by the court.

20 (5) A delayed birth certificate issued by a court
21 pursuant to this section and registered with the department
22 may not be amended except by court order.

23 Section 90. Section 382.019, Florida Statutes, is
24 amended to read:

25 382.019 Delayed registration ~~Filing-of-certificates-of~~
26 ~~birth;-death;-or-fetal-death-in-cases-where-no-certificate-was~~
27 ~~filed-at-time-of-birth;-death;-or-fetal-death.--~~

28 (1) Registration after 1 year is a delayed
29 registration, and the department may, upon receipt of the fee
30 required under s. 382.0255, and proof of the birth, death, or
31 fetal death as prescribed by this section or rule, register a

169-391C-97

1 delayed certificate if the department does not already have a
2 certificate of the birth, death, or fetal death on file. If
3 ~~at any time after the birth; death; or fetal death of any~~
4 ~~person within the state; a copy of the official record or~~
5 ~~portion thereof of said birth; death; or fetal death is~~
6 ~~necessary and; after search by the department or its~~
7 ~~representative; it should appear that no such certificate of~~
8 ~~birth; death; or fetal death was prepared or filed; the~~
9 ~~physician; midwife; or funeral director responsible for the~~
10 ~~report; or father; mother; older brother or sister; or other~~
11 ~~person knowing the facts may file with the department such~~
12 ~~certificate of birth; death; or fetal death; together with~~
13 ~~such sworn statements and affidavits and other evidence as may~~
14 ~~be required by rule of the department:~~

5 (2) The department may require such supporting
16 documents affidavits to be presented and such proof to be
17 filed as it deems may deem advisable or necessary and
18 sufficient to establish the truth of the facts endeavored to
19 be made or recorded by the certificate, provided for in
20 subsection (4) and may withhold registering filing of the
21 birth, death, or fetal death certificate involved until its
22 requirements are met complied with.

23 (3) Certificates registered filed and accepted under
24 this section are shall be admissible as prima facie evidence
25 of the facts recited therein with like force and effect as
26 other vital statistics records are received or admitted in
27 evidence. The department may make and enforce appropriate
28 rules to carry out this section and to prevent fraud and
29 deception;

30

31

169-391C-97

1 (c) Other governmental agencies upon such terms or
 2 conditions as may be prescribed by the department.

3 (d) A research entity, if the entity seeks the records
 4 or data pursuant to a research protocol approved by the
 5 department and maintains the records or data in accordance
 6 with the approved protocol and a purchase and data-use
 7 agreement with the department. The department may deny a
 8 request for records or data if the protocol provides for
 9 intrusive follow-back contacts, has not been approved by a
 10 human studies institutional review board, does not plan for
 11 the destruction of confidential records after the research is
 12 concluded, or does not have scientific merit. The agreement
 13 must restrict the release of any information which would
 14 permit the identification of persons found in vital statistics
 15 records, limit the use of the records or data to the approved
 16 research protocol, and prohibit any other use of the records
 17 or data.

18
 19 Records or data issued under this subsection are exempt from
 20 the provisions of s. 119.07(1) and copies of records or data
 21 issued pursuant to this subsection remain the property of the
 22 department.

23 ~~(9)--All fees prescribed herein shall be paid by the~~
 24 ~~applicant.--The department may waive any or all of the fees~~
 25 ~~required in this section.--The department shall keep a true and~~
 26 ~~correct account of all fees required under this section and~~
 27 ~~deposit such fees in a trust fund to be used by the department~~
 28 ~~for the efficient administration of this chapter.~~

29 (4)(10) CERTIFIED COPIES OF ORIGINAL
 30 CERTIFICATES.--Only the state registrar and local registrars
 31 are authorized to ~~No person shall prepare or issue any~~

169-391C-97

1 certificate which purports to be a certified copy of an
2 original; or a copy of an original; certificate of live birth,
3 death, or fetal death; except as authorized in this act or
4 rules adopted hereunder. Except as provided in this section,
5 preparing or issuing certificates is exempt from the
6 provisions of s. 119.07(1).

7 (5) RULES.--The department shall adopt and enforce all
8 rules necessary for carrying out the provisions of this
9 section.

10 ~~(11)--The fee charged for each request for a certified~~
11 ~~birth certificate or birth record as issued by the department~~
12 ~~or by the local registrar shall be subject to a nonrefundable~~
13 ~~additional fee of \$4, due and payable at the time the request~~
14 ~~is made. The state and local registrars shall collect the~~
15 ~~additional fee and deposit it in the appropriate department~~
16 ~~trust funds. On a quarterly basis, the department shall~~
17 ~~transfer \$2 of each additional fee collected by the state and~~
18 ~~local registrars to the General Revenue Fund and \$1.50 to the~~
19 ~~Child Welfare Training Trust Fund created in s. 402.46. Fifty~~
20 ~~cents of the fee shall be available for appropriation to the~~
21 ~~department for administration of this chapter.~~

22 ~~(12)(a)--In addition to the original birth certificate~~
23 ~~and any other birth record or copy thereof, the State~~
24 ~~Registrar shall issue upon request and upon payment of an~~
25 ~~additional fee prescribed by this section a birth certificate~~
26 ~~representing that the birth of the person named thereon is~~
27 ~~recorded in the office of the registrar. The certificate~~
28 ~~issued under this paragraph shall be in a form consistent with~~
29 ~~the need to protect the integrity of vital records but shall~~
30 ~~be suitable for display. It may bear the seal of the state~~
31 ~~printed thereon and may be signed by the Governor. It shall~~

1 Section 97. Section 382 356, Florida Statutes, 1996
2 Supplement, is amended to read:

3 382.356 Protocol for sharing certain birth certificate
4 information.--In order to facilitate the prosecution of
5 offenses under s. 794.011, s. 794 05, s 800.04, or s.
6 827.04(4), the-Office-of-Vital-Statistics-of the Department of
7 Health and-Rehabilitative-Services, the Department of Revenue,
8 and the Florida Prosecuting Attorneys Association shall
9 develop a protocol for sharing birth certificate information
10 for all children born to unmarried mothers who are less than
11 17 years of age at the time of the child's birth.

12 Section 98. The introductory paragraph of section
13 383.2161, Florida Statutes, is amended to read:

14 383.2161 Maternal and child health report.--Beginning
15 in-1993; The Department of Health and-Rehabilitative-Services
16 annually shall compile and analyze the risk information
17 collected by the Office of Vital Statistics and the district
18 prenatal and infant care coalitions and shall prepare and
19 submit to the Legislature by January 2 a report that includes,
20 but is not limited to:

21 Section 99. Paragraph (c) of subsection (5) of section
22 402.40, Florida Statutes, 1996 Supplement, is amended to read:

23 402.40 Child welfare training academies established;
24 Child Welfare Standards and Training Council created;
25 responsibilities of council; Child Welfare Training Trust Fund
26 created.--

27 (5) CHILD WELFARE TRAINING TRUST FUND.--

28 (c) In addition to the funds generated by paragraph
29 (b), the trust fund shall receive funds generated from an
30 additional fee on birth certificates and dissolution of
31 marriage filings, as specified in ss 382.025 ~~382-025~~ and

169-391C-97

1 28.101, respectively, and may receive funds from any other
2 public or private source.

3 Section 100. Section 460.414, Florida Statutes, is
4 amended to read:

5 460.414 Chiropractic physicians subject to state and
6 municipal rules and regulations.--All licensed chiropractic
7 physicians shall observe and be subject to all state and
8 municipal rules and regulations relating to the control of
9 contagious and infectious diseases, sign death certificates in
10 accordance with chapter 382, and comply with all laws
11 pertaining to public health, reporting to the proper authority
12 as other practitioners are required to do.

13 Section 101. Section 741.041, Florida Statutes, is
14 amended to read:

15 741.041 Marriage license application valid for 60 90
16 days.--Marriage licenses shall be valid only for a period of
17 60 days after issuance, and no person shall perform any
18 ceremony of marriage after the expiration date of such
19 license. The county court judge or clerk of the circuit court
20 shall recite on each marriage license the final date that the
21 license is valid license-applications-shall-be-valid-only-for
22 a-period-of-30-days-after-receipt-by-an-applicant;-and-no
23 clerk-of-the-circuit-court-shall-issue-a-license-for-the
24 marriage-of-two-people-more-than-30-days-after-the-application
25 was-received-by-the-applicant.

26 Section 102. Subsection (1) of section 742.10, Florida
27 Statutes, is amended to read:

28 742.10 Establishment of paternity for children born
29 out of wedlock.--

30 (1) This chapter provides the primary jurisdiction and
31 procedures for the determination of paternity for children

169-391C-97

1 born out of wedlock. When the establishment of paternity has
 2 been raised and determined within an adjudicatory hearing
 3 brought under the statutes governing inheritance, or
 4 dependency under workers' compensation or similar compensation
 5 programs, ~~or-vital-statistics~~; or when an affidavit
 6 acknowledging paternity or a stipulation of paternity is
 7 executed by both parties and filed with the clerk of the
 8 court, or when a consenting affidavit as provided for in s.
 9 382.013 or s. 382.015 ~~s.-382:013(6)(b)~~ is executed by both
 10 parties, it shall constitute the establishment of paternity
 11 for purposes of this chapter. If no adjudicatory proceeding
 12 was held, a voluntary acknowledgment of paternity shall create
 13 a rebuttable presumption, as defined by s. 90.304, of
 14 paternity. ~~Except for consenting affidavits under seal~~
 15 pursuant to s. 382.015, the Office Bureau of Vital Statistics
 16 shall provide certified copies of consenting affidavits to the
 17 Title IV-D agency upon request.

18 Section 103. Subsection (8) of section 742.16, Florida
 19 Statutes, 1996 Supplement, is amended to read:

20 742.16 Expedited affirmation of parental status for
 21 gestational surrogacy.--

22 (8) Within 30 days after entry of the order, the clerk
 23 of the court shall prepare a certified statement of the order
 24 for the state registrar of vital statistics on a form provided
 25 by the registrar. The court shall thereupon enter an order
 26 requiring the Department of Health and ~~Rehabilitative Services~~
 27 to issue a new birth certificate naming the commissioning
 28 couple as parents and requiring the department to seal the
 29 original birth certificate.

30 Section 104. ~~Sections 110.1125, 381.01, 382.024,~~
 31 ~~387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07.~~

1 387.08, 387.09, 387.10, 402.37, 501.061, 501.065, 501.071,
2 501.081, 501.085, 501.091, 501.095, 501.101, 501.105, 501.111,
3 501.115, 501.121, and 501.124, Florida Statutes; paragraph (e)
4 of subsection (1) of section 403.7045, Florida Statutes;
5 section 381.698, Florida Statutes, as amended by chapter
6 95-148, Laws of Florida; section 382.014, Florida Statutes, as
7 amended by chapters 96-215 and 96-406, Laws of Florida;
8 section 382.027, Florida Statutes, as amended by chapters
9 95-148 and 96-406, Laws of Florida; and section 501.075,
10 Florida Statutes, as amended by chapter 96-406, Laws of
11 Florida, are hereby repealed.

12 Section 105. Effective June 30, 1997, subsection (12)
13 of section 766.1115, as created by section 1 of chapter
14 92-278, Laws of Florida, is hereby repealed.

15 Section 106. Except as otherwise provided herein, this
16 act shall take effect July 1, 1997.

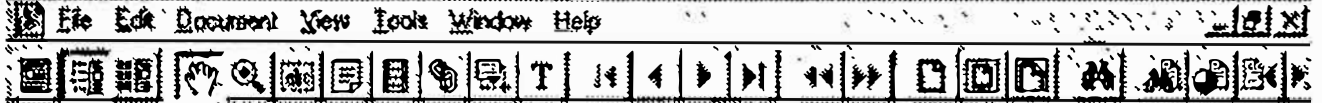
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19 HOUSE SUMMARY

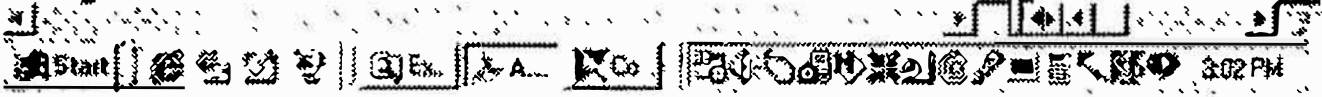
20 Revises, reorganizes, updates, and conforms various
21 provisions relating to public health and vital records,
22 and duties of the Department of Health with respect
23 thereto.
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- LIST
- CH 97-237 Title Page
- ▼ Passed Bill HB 1357 - History
 - Bill Analysis of PHB 1 (1/27/97 - Health Care Services)
 - Bill Analysis of PCB HCS 97-02 (2/7/97 - Health Care Services)
 - Bill Analysis of PCB HCS 97-02 (2/20/97 - Health Care Services)
 - Bill Analysis of PCB HCS 97-02 (3/4/97 - Health Care Services)
 - Bill Analysis of HB 1357 (3/12/97 - Health Care Services)
 - Bill Analysis of HB 1357 (3/25/97 - Health Care Services)
 - Bill Analysis of HB 1357 (4/16/97 - Health & Human Servs Approps)
 - House Journal 4/25/97, pp 909-911 (amendments to HB 1357)
 - Senate Journal 4/29/97, pp 737-780, 798-809 (amendments to HB 1357)
 - LOF Ch 97-237
 - Final Bill Research of HB 1357 (6/2/97 - Health Care Services)
- Substituted Bill CS/CS/SB 552 (X-REF)
- ▼ Compare Bill HB 709 - History
 - HB 709
 - Bill Research of HB 709 (4/11/97 - Children & Family Empowerment)
 - Bill Research of HB 709 (4/18/97 - Children & Family.)
- Compare Bill HB 953 (X-REF)



- Compare Bill HB 953 (X-REF)
- ▼ Compare Bill HB 1057 - History
 - HB 1057
- ▼ Compare Bill CS/HB 1505 - History
 - HB 1505
 - Bill Research of HB 1505 (3/26/97 - Environmental Protection)
 - CS/HB 1505
 - Bill Research of CS/HB 1505 (4/7/97 - Environmental Protection)
 - CS/HB 1505 First Engrossed
- Compare Bill CS/HB 1643 (X-REF)
- ▼ Compare Bill HB 1805 - History
 - HB 1805
- Compare Bill HB 1993 (X-REF)
- Compare Bill HB 2011 (X-REF)
- Compare Bill HB 2113 (X-REF)
- Compare Bill SB 822 (X-REF)
- ▼ Compare Bill CS/SB 1244 - History
 - SB 1244
 - Staff Analysis of SB 1244 (3/21/97 - Health Care)
 - Staff Analysis of SB 1244 (4/14/97 - Commerce.)



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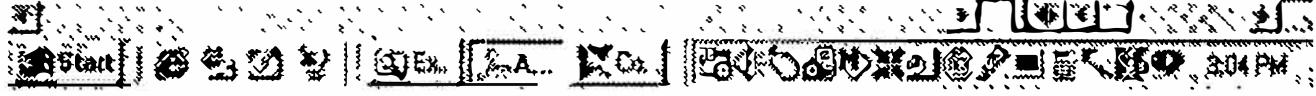
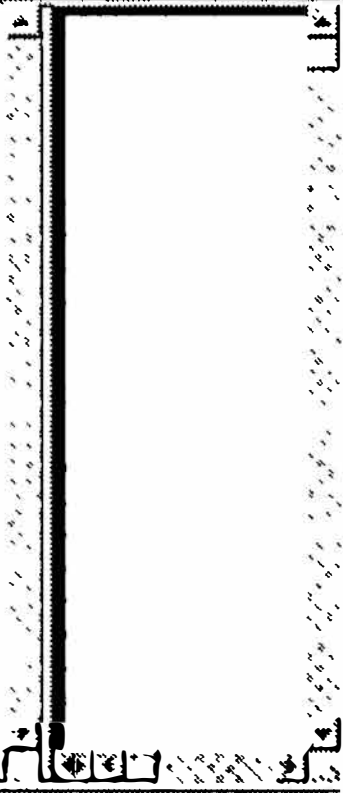
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- Compare Bill CS/HB 1643 (X-REF)
- ▼ Compare Bill HB 1805 - History
 - HB 1805
- Compare Bill HB 1993 (X-REF)
- Compare Bill HB 2011 (X-REF)
- Compare Bill HB 2113 (X-REF)
- Compare Bill SB 822 (X-REF)
- ▼ Compare Bill CS/SB 1244 - History
 - SB 1244
 - Staff Analysis of SB 1244 (3/21/97 - Health Care)
 - Staff Analysis of SB 1244 (4/14/97 - Commerce)
 - Staff Analysis of SB 1244 (4/16/97 - Govt Reform)
 - CS/SB 1244
 - Staff Analysis of CS/SB 1244 (4/23/97 - Ways & Means)
- Compare Bill SB 1750 (X-REF)
- Compare Bill CS/CS/SB 1814 (X-REF)
- Compare Bill SB 1960 (X-REF)
- Compare Bill CS/CS/SB 2142 (X-REF)
- Compare Bill CS/SB 2450 (X-REF)

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- LIST
- CS/CS/SB 552 (1997) Title Page
- ▼ CS/CS/SB 552 - History
 - SB 552
 - CS/SB 552, 1960
 - Staff Analysis of CS/SB 552 (3/25/97 - Health Care)
 - Staff Analysis of CS/SB 552 (4/4/97 - Children, Families)
 - CS/CS/SB 552
 - Staff Analysis of CS/CS/SB 552 (4/16/97 - Ways & Means)
- BACK TO CH 97-173
- BACK TO CH 97-237
- BACK TO CH 97-260
- BACK TO CH 97-283



Florida Legislature On-Line Sunshine

[Bill By](#) [Bill Text](#) [Amendments](#) [Staff Analysis/Bill](#) [Vote History](#) [Citations](#)
[Hundreds](#) [Research](#)

H1357: Dept. of Health

H 1357 GENERAL BILL/2ND ENG by Health Care Services (GSC); Albright; (CO-SPONSORS) Heyman; Rodriguez-Chomat; Flanagan; Goode; Peaden; Casey; Geller; Bloom (Similar CS/CS/S 0552, Compare H 0709, H 0953, H 1057, CS/1ST ENG/H 1505, CS/1ST ENG/H 1643, H 1805, 2ND ENG/H 1837, 1ST ENG/H 1925, 2ND ENG/H 1965, H 1993, 2ND ENG/H 2011, 3RD ENG/H 2013, H 2113, CS/CS/2ND ENG/S 0566, S 0822, CS/2ND ENG/S 0948, CS/S 1244, S 1750, CS/CS/S 1814, S 1960, CS/CS/2ND ENG/S 2142, CS/S 2450)
 Dept. of Health; clarifies agency responsibilities re certain child protection functions; modifies purposes of Health Dept.; authorizes county health departments to establish peer review committees for certain purposes; requires applicants for public assistance to provide automated fingerprint image before receiving any benefits; provides for toll-free telephone number for reporting complaints re medical care; provides applicability, etc. Amends FS. APPROPRIATION: \$814,833. EFFECTIVE DATE: 07/01/1997 except as otherwise provided.

03/12/97 HOUSE Filed

03/13/97 HOUSE Introduced -HJ 00193

03/21/97 HOUSE Referred to Health Care Services (GSC); Health & Human Services Appropriations -HJ 00304; On Committee agenda-- Health Care Services (GSC), 03/24/97, 1:00 pm, Morris Hall

03/24/97 HOUSE Comm. Action: Recommends Closed Bill, Unanimously Fav. with 1 am(s) by Health Care Services (GSC) -HJ 00341

03/26/97 HOUSE Now in Health & Human Services Appropriations -HJ 00341

04/09/97 HOUSE On Committee agenda-- Health & Human Services Appropriations, 04/15/97, 1:00 pm, 317C

04/16/97 HOUSE Comm. Action:-Unanimously Favorable by Health & Human Services Appropriations -HJ 00596

04/17/97 HOUSE Pending Consent Calendar -HJ 00596

04/21/97 HOUSE Available for Consent Calendar

04/24/97 HOUSE Placed on Consent Calendar

04/25/97 HOUSE Read second time -HJ 00909; Amendment(s) adopted -HJ 00910; Read third time -HJ 00910; Passed as amended; YEAS 110 NAYS 1 -HJ 00910

04/25/97 SENATE In Messages

04/28/97 SENATE Received, referred to Health Care; Governmental Reform and Oversight; Ways and Means -SJ 00717

04/29/97 SENATE Withdrawn from Health Care; Governmental Reform and Oversight; Ways and Means -SJ 00737; Substituted for CS/CS/SB 552 -SJ 00738; Read second time -SJ 00738; Amendment pending -SJ 00738; Pending amendment adopted as amended -SJ 00799, -SJ 00809

04/30/97 SENATE Read third time -SJ 01031; Amendment adopted as further amended -SJ 01032; Passed as amended; YEAS 37 NAYS 0 -SJ 01032

04/30/97 HOUSE In returning messages

05/01/97 HOUSE Was taken up -HJ 01412; Concurred -HJ 01467; Passed as amended; YEAS 116 NAYS 0 -HJ 01467; Reconsidered -HJ 01470; Amendment(s) to Senate amendment(s) adopted -HJ 01471; Concurred in Senate amendment(s) as amended -HJ 01473; Passed as amended; YEAS 107 NAYS 0 -HJ 01473

05/01/97 SENATE In returning messages
 05/02/97 SENATE Was taken up -SJ 01480; Concurred -SJ 01482; Passed as amended; YEAS 39 NAYS 0 -SJ 01482
 05/02/97 HOUSE Ordered engrossed, then enrolled -HJ 02189
 05/14/97 Signed by Officers and presented to Governor
 05/30/97 Became Law without Governor's Signature; Chapter No. 97-237; See also HB 1837 (Ch. 97-260), HB 1925 (Ch. 97-261), HB 1965 (Ch. 97-263), HB 2013 (Ch. 97-264), CS/CS/SB 566 (Ch. 97-173), CS/SB 948 (Ch. 97-273)

BILL TEXT: [\(Top\)](#)

NO BILL TEXT EXISTS

AMENDMENTS: [\(Top\)](#)

NO AMENDMENTS EXIST

STAFF ANALYSIS/BILL RESEARCH: [\(Top\)](#)

- H1357 by HCS ([View As: As Printed](#))
- H1357A by HCS ([View As: As Printed](#))
- H1357A by HHS ([View As: As Printed](#))

VOTE HISTORY: [\(Top\)](#)

04/25/97
 HOUSE:
HB1357 Rollcall:0024

05/01/97
 HOUSE:
HB1357 Rollcall:0013

HOUSE:
HB1357 Rollcall:0015

04/30/97
 SENATE:
HB1357 Rollcall:0019

05/02/97
 SENATE:
HB1357 Rollcall:0052

Florida Legislature On-Line Sunshine

[Bill By Hundreds](#) [Bill Text](#) [Amendments](#) [Staff Analysis/Bill Research](#) [Vote History](#) [Citations](#)

S552: Department of Health

S 552 **GENERAL BILL/CS/CS by Ways and Means; Health Care; Brown-Waite; Myers; Klein; (CO-SPONSORS) Forman (Similar 2ND ENG/H 1357, Compare H 0709, H 0953, H 1057, CS/1ST ENG/H 1505, H 1805, 2ND ENG/H 1837, 2ND ENG/H 1965, 2ND ENG/H 2011, H 2113, CS/CS/2ND ENG/S 0566, S 0822, CS/S 1244, S 1750, S 1960, S 2388, CS/S 2450)**
 Department of Health; (THIS BILL COMBINES S552,1960,822) transfers certain powers, duties, functions, & assets of Children & Family Services Dept. re child abuse & child protection to Health Dept.; creates Local Health Planning, Education, & Workforce Dev. Div.; creates committee to advise Health Dept. re medical care for children; requires applicants for public assistance to provide automated fingerprint image before receiving any benefits, etc. Amends FS. EFFECTIVE DATE: 07/01/1997 except as otherwise provided.
 02/13/97 SENATE Prefiled
 02/19/97 SENATE Referred to Health Care; Ways and Means
 03/04/97 SENATE Introduced, referred to Health Care; Ways and Means -SJ 00066
 03/21/97 SENATE On Committee agenda-- Health Care, 03/25/97, 12:30 pm, Room-EL
 03/25/97 SENATE CS combines this bill with 1960 & 822; Combined CS additional reference(s): Children, Families and Seniors; Criminal Justice; Comm. Action: CS by Health Care -SJ 00315; CS read first time on 03/27/97 -SJ 00317
 03/26/97 SENATE Now in Children, Families and Seniors -SJ 00315
 04/03/97 SENATE On Committee agenda-- Children, Families and Seniors, 04/07/97, 2:00 pm, Room-A(LL-37)
 04/07/97 SENATE Comm. Action: Favorable with 3 amendment(s) by Children, Families and Seniors -SJ 00448
 04/08/97 SENATE Now in Criminal Justice -SJ 00448
 04/10/97 SENATE Withdrawn from Criminal Justice -SJ 00453; Now in Ways and Means
 04/14/97 SENATE On Committee agenda-- Ways and Means, 04/16/97, 1:00 pm, Room-EL
 04/16/97 SENATE Comm. Action:-CS/CS by Ways and Means -SJ 00585; CS read first time on 04/24/97 -SJ 00587
 04/22/97 SENATE Placed on Calendar -SJ 00585

04/29/97 SENATE Placed on Special Order Calendar -SJ 00938; House Bill substituted -SJ 00738; Laid on Table, Iden./Sim./Compare Bill(s) passed, refer to HB 1357 (Ch. 97-237); See also HB 1837 (Ch. 97-260), HB 1965 (Ch. 97-263), CS/CS/SB 566 (Ch. 97-173)

BILL TEXT: [\(Top\)](#)

[sb0552 \(HTML, As Printed\)](#)

[sb0552c1 \(HTML, As Printed\)](#)

[sb0552c2 \(HTML, As Printed\)](#)

AMENDMENTS: [\(Top\)](#)

NO AMENDMENTS AVAILABLE

STAFF ANALYSIS/BILL RESEARCH: [\(Top\)](#)

S0552 by cf (View As: [As Printed](#))

S0552 by hc (View As: [As Printed](#))

S0552 by wm (View As: [As Printed](#))

VOTE HISTORY: [\(Top\)](#)

NO VOTE DATA AVAILABLE

STATUTE CITATIONS: [\(Top\)](#)

[0020.19](#)

LOF 97-237/93
332,008

H 1557 (1-5521)

SHCA

S 552

~~S 552~~

~~S 1348~~

~~S 1348~~

H 945

H ~~2051~~ (97-17)

S, 19/2932 (HB 1357)

S, 18/2265 (SB 552)

STORAGE NAME. phb1.hcs
DATE: January 27, 1997

HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
BILL ANALYSIS & ECONOMIC IMPACT STATEMENT

BILL # PHB1 [HB 1357]
RELATING TO. Public Health Programs

SPONSOR(S)

STATUTE(S) AFFECTED. Sections 20.43, 28 101, 28.222, 63.062, 63.165, 68.07, 110.1125, 154.04, 154 06, 232.465, 240.4075, 240.4076, 381.055, 381.0101, 381.0103, 381 0407, 381.698, 381.81, 382.002, 382 003, 382.004, 382.005, 382.006, 382.007, 382.008, 382 011, 382 012, 382.013, 382.0135, 382.014, 382 015, 382.016, 382.017, 382 018, 382.019, 382.021, 382.022, 382.024, 382.025, 382.026, 382.027, 382.356, 383.2161, 383.3362, 385.202, 385.203, 387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07, 387 08, 387.09, 387.10, 392 52, 392.565, 392.62, 395.3025, 395.401, 401.107, 401.111, 401 117, 401 23, 401.245, 401.252, 401.265, 402.105, 402 32, 402 321, 402.37, 402.40, 402 41, 402.475, 402 60, 402.61, 403.7045, 404 031, 404 051, 404.056, 404.0614, 404.131, 404.22, 408.701, 409.905, 409 908, 414.23, 414.38, 458 316, 460 414, 468 3101, 501 061, 501.065, 501 071, 501.075, 501.081, 501 085, 501 091, 501.095, 501.101, 501.105, 501.111, 501.115, 501 121, 501.124, 514.028, 627 4426, 627.6419, 741.02, 741.041, 741.10, 742 16, 766 101, 766.1115, 766.314, F S

COMPANION BILL(S).

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES
- (2)
- (3)
- (4)
- (5)

I. SUMMARY.

- This bill makes numerous changes affecting public health regulation. In particular it:
- ▶ Establishes public health peer review committees and provides liability immunity,
 - ▶ Opens the Nursing Scholarship program to part-time students;
 - ▶ Requires all environmental health professionals to meet departmental standards;
 - ▶ Enables indigent women to purchase contraceptives at reduced rates;
 - ▶ Extensively amends and updates Florida's Vital Statistics provisions;
 - ▶ Requires ambulatory surgical centers and radiation therapy centers report cancer data;
 - ▶ Permits departmental examination of minors for TB without parental consent, and permits the establishment of a forensic unit at A G Holley State Hospital;
 - ▶ Provides regulation over the interfacility transfer of neonates;
 - ▶ Permits department inspection of nonionizing radiation devices,
 - ▶ Permits travel reimbursement to members of the public swimming pool advisory board;
 - ▶ Removes NICA assessment for public health physicians,
 - ▶ Removes repeal of the Volunteer Health Care Provider Program;
 - ▶ Provides clear statutory authority for spending funds on public health promotion and incentives, inspecting hospital records for AIDS; public health entity participation in AHPs, Medicaid reimbursement for pregnancy prevention counseling; county health department Medicaid reimbursement at a cost-based rate; AHCA rulemaking authority with respect to bone marrow transplants, and insurance coverage for fibrocystic conditions; and

- (c) Incorporate provision permitting issuance of a burial-transit permit prior to filing of death certificate - which is transferred from s. 382.008(5)
- (d) Incorporate provision permitting the destruction of burial-transit records - which is transferred from s. 382.007;
- (e) Delete provision directing the issuance of disinterment and reinternment permits by local registrars; and
- (f) Make other technical and clarifying changes.

Section 63. Amends s. 382.007, F.S., relating to prohibition against final disposition without burial transit permit, to remove the provision permitting the destruction of burial-transit records - which is transferred to s. 382.006(6), and make other technical and clarifying changes

Section 64. Amends s. 382.008, F.S., relating to death registration, to:

- (a) Provide for the inclusion of aliases on the death certificate,
- (b) Require the physician, midwife, or hospital administrator, to provide medical information regarding fetal deaths within 72 hours;
- (c) Provide conditions for an extension of time for filing the death certificate,
- (d) Provide for the filing of temporary certificates of death and subsequent permanent certificates,
- (e) Delete provision permitting the promulgation of rules providing for extension of time;
- (f) Remove provision permitting issuance of burial-transit permits prior to issuance of death certificates - which is transferred to s. 382.006(5);
- (g) Add language requiring the death certificate to contain all information for legal, social and health research purposes;
- (h) Delete provision applying provisions relating to birth records to fetal death records; and
- (i) Make other technical and clarifying changes.

Section 65. Amends s. 382.011, F.S., relating to death without medical attendance, to incorporate the definition of "death without medical attendance" - which is transferred from s. 382.002(4), F.S., and make other technical and clarifying changes.

Section 66. Amends s. 382.012, F.S., relating to presumptive death certificates, to:

- (a) Incorporate the definition of "presumptive death" - which is transferred from s. 382.002(13), and modify the definition to distinguish between the presumptive death of residents and nonresidents; and
- (b) Require the petitioner to include all information needed for the issuance of the presumptive death certificate in the court petition.

Section 67. Amends s. 382.013, F.S., relating to birth registration, to:

- (a) Reduce from 5 to 3 days time allowed for registration of non-facility births,
- (b) Incorporate provision requiring the completion of birth certificates - which is transferred from s. 382.005(4);
- (c) Provide for paternity if the husband dies before the birth of the child;
- (d) Provide for naming child when the parents disagree,
- (e) Provide for multiple names when name exceeds space on certificate;
- (f) Incorporating provisions for registering a birth certificate for children of undetermined parentage - which is transferred from s. 382.014(2).

By Senator Brown-Waite

10-471A-97

1 A bill to be entitled
2 An act relating to the Department of Health;
3 amending s. 20.43, F.S.; renaming certain
4 divisions within the department; authorizing
5 certain use of state or federal funds to
6 protect and improve public health; amending s.
7 154.04, F.S.; authorizing county health
8 departments to establish peer review committees
9 for certain purposes; amending s. 154.06, F.S.;
10 removing requirement that county health
11 department fees cover costs; amending ss.
12 232.465, 240.4075, 381.0065, 381.0302,
13 381.0405, 381.0406, ~~381.04065~~, 392.52, 392.565,
14 395.401, 401.107, 401.111, 401.117, 401.23,
15 401.245, 401.265, 403.703, 404.051, 404.0614,
16 404.131, 404.20, 414.23, 414.38, 458.316,
17 468.301, 468.314, and 514.011, F.S.; revising
18 and conforming language and references relating
19 to the public health functions of the
20 department; deleting obsolete language;
21 amending s. 240.4076, F.S.; revising operation
22 of the nursing scholarship loan program;
23 amending s. 381.0055, F.S.; deleting a
24 provision relating to confidentiality of
25 certain quality assurance information; amending
26 s. 381.0101, F.S.; revising requirements
27 relating to professional standards, continuing
28 education, and certification of environmental
29 health professionals; revising certification
30 fees; providing for denial, suspension, or
31 revocation of a certificate; providing for

1 where the place of final disposition is located his or her
 2 ~~district~~ within 10 days from the date of interment or other
 3 disposition. He or she shall keep a record of all dead bodies
 4 interred or otherwise disposed of on the premises under his or
 5 her charge, in each case stating the name of each deceased
 6 person, place of death, date of burial or other disposition,
 7 and name and address of the funeral director which record
 8 shall at all times be open to official inspection, ~~provided,~~
 9 ~~that~~ The funeral director, when burying a dead body in a
 10 cemetery ~~or burial grounds~~ having no person in charge, shall
 11 sign the burial-transit ~~burial or removal~~ permit, giving the
 12 date of burial, and shall write across the face of the permit
 13 the words "No person in charge," and file the ~~burial or~~
 14 ~~removal~~ permit within 10 days with the local registrar of the
 15 district in which the cemetery is located. ~~Permits filed with~~
 16 ~~the local registrar under the provisions of this section may~~
 17 ~~be destroyed by the official custodian after the expiration of~~
 18 ~~3 years from the date of such filing.~~

SAME AS
 LOF
 97-237/93
 ALSO IN
 Orig.
 HB 1357
 sec. 81
 (PP. 108-112)

19 Section 74. Section 382.008, Florida Statutes, 1996
 20 Supplement, is amended to read:
 21 382.008 Death and fetal death registration.--
 22 (1) A certificate for each death and fetal death which
 23 occurs in this state shall be filed on a form prescribed by
 24 the department registered with the local registrar of the
 25 district in which the death occurred within 5 days after such
 26 death and prior to final disposition ~~or removal of the dead~~
 27 ~~body or fetus from the state~~, and shall be registered by such
 28 registrar if it has been completed and filed in accordance
 29 with this chapter or adopted rules. In addition, each
 30 certificate of death or fetal death:
 31

1 (a) If requested by the informant, shall include
2 aliases or "also known as" (AKA) names of a decedent in
3 addition to the decedent's name of record. Aliases shall be
4 entered on the face of the death certificate in the space
5 provided for name if there is sufficient space. If there is
6 not sufficient space, aliases may be recorded on the back of
7 the certificate and shall be considered part of the official
8 record of death ~~The certificate of death or fetal death shall~~
9 ~~be in the form prescribed by the department;~~
10 (b) If the place of death is unknown, ~~a certificate~~
11 shall be registered in the registration district in which the
12 ~~a~~ dead body or fetus is found within 5 days after such
13 occurrence; and
14 (c) If death occurs in a moving conveyance, ~~a death~~
15 ~~certificate~~ shall be registered in the registration district
16 in which the dead body was first removed from such conveyance.
17 (2) The funeral director who first assumes custody of
18 a dead body or fetus shall file the certificate of death or
19 fetal death certificate. In the absence of the funeral
20 director such a person, the physician or other person in
21 attendance at or after the death shall file the certificate of
22 death or fetal death. The person who files registers the
23 certificate shall obtain ~~the~~ personal data from the next of
24 kin or the best qualified person or source available. The
25 medical certification of cause of death shall be furnished to
26 the funeral director, either in person or via certified mail,
27 by the physician or medical examiner responsible for
28 furnishing such information. For fetal deaths, the physician,
29 midwife, or hospital administrator shall provide any medical
30 or health information to the funeral director within 72 hours
31 after expulsion or extraction.

1 (3) Within 72 hours after receipt of a death or fetal
2 death certificate from ~~the~~ a funeral director, the medical
3 certification of cause of death shall be completed, ~~signed,~~
4 and made available to the funeral director by the physician in
5 charge of the decedent's care for the illness or condition
6 which resulted in death, ~~or~~ the physician in attendance at the
7 time of death or fetal death or immediately before or after
8 such death or fetal death, or the medical examiner if the
9 provisions of s. 382.011 apply. The physician or medical
10 examiner, who shall certify over his or her signature the
11 cause of death to the best of his or her best knowledge and
12 belief, ~~except the provisions of s. 382.011 apply when the~~
13 ~~death or fetal death requires investigation pursuant to s.~~
14 ~~406.11 or the death or fetal death occurred without medical~~
15 ~~attendance.~~

16 (a) The registrar may grant the funeral director an
17 extension of time upon a good and sufficient showing of any of
18 the following conditions:

19 1. An autopsy is pending.
20 2. Toxicology, laboratory, or other diagnostic reports
21 have not been completed.

22 3. The identity of the decedent is unknown and further
23 investigation or identification is required.

24 (b) If the physician or medical examiner has indicated
25 that he or she will sign and complete the medical
26 certification of cause of death, but will not be available
27 until after the 5-day registration deadline, the local
28 registrar may grant an extension of 5 days. If a further
29 extension is required, the funeral director must provide
30 written justification to the registrar.

31

1 (4) If the local registrar has granted an extension of
2 time to provide the medical certification of cause of death,
3 the funeral director shall file a temporary certificate of
4 death or fetal death which shall contain all available
5 information, including the fact that the cause of death is
6 pending. The physician or medical examiner shall provide an
7 estimated date for completion of the permanent certificate.

8 (5) A permanent certificate of death or fetal death,
9 containing the cause of death and any other information which
10 was previously unavailable, shall be registered as a
11 replacement for the temporary certificate. The permanent
12 certificate may also include corrected information if the
13 items being corrected are noted on the back of the certificate
14 and dated and signed by the funeral director, physician, or
15 medical examiner, as appropriate.

16 ~~(4) The department may by rule and upon such~~
17 ~~conditions as it may prescribe to assure compliance with the~~
18 ~~purposes of this act, provide for the extension of the periods~~
19 ~~prescribed in this chapter for the filing of death~~
20 ~~certificates, fetal death certificates, medical certifications~~
21 ~~of causes of death, and for the obtaining of burial-transit~~
22 ~~permits in cases in which compliance with the applicable~~
23 ~~prescribed period would result in undue hardship.~~

24 ~~(5) Rules of the department may provide for the~~
25 ~~issuance of a burial-transit permit prior to the filing of a~~
26 ~~certificate of death or fetal death upon conditions designed~~
27 ~~to assure compliance with the purposes of this act in cases in~~
28 ~~which compliance with the requirement that the certificate be~~
29 ~~filed prior to the issuance of the permit would result in~~
30 ~~undue hardship.~~

31

1 (6) The original certificate of death or fetal death
2 shall contain all the information required by the department
3 for legal, social, and health research purposes. All
4 information relating to cause of death in ~~The cause of death~~
5 ~~section of~~ all death and fetal death records and the
6 parentage, marital status, and medical information included in
7 all fetal death records of this state are confidential and
8 exempt from the provisions of s. 119.07(1), except for health
9 research purposes as approved by the department; nor may
10 copies of the same be issued except as provided in s.
11 382.025(4).

12 ~~(7) The provisions of s. 382.013(5), (6), and (7) also~~
13 ~~apply to the entry of similar information on fetal death~~
14 ~~certificates.~~

15 Section 75. Section 382.011, Florida Statutes, is
16 amended to read:

17 382.011 Medical examiner determination of cause of
18 death ~~When Death occurs without medical attendance or due to~~
19 ~~unlawful act or neglect.--~~

20 (1) In the case of any death or fetal death due to
21 causes or conditions listed in s. 406.11, or where the death
22 occurred more than 30 days after the decedent was last treated
23 by a physician unless the death was medically expected as
24 certified by an attending physician occurring without medical
25 attendance, or where there is reason to believe that the death
26 may have been due to unlawful act or neglect, the funeral
27 director or other person to whose attention the death may come
28 shall refer the case to the medical examiner of the district
29 in which the death occurred for ~~his or her~~ investigation and
30 determination of certification; and the medical examiner shall
31

PW

AGENCY FOR HEALTH CARE ADMINISTRATION
1997 BILL ANALYSIS & ECONOMIC IMPACT STATEMENT

RECEIVED
MAR 25 1997

BILL#: HB/SB SB 552
RELATING TO: Department of Health

SENATE COMMITTEE ON
HEALTH CARE

SPONSOR(S): Senator Brown-Waite

STATUTE(S) AFFECTED: This is a "clean-up" bill and relates to many statutes (e.g., 381, 395, 401, 403, 404, 468, 514 and 627, F.S.).

COMPANION BILLS:

REVIEWER NAME & DEPARTMENT: Debby Walters, Senior Health Policy Analyst
CONTACT NUMBER: Health Policy; 488-8394

COORDINATED WITH: Charles Knight, Medipass, Alan Stroud, Physician Services, Kay Aloï, R.N., Jerry Wells, Pharmacy Services, Medicaid Program Office, Ree Sailors, Bureau of Managed Care, and Tanya Williams, Bureau of Health Facility Regulation

(NAME & DEPARTMENT)

REVIEWER: _____ DATE: _____

CW Division Director DATE: 3/7/97
REVIEWER: Christy Grogg
Division of Administrative Services

REVIEWER: Bernice W DATE: 3/10/97
External Affairs/Legislative Affairs

REVIEWER: Tull DATE: 3/25/97
Assistant Director

Please complete the following in bullet form

I. SUMMARY:

SB 552 is a "clean-up" bill relating to the newly established Department of Health.

It provides for conforming language, revises definitions, deletes any references to the Department of Health and Rehabilitative Services and repeals obsolete language.

The proposed legislation expands the public health functions of the department.

This legislation has minimal impact on the agency. This analysis will only address those sections that relate to the agency.

18 2265

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

Under 381.0406, F.S., the agency is required to consult with the *state health office* for the certification and development of rules for the statewide rural health networks.

381.0407, (5), F.S., requires managed care plans to reimburse county health departments for the provision of emergency shelter medical screenings

381.0407, F.S., under the current statute the agency is required to reimburse, without prior authorization, claims initiated by public providers for the diagnosis and treatment of sexually transmitted diseases and other communicable diseases such as tuberculosis and human immunodeficiency syndrome.

395.3025, F.S., Patient, and Personnel Records; Copies and Examination - Currently the statute authorizes the agency or the Department of Business and Professional Regulation to have access to patient and personnel records.

395.3025 (5), F.S., Currently, the Department of Health is authorized to examine patient records of a licensed facility for the purpose of epidemiological investigations

402.252, F.S. Interfacility Transfers - Currently, there are no special provisions for the interfacility transfer and transport of high risk newborn infants.

409.905 (3), F.S., Mandatory Medicaid Services Family Planning Services - Florida's Medicaid program already pays for voluntary family planning services which includes: information, education, drugs and supplies, and necessary medical treatment.

627.4236 (3) (a), F.S., Coverage for Bone Marrow Transplant Procedures - This statute requires the Department of Health and Rehabilitative Services to adopt rules for bone marrow transplant procedures. The rules are to be developed through an appointed advisory council.

627.6419, F.S., Fibrocystic Conditions - currently insurers (both individual and group) and HMOs may not deny or exclude benefit coverage solely because the individual has been diagnosed as having a fibrocystic condition or a non malignant lesion that demonstrates a predisposition unless the condition is diagnosed through a breast biopsy that demonstrates an increased disposition to developing breast cancer.

B. EFFECT OF PROPOSED CHANGES:

The proposed legislation requires the agency to consult with the *department* for the certification and development of rules for the statewide rural health networks:

381.0407 (5), F.S., requires managed care plans and the *Medipass Program* to reimburse county health departments for the provision of emergency shelter medical screenings. This policy has already been instituted by the Medipass Program and is already being reimbursed.

381.0407, F.S., still requires reimbursement for the diagnosis and treatment of sexually transmitted diseases and other communicable diseases, however, it refers to human immunodeficiency *virus infection* instead of syndrome. This change reflects earlier treatment regimes that are now available for individuals prior to the full onset of the disease. This change is supported by the Office of Medicaid and staff (physician services and pharmacy services) see no fiscal impact resulting from the change.

The Department of Business and Professional Regulation is deleted from 381.0407, F.S. AHCA (and the appropriate professional board in its investigation) will be the only agency authorized to have access to personnel records.

395.3025 (5) , F.S., - The proposed change would allow the Department of Health to examine records of a licensed facility (whether the records are in the possession of the facility or the agency) for the purpose of epidemiological investigations.

401.252 (3), F.S., Interfacility Transports - New language has been added that requires transfer of high-risk infants less than 28 days old be transported in a designated advanced life support or basic life support transport ambulance that has been approved by the department as meeting the established criteria for neonatal critical care transports. This has an indirect impact on the agency in that we regulate Level II and Level III neonatal intensive care units.

409.905 (3), F.S., Mandatory Medicaid Services Family Planning Services - Adds language to include counseling regarding availability, benefits, and risks of each of the methods.

627.4236 (3) (a), F.S., Coverage for Bone Marrow Transplant Procedures - Transfers rule development responsibilities to the agency. Recommendations and adoption of rules will still be completed through an advisory council. Staff support for the council will be provided through existing resources.

627.6419, F.S., Fibrocystic Conditions - Currently insurers (both individual and group) and HMOs may not deny or exclude benefit coverage solely because the individual has been diagnosed as having a fibrocystic condition or a non malignant lesion that demonstrates a predisposition to developing breast cancer. This bill deletes current language so that reference to biopsy findings which indicate findings of a possible disposition to breast cancer could not exclude a women from coverage. Staff in managed care unit concur with the proposed change.

C. APPLICATION OF PRINCIPLES:

The effect of proposed changes must be most closely analyzed in light of the principles guiding policy in the House. In the 1997-98 Legislature, the House is committed to policy advancing the following principles: Less Government, Lower Taxes, Personal Responsibility, Individual Freedom, and Family Empowerment. In order to make informed policy decisions consistent with theses principles, Representatives should be provided with answers to the following questions, as applicable to the particular bill:

1. LESS GOVERNMENT:

a. Does the bill create, increase or reduce, either directly or indirectly:

> any government full time equivalent employees?

627.4236 (3) (a), F.S., Coverage for Bone Marrow Transplant Procedures - Transfers rule development responsibilities to the agency. The proposed legislation stipulates that staff support for this function will be provided through existing resources. The staff person assigned to this project will also be responsible for staffing the advisory council, completing extensive research functions and networking with state and national organizations to determine best practices in this area.

This bill states that the staff needed to support the outlined activities would come from existing resources. However, in order to adequately carry out all of the responsibilities in the proposed legislation, one full-time equivalent (FTE) employee will need to be assigned to coordinate this effort. It will be a hardship on the agency to absorb this workload.

> any authority to make rules or adjudicate disputes?

627.4236 (3) (a), F.S., Coverage for Bone Marrow Transplant Procedures - Transfers rule development responsibilities to the agency Recommendations and the development of rules will still be completed through an agency-appointed advisory council.

> any new responsibilities, obligations or work for other governmental or private organizations or individuals?

627.4236 (3) (a) F.S., Coverage for bone marrow transplant procedures The proposed legislation requires that an advisory council be established (by the agency) whose membership shall be comprised of medical experts, health insurers, and consumers. The member's participation is voluntary, however their involvement in this process will require time allocated to this project.

> any dependence upon government for any service or commodity?

409.905 (3), F.S., Mandatory Medicaid Services Family Planning Services - The proposed legislation adds language to include counseling regarding availability, benefits, and risks of each of the family planning methods available. Family planning services is one of the mandated services provided to individuals enrolled in Medicaid. An integral component of this service is a discussion of the benefits and risks of each method. Counseling has already been instituted throughout the state.

b. If an agency or program is eliminated or reduced:

- > what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?
N/A
- > what is the cost of such responsibility at the new level/agency?
N/A
- > how is the new agency accountable to the people governed?
N/A

2. LOWER TAXES:

- a. Does the bill increase anyone's taxes?
No
- b. Does the bill require or authorize an increase in any fees?
No
- c. Does the bill reduce total taxes, both rates and revenues?
No
- d. Does the bill reduce total fees, both rates and revenues?
No
- e. Does the bill authorize any fee or tax increase by any local government?

3. PERSONAL RESPONSIBILITY:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?
No
- b. Do the beneficiaries of the legislation pay the cost of implementation and operation?
No

4. INDIVIDUAL FREEDOM:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

N/A
- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

N/A

5. FAMILY EMPOWERMENT:

- a. How does the bill serve families?
 - > Who evaluates the family's needs?

In those areas of the proposed legislation that impact the provision of health care services, individual and family health care needs will

continue to be evaluated in consultation with the health care professional, and the individual and/or family members.

> Who makes the decisions?

In those areas of the proposed legislation that impact the provision of health care services, individual decisions will continue to be made in consultation with the health care professional, and the individual and/or family members.

> Are private alternatives permitted?

Yes, families who are eligible for health care services through the Medicaid program are not required to participate. They may elect to receive their health care services through a county or locally sponsored program, or seek medical care through the private sector.

> Are families required to participate in a program?

No

> Are families penalized for not participating in a program?

No

b. Does the bill affect relationships between family members?

No

c. In which of the following does the bill vest control of any program, either through direct participation or appointment authority:

> parents and guardians?

In those areas of the proposed legislation that impact the provision of health care services to children, individual decisions will continue to be made in consultation with health care professionals (service providers) parent and /or the child's guardian.

> service providers?

In those areas of the proposed legislation that impact the provision of health care services, individual decisions will continue to be made in consultation with the health care professional, and the individual and/or family members.

> government employees/agencies?

409.905 (3), F.S, already mandates the provision of family planning services to all women enrolled in Medicaid. The Agency for Health Care Administration is the designated agency for oversight of the delivery of Florida's Medicaid program.

The proposed language adds counseling requirements to the existing mandate.

627.4236 (3) (a), F.S., - Coverage for Bone Marrow Transplant Procedures - transfers rule making authority and responsibilities to the agency.

D. SECTION-BY-SECTION ANALYSIS:

Please Note: The section by section analysis pertains only to those sections of the proposed legislation that impacts the agency.

381.0406, F.S.

The proposed legislation requires the agency to consult with the *Department of Health* for the certification and development of rules for the statewide rural health networks.

381.0407 (5), F.S.

This section has been amended to require the *Medipass Program* to reimburse county health departments for the provision of emergency shelter medical screenings. This policy has already been instituted by the Medipass Program. This is already a requirement of managed care plans.

Section 381.0407, F.S.

Continues to require reimbursement for the diagnosis and treatment of sexually transmitted diseases and other communicable diseases. However, reference is made for reimbursement for the diagnosis and treatment of human immunodeficiency *virus infection* instead of *syndrome*. This change reflects earlier treatment regimes that are now available for individuals prior to the full onset of the disease.

395.3025 (e), F.S.

The Department of Business and Professional Regulation is deleted from 395.3025 (e) The Agency for Health Care Administration (and the appropriate professional board in its investigation) will be the only agency authorized to have access to personnel records.

395.3025 (5), F.S.

The proposed change in this section would allow the Department of Health to examine records of a licensed facility (whether the records are in the possession of the facility or the agency) for the purpose of epidemiological investigations.

401.252 (3), F.S.

New language added to this statute requires transfer of high-risk infants of less than 28 days old be transported in a designated advanced life support or basic life support transport ambulance that has been approved by the department as meeting the established criteria for neonatal critical care transports. Rules will be developed defining specific criteria that must be adhered to.

409.905 (3), F.S.

Mandatory Medicaid Services Family Planning Services - adds language to include counseling to women regarding availability, benefits, and risks of each of the family planning methods.

627.4236 (3) (a), F.S.

Coverage for Bone Marrow Transplant Procedures - transfers rule development responsibilities to the agency. Recommendations and adoption of rules will still be completed through an advisory council. Staff support for the council will be provided through existing resources.

627.6419, F.S.

Fibrocystic Conditions - currently insurers (both individual and group) and HMOs may not deny or exclude benefit coverage solely because the individual has been diagnosed as having a fibrocystic condition or a non malignant lesion that demonstrates a predisposition to developing breast cancer. This bill deletes existing language so that reference to biopsy procedure that indicates findings of a possible disposition to breast cancer does not exclude an individual from coverage. Policies can not be cancelled based solely on fibrocystic conditions

	Amount	Amount
	Year 1	Year 2
III. <u>FISCAL IMPACT ON STATE AGENCIES/FUNDS:</u>	(FY 97-98)	(FY 98-99)

This bill states that the staff needed to support the outlined activities would come from existing resources. However, in order to adequately carry out all of the responsibilities in the proposed legislation, one full-time equivalent (FTE) employee will need to be assigned to coordinate this effort. No additional resources are being requested but it will be a hardship on the agency to absorb this workload.

A. Non-recurring Effects:

none

B. Recurring Effects:

none

C. Long Run Effects Other Than Normal Growth:

none

D. Total Revenues and Expenditures:

none

IV. FISCAL IMPACT ON LOCAL GOVERNMENT AS A WHOLE:

A. Non-recurring Effects:

none

B. Recurring Effects:

none

C. Long Run Effects Other Than Normal Growth:

none

V. DIRECT FISCAL IMPACT ON PRIVATE SECTOR:

A. Direct Private Sector Costs:

627.6419, F.S. Fibrocystic Conditions - This legislation may marginally increase cost for insurers to provide expanded coverage for all fibrocystic conditions and may result in a slight increase in insurance premiums.

B. Direct Private Sector Benefits:

627.6419, F.S. Fibrocystic Conditions - As a preventive measure, change in the current legislation to remove restrictions will result in expanded coverage (without fear of policy cancellation) for women with fibrocystic lesions.

C. Effects on Competition, Private Enterprise and Employment Markets:

Minimal, if any effect.

VI. FISCAL COMMENTS:

This bill states that the staff needed to support the outlined activities would come from existing resources. However, in order to adequately carry out all of the responsibilities in the proposed legislation, one full-time equivalent (FTE) employee will need to be assigned to coordinate this effort. No additional resources are being requested but it will be a hardship on the agency to absorb this workload.

VII. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

N/A

B. REDUCTION OF REVENUE RAISING AUTHORITY:

N/A

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

N/A

VIII. AMENDMENTS PROPOSED BY AHCA STAFF:

None

IX. AMENDMENTS ADOPTED (SUMMARY WITH FISCAL):

N/A

DEPARTMENT OF HEALTH
BILL ANALYSIS, ECONOMIC STATEMENT
& FISCAL NOTE

18 2265

BILL NO.: SB 552

COORDINATED WITH: Amy Jones

RELATING TO: Public Health

SPONSOR(S): Brown-Waite

STATUTE(S) AFFECTED: Sections 20.43, 28.101, 28.222, 63.062, 63.165, 68.07, 110 1125, 154 04, 154 06, 232.465, 240.4075, 240.4076, 381.0065, 381.055, 381.0101, 381.0203, 381.0302, 381.0405, 381.0406, 381.04065, 381 0407, 381 698, 381 81, 382 002-8, 382 011, 382 012, 382.013, 382 0135, 382 014, 382.015, 382.016, 382 017, 382.018, 382 019, 382.021, 382.022, 382.024-7, 382.356, 383.2161, 383.3362, 385.202, 385.203, 387 01-10, 392.52, 392.565, 392.62, 395.3025, 395.401, 401 107, 401.111, 401 117, 401.23, 401.245, 401 252, 401.265, 401.27, 402.105, 402 32, 402.321, 402.37, 402.40, 402.41, 404.22, 408.701, 409.905, 409.9908, 414 23, 414.38, 458 316, 460 414, 468 301, 468 3101, 468.314, 501.061, 501 065, 501.071, 501.075, 501.124, 501.124, 514.011, 514 028, 627 4236, 627 6419, 741.041, 7741 10, 742.16, 766 101, 766.1115, 766.314.

COMPANION BILL(S): PCB 2

SPONSOR(S): House Health Services Committee

Richard Polangin (413-0225) *R.P.*

Analyst, Office Division, Telephone #

Division/Office Director

Leona Strickland
Leona Strickland, Administrative Services
(Required ONLY for Fiscal Notes)

Lurdy Kennedy
Legislative Planning Director

J. T. Howell
Deputy Secretary/Deputy, State Health Officer

J. T. Howell, M.D., M.P.H., Secretary

I. SUMMARY

This bill makes numerous changes affecting public health regulation. The bill does not have a fiscal impact on the department.

II. PRESENT SITUATION:

The divisions in the Department of Health (DOH) are not correctly named in statute; the Comptroller's Office consistently questions DOH expenditures for health promotion, incentives, and advertising because DOH does not have clear statutory authority to spend funds for these activities; the statutes are silent regarding DOH's authority to contract with peer review committees to review the quality of care in county health departments; numerous references to the Department of Health and Rehabilitative Services are outdated and should apply to DOH; the Nursing Scholarship Loan Program does not provide for part-time scholarships; the statutes pertaining to the regulation of environmental health professionals employed by DOH are silent regarding adherence to professional standards established by DOH; certification fee caps in statute are not sufficient to pay for the cost of certifying environmental health professionals employed by DOH; county public health departments do not have statutory authority to sell contraceptives to women with incomes between 150 and 200 percent of the poverty level; the

"Managed Care and Publicly Funded Primary Care Program Coordination Act" is silent regarding MediPass reimbursement for medical screenings for Children and Family clients who receive emergency shelter medical screenings although this reimbursement is made in practice, the Sudden Infant Death Syndrome Advisory Council does not meet because coordination between local SIDS Alliances and Healthy Start Coalitions and activities by DOH make the council unnecessary. outpatient facilities that provide treatment to cancer patients are not required to report patient specific data to the Statewide Cancer Registry although hospitals are required to report such data; DOH does not publish a Diabetes State Plan because funds have not been appropriated to prepare the plan and the Diabetes Advisory Council has not recommended that funds be sought to prepare such plan; the statutory definition of "active tuberculosis" is not valid; the statutes do not give county health departments the authority to test minors for tuberculosis without parental consent although they do have statutory authority to diagnose and treat minors for sexually transmitted disease without parental consent; the A G Holley tuberculosis hospital does not have statutory authority to establish a forensic unit where, under medical protocol, patients can be held in a secure or protective setting, the statutes do not specifically grant DOH the authority to validate reports of acquired immune deficiency syndrome in hospitals; DOH's current rules governing the transport of neonates between hospitals exceed statutory authority according to chapter 96-159, Laws of Florida; the statutory definition of "radiation" does not include nonionizing radiation which does not give DOH the authority to regulate lasers, the statutes governing radon inspection do not include penalties for fraud, deception, or misrepresentation; the statutes governing the inspection of radiation machines do not give DOH the flexibility to inspect some machines annually and others every two years although some machines do not need inspection, because of their quality and design, more often than every two years; the definition of "health care provider" in the community health purchasing alliance (CHPA program) does not include facilities that are not licensed such as outpatient primary care programs that receive federal or local funding or community facilities that receive state funding under the Community Alcohol Drug Abuse, and Mental Health Services Act, the statutes governing Medicaid reimbursement for family planning services do not specifically mention counseling regarding the availability, benefits, and risks of each method of pregnancy prevention; the statutes expired two years ago with regard to Medicaid cost-based reimbursement to county health departments although this reimbursement has been continued for the past two years in the Appropriations Act; the statutes governing the discipline of persons who practice radiological technology do not state that being convicted or found guilty of a crime against a person or entering a plea of nolo contendere in such situations is grounds for disciplinary action; the statutes do not provide for reimbursing members of the swimming pool advisory council for travel expenses, the responsibility for adopting rules relating to bone marrow transplants should be given to AHCA; the requirements in the Insurance Code governing fibrocystic conditions state that insurers may deny the insurance or renewal of a policy when a person demonstrates an increased disposition to developing breast cancer although this language is not in accord with appropriate practice; physicians employed by county health departments and by the DOH are required to pay \$250 annual assessments to the Birth Neurological Injury Compensation Program although other physicians, such as those employed by the Department of Corrections and the Department of Children and Family Services, are exempt from this assessment.

III. EFFECT OF PROPOSED CHANGES:

DOH's divisions of Disease Intervention and Family Health Services are correctly named in statute; DOH is given clear statutory authority to spend state and federal funds for health promotion, incentives, and advertising to protect and improve public health; DOH is given statutory authority to contract with peer review committees to review the quality of care in county health departments; numerous references to the Department of Health and Rehabilitative Services are changed to the Department of Health, the Nursing Scholarship Loan Program is amended to permit the award of scholarships to students enrolled on a part-time basis; the statutes pertaining to the regulation of environmental health professionals employed by DOH are amended to require adherence to professional standards established by DOH; certification fee caps in statute are revised to be sufficient to pay for the cost of certifying environmental health professionals employed by DOH; a pilot program is established to give county public health departments the statutory authority to sell contraceptives to women with incomes between 150 and 200 percent of the

poverty level; the "Managed Care and Publicly Funded Primary Care Program Coordination Act" is amended to conform to existing practice by specifically stating that MediPass shall reimburse county health departments for medical screenings for Children and Family clients who receive emergency shelter medical screenings; the Sudden Infant Death Syndrome Advisory Council is abolished because coordination between local SIDS Alliances and Healthy Start Coalitions and activities by DOH make the council unnecessary; outpatient facilities that provide treatment to cancer patients are required to report patient specific data to the Statewide Cancer Registry although hospitals are required to report such data; the requirement that DOH publish a Diabetes State Plan is eliminated because funds have not been appropriated to prepare the plan and the Diabetes Advisory Council has not recommended that funds be sought to prepare such plan; the statutory definition of "active tuberculosis" is revised to be scientifically correct. county health departments are given the authority to test minors for tuberculosis without parental consent because such testing can protect public health and be done in conjunction with the diagnosis and treatment for sexually transmitted disease which may be done without parental consent; the A.G. Holley tuberculosis hospital is given statutory authority to establish a forensic unit where, under medical protocol, patients can be held in a secure or protective setting, the statutes are amended to specifically grant DOH the authority to validate reports of acquired immune deficiency syndrome in hospitals, the statutes governing emergency medical transport are amended to specifically govern the transport of neonates between hospitals to bring the statutes into conformance with current rules and the provisions of Chapter 96-159, Laws of Florida, which govern rule promulgation; the statutory definition of "radiation" is amended to include nonionizing radiation which permits DOH to regulate lasers; the statutes governing radon inspection are amend to include penalties for fraud, deception, or misrepresentation; the statutes governing the inspection of radiation machines are amended to give DOH the flexibility to inspect some machines annually and others every two years because some machines do not need inspection, because of their quality and design, more often than every two years; the definition of "health care provider" in the community health purchasing alliance (CHPA program) is amended to permit certain outpatient facilities that are not licensed that receive federal or local funding for primary and community facilities that receive state funding under the Community Alcohol Drug Abuse, and Mental Health Services Act to be providers in Accountable Health Partnerships; the statutes governing Medicaid reimbursement for family planning services are amended to specifically mention counseling regarding the availability, benefits, and risks of each method of pregnancy prevention as an allowable service; the statutes are amended to make Medicaid cost-based reimbursement permanent; the statutes governing the discipline of persons who practice radiological technology are amended to state that being convicted or found guilty of a crime against a person or entering a plea of nolo contendere in such situations is grounds for disciplinary action; the statutes are amended to pennit reimbursing members of the swimming pool advisory council for travel expenses; the responsibility for adopting rules relating to bone marrow transplants is transferred to AHCA from HRS the requirements in the Insurance Code governing fibrocystic are amended to state that insurers may not deny the issuance or renewal of a policy when a breast biopsy demonstrates an increased disposition to developing breast cancer, physicians employed by county health departments and by the DOH are exempted form the \$250 annual assessments to the Birth Neurological Injury Compensation Program because other physicians employed by the state, such as those employed by the Department of Corrections and the Department of Children and Family Services, are exempt from this assessment.

The Florida Vital Statistics Act will be updated, clarified, and amended to: require vital records to be typewritten and transmitted daily to the state office; require burial-transit permits to be signed by the funeral director; recognize out-of-state death certificates for the purpose of permitting final disposition; permit the inclusion of aliases on death certificates; require fetal death attendants to provide medical information within 72 hours; provide conditions for extension of time in filing death certificates, provide for temporary death certificates; distinguish between the presumptive death of residents and non-residents; require presumptive death petitioner to include all needed information in court petition. reduce time allowed for registration of non-facility births; provide for paternity if the husband dies before birth of the child; provide for naming a child when parents disagree; and other changes.

IV. APPLICATION OF PRINCIPLES.

1. Less Government.

- a. Does the bill create, increase or reduce, either directly or indirectly
- (1) any authority to make rules or adjudicate disputes? **The department is given new or specific rule-making authority with respect to: setting fees for the certification of environmental health professionals; the establishment of the pharmacy contraception distribution program; classifying facilities for the purposes of cancer data reports; regulation of interfacility transfers and permitting, equipping, and staffing transport ambulances; issuance of "new" birth certificates; issuance of certified copies of vital records; and the imposition of penalties for violations of vital statistics laws. Rule-making authority is taken away with respect to the Florida Blood Transfusion Act, the Medical Manpower Clearinghouse, the Hazardous Substance Law, and Toxic labeling of arts and crafts materials.**
- (2) any new responsibilities, obligations or work for other governmental or private organizations or individuals? **Ambulatory surgical centers and freestanding radiation therapy centers will be required to collect and report cancer data to the department and entities operating nonionizing radiation devices will be subject to regulation and inspection. The hazardous Substances Law repeal will potentially reduce the requirement for manufactures to put warning labels on some of their products.**
- (3) any entitlement to a government service benefit? **No.**
- b. If an agency or program is eliminated or reduced:
- (1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity? **Programs repealed by this bill were either superseded by other programs or were never implemented.**
- (2) what is the cost of such responsibility at the new level/agency? **None**
- (3) how is the new agency accountable to the people governed? **N/A**
- c. Other comments.

2. Lower Taxes.

- a. Does the bill increase anyone's taxes? **No.**
- b. Does the bill require or authorize an increase in any fees? **Because fee caps have been raised for the vital statistics program, user fees may be increased.**
- c. Does the bill reduce total taxes, both rates and revenues? **NICA revenues will be reduced because full-time Department of Health and county health department physicians will no longer be assessed the NICA fee.**
- d. Does the bill reduce total fees, both rates and revenues? **Because the department is given authority to be flexible in imposing environmental health professional certification fees, total fees may be reduced for persons applying for certification in more than one position area.**
- e. Does the bill authorize any fee or tax increase by any local government? **No.**
- f. Other comments

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy? **No**
- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation? **Part-time students participating in the Nursing Scholarship program will repay scholarships through employment in medically underserved areas. Women participating in the contraceptive distribution program must pay fees which cover the cost of purchasing and providing contraceptives to the eligible women.**
- c. Other comments

4. Individual Freedom:

- a Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs? **Increased access to contraception may provide some women with greater control over their reproductive choices. The bill increases public access to vital records.**
- b Does the bill prohibit, or create new government interference with, any presently lawful activity? **No.**
- c Other comments.

5 Family Empowerment:

- a If the bill purports to provide services to families or children:
 - (1) Who evaluates the family's needs? **With respect to the contraception distribution program, the services are available to anyone who meets the program's requirements. With respect to Medicaid reimbursed services for pregnancy prevention counseling, the services are available to any Medicaid recipient who wishes to receive the counseling.**
 - (2) Who makes the decisions? **The women receiving the service.**
 - (3) Are private alternatives permitted? **Yes.**
 - (4) Are families required to participate in a program? **No.**
 - (5) Are families penalized for not participating in a program? **No**
- b Does the bill directly affect the legal rights and obligations between family members? **Yes. The department will no longer be required to obtain parental consent prior to examining a minor for TB.**
- c If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:
 - (1) parents and guardians? **None.**
 - (2) service providers? **Pregnancy prevention counseling is provided by health care providers.**
 - (3) government employees/agencies? **The pharmacy contraception distribution program will be operated by county health departments.**
- d Other comments.

WILL THIS BILL REQUIRE A DECREASE OR INCREASE IN THE RESOURCES OR BUDGET FOR ANY PART OF THE DEPARTMENT?

 YES

 X NO

V ECONOMIC IMPACT AND FISCAL NOTE:

There is no fiscal impact on the department. This bill is estimated to have an annual fiscal impact of \$50,000 on the Birth Neurological Injury Compensation Program (NICA) because approximately 200 DOH and CHD physicians would no longer pay \$250 annual assessments to NICA.

A FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

	<u>Amount</u> <u>Year 1</u>	<u>Amount</u> <u>Year 2</u>
1 Non-Recurring or First-Year Start-Up Effects:	\$ 0	\$ 0
2 Recurring or Annualized Continuation Effects:	\$ 0	\$ 0
Other State Agencies:		
Exempt physicians from NICA The Neurological Injury Compensation Plan will lose funding in this amount if physicians are exempt from the fee.	(50,000) NICA	(50,000) NICA
3 Long-Run Effects Other Than Normal Growth:	\$	\$
4 Appropriations Consequences:	\$ 0	\$ 0

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

None

C. DIRECT FISCAL IMPACT ON PRIVATE SECTOR:

None

D. FISCAL COMMENTS:

NICA reduction is the result of exempting 200 County Health Department physicians from paying the \$250 charge to the Neurological Injury Compensation Program as required in 766.303 F.S.

The vital statistics program is funded from fees and receives no general revenue. Revenues collected by the office of vital statistics exceeded expenses for FY 95-96. Cash balances were substantially lower than

previous years, and projected cash balances for future fiscal years, based on program needs (i.e. electronic birth and death certification systems, electronic and micrographics archival storage systems) will remain low. For this reason, the department is requesting the range of fees to be increased to ensure funding for operational needs. Currently fees are at the maximum of the existing ranges, while fees would be at the minimum of the proposed ranges. Promulgation of departmental rules must be approved before a fee increase could occur. Note Attachment 1 for revenue projections and potential cost. Note Attachment 2 depicting fee ranges, current and proposed.

VI. WERE COUNTY HEALTH DEPARTMENTS OR CMS CLINICS CONTACTED?

YES NO

CHDs were contacted to obtain verification of the estimate of number of licensed physicians that would be exempt from NICA.

VII. COMMENTS:

VIII. PROPOSED AMENDMENTS

None Required Must Have to Support Would Like to Have
 Technical

ATTACHMENT 1

REVENUE & EXPENDITURES

FISCAL YEAR	REVENUE	EXPENDITURES	BALANCE
07/01/87			137,005
1987-88	2,461,327	1,995,942	602,390
1988-89	2,677,118	2,378,644	900,864
1989-90	3,121,965	2,862,996	1,159,823
1990-91	3,280,576	3,280,262	1,160,137
1991-92	3,597,137	3,967,790	789,484
1992-93	3,619,475	3,516,120	892,839
1993-94	3,601,720	4,304,444	190,115
1994-95	3,619,510	3,562,329	247,296
1995-96	4,083,020	3,624,539	458,481

ATTACHMENT 2

DEPARTMENT OF HEALTH

VITAL STATISTICS FEES

February 1997

	Current Fee	Current Range	Proposed Range
Search for record	\$5	\$3 to \$5	\$5 to \$15
Delayed certificates for birth/deaths	\$20	\$10 to \$20	\$20 to \$30
Amendment to birth or death certificate	\$20	\$10 to \$20	\$20 to \$30
Adoption/Paternity actions	\$20	\$10 to \$20	\$20 to \$30
Additional Copies of birth or death certificates	\$4	\$2 to \$4	\$4 to \$8
Exemplified copies for use in foreign countries	\$10	\$5 to \$10	\$10 to \$20
Expedited Service	\$10	\$5 to \$10	\$10 to \$20
Electronic Copies of birth & death records	\$0.05	\$0.05 to \$0.10	\$0.05 to \$0.15

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below)

Date: March 25, 1997 Revised: _____

Subject: Department of Health

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	Williams <i>PW</i>	Wilson <i>JW</i>	HC	Favorable/CS
2.	_____	_____	CF	_____
3.	_____	_____	CJ	_____
4.	_____	_____	WM	_____
5.	_____	_____	_____	_____

18 2265

I. Summary:

Committee Substitute for Senate Bills 552, 1960, and 822 makes numerous changes to public health statutes to reflect the 1996 creation of the Department of Health, transfers several programs to the Department of Health, and updates several sections of statute that have not been updated in recent years to reflect programmatic revisions that have occurred. Specifically, the bill:

- Transfers, and conforms numerous sections throughout the statutes to reflect the transfer of, child protection teams and sexual abuse treatment teams from the Department of Children and Family Services to the Department of Health;
- Renames a division within the Department of Health, and creates a Division of Local Health Planning, Education, and Workforce Development;
- Authorizes the department to expend funds for incentives and promotional activities, and provides the department with budget flexibility;
- Permits county health departments to contract with peer review committees or organizations, and expands the quality assurance review capability of the department;
- Deletes a requirement that environmental health services be fully fee supported;
- Requires the department to initiate performance-based budgeting in fiscal year 2000-2001;
- Renames the Nursing Scholarship Loan Program, permits part-time students to participate in the program, and authorizes inflationary increases in scholarship amounts;
- Revises environmental health professional requirements relating to standards for certification, fees for application, examination, and certification, and provides penalties for violation of standards;
- Specifically authorizes contraceptive distribution through county health department pharmacies;
- Transfers, and conforms statutes to reflect the transfer of, rural health networks to the department;

- Conforms statutes to clarify membership on the Infant Screening Advisory Council;
- Requires MediPass to reimburse county health departments for emergency shelter screenings;
- Updates provisions relating to Sudden Infant Death Syndrome;
- Expands cancer registry reporting requirements to include ambulatory surgical centers and radiation therapy treatment centers, and gives the department rule making authority for cancer reporting;
- Updates provisions relating to the Diabetes Advisory Council;
- Designates the Children's Medical Services division director as a deputy secretary and the Deputy State Health Officer for Children;
- Modifies the definition of "active tuberculosis;"
- Authorizes the tuberculosis hospital to establish a forensic unit;
- Clarifies the Department of Health's authority to examine hospital records for purposes of epidemiologic investigations;
- Increases the penalty for unauthorized release of confidential hospital information by departmental agents from first to second degree misdemeanor;
- Clarifies and updates requirements for interfacility transfers of patients using certified emergency vehicles, and grants the department rule making authority;
- Provides for a six-month inactive status for those emergency medical technician and paramedic certificates not renewed at the time of expiration, and stipulates that those certificates which have expired on December 31, 1996, can be reactivated until September 30, 1997;
- Transfers several public health functions to chapter 381: biomedical and social research, school health services, funding for school health services, osteoporosis prevention and education, insect sting emergency treatment, and tanning facility regulation;
- Provides a penalty of felony of the third degree for fraud, deception, or misrepresentation in performing radon gas measurements or mitigation of buildings for radon gas;
- Authorizes biennial, rather than annual, inspection of radiation devices under certain circumstances;
- Expands the definition of "health care provider" for purposes of public entity involvement with accountable health partnerships;
- Authorizes pregnancy prevention education as part of Medicaid family planning reimbursable service;
- Re-authorizes Medicaid cost-based reimbursement of county health departments;
- Adds the Secretary of Health to the WAGES board;
- Adds crimes against a person as grounds for disciplinary action against radiologic technologists;
- Clarifies the registration requirements for septic tank contractors;
- Authorizes travel reimbursement for members of the Public Swimming Pool Advisory Review Board;
- Transfers to the Agency for Health Care Administration the rule making responsibility relating to insurance coverage for bone marrow transplants;

- Exempts Department of Health physicians and Developmental Services physicians of the Department of Children and Family Services from the Birth Neurological Injury Compensation Program assessment;
- Incorporates into adoption registry provisions of s. 63.165, F.S., several existing provisions from chapter 382, F.S.;
- Amends various sections of chapter 382, F.S., relating to the Vital Statistics Program, to make numerous technical and substantive changes. The changes include: providing jurisdiction and procedures for the determination of paternity for children born out of wedlock; providing new definitions; clarifying time frames for filing vital records; specifying naming of father if the father is deceased at the time of birth; clarifying and prescribing procedures for entering the name of the father on birth certificates; providing authority to correct errors or misstatements of information on death records by the immediate family; clarifying the procedures for filing delayed certificates; clarifying who may access vital records; allowing DOH to match birth and death certificates and post the death on the birth certificate; providing penalties; removing confidential restriction on older records and allowing for access to birth records of deceased persons by certain family members; revising penalty provisions; and incorporating conforming provisions into related chapters of the statutes;
- Transfers the local health councils to the Department of Health;
- Transfers, and conforms the statutes to reflect the transfer of, the Correctional Medical Authority to the Department of Health; and
- Repeals various out-of-date and unused public health sections of statute.

The bill amends the following sections of the Florida Statutes: 20.19, 20.43, 39.4031, 39.4032, 39.408, 119.07, 154.067, 232.50, 395.1023, 415.501, 415.50171, 415.50175, 415.5018, 415.503, 415.5055, 415.5095, 415.51, 415.514, 110.131, 154.04, 154.06, 216.0172, 216.341, 232.032, 232.465, 240.4075, 240.4076, 381.0055, 381.0065, 381.0101, 381.0203, 381.0302, 381.0405, 381.0406, 381.04065, 381.0407, 383.14, 383.3362, 385.202, 385.203, 391.051, 392.52, 392.565, 392.62, 395.3025, 395.401, 401.107, 401.111, 401.117, 401.23, 401.245, 401.252, 401.265, 401.27, 402.105, 402.32, 402.321, 402.41, 402.475, 402.60, 402.61, 403.703, 404.031, 404.051, 404.056, 404.0614, 404.131, 404.20, 404.22, 408.033, 408.701, 409.905, 409.908, 414.026, 414.23, 414.38, 458.316, 468.301, 468.3101, 468.314, 489.553, 514.011, 514.028, 627.4236, 766.101, 766.314, 28.101, 28.222, 63.062, 63.165, 68.07, 382.002, 382.003, 382.004, 382.005, 382.006, 382.007, 382.008, 382.011, 382.012, 382.013, 382.0135, 382.015, 382.016, 382.017, 382.018, 382.019, 382.021, 382.022, 382.023, 382.025, 382.026, 382.356, 383.2161, 402.40, 460.414, 741.041, 742.10, 742.16, 945.602, 945.603, 945.6031, and 945.6032.

The bill creates the following section of the Florida Statutes: 382.0255.

The bill repeals the following sections of the Florida Statutes: 110.1125, 381.81, 382.014, 382.024, 382.027, 387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07, 387.08, 387.09, 387.10, 402.37, 501.061, 501.065, 501.071, 501.075, 501.081, 501.085, 501.091, 501.095,

501.101, 501.105, 501.111, 501.115, 501.121, 501.124, 403.7045(1)(e), 381.698, and 766.1115(12).

II. Present Situation:

Creation of the Department of Health

Chapter 96-403, Laws of Florida, the "William G. "Doc" Myers Public Health Act," created the Department of Health effective January 1, 1997. Section 18 of the bill authorized the creation of a Transition Advisory Committee (TAC) to guide the transition process and the creation of the new department. In order to assist with the creation of the new Department, and to ensure smooth and consistent operations during transition, Governor Chiles appointed Dr. James Howell as Secretary of the Department of Health on August 16, 1996.

The TAC held its initial meeting July 12, 1996. Subsequent meetings were held around the state. Whenever possible, a tour of local County Health Departments (CHDs) or Children's Medical Services (CMS) clinics was arranged to correspond with meetings held outside of Tallahassee. Every meeting provided time for public comment and input, as well as presentations by health professionals from throughout the state. The latest meeting of the TAC was held by video conference on December 19, 1996, to discuss the format, findings and recommendations of the TAC's final report to the Governor and the Legislature.

The TAC organized four workgroups to provide the work products required and to allow all interested parties to participate: administration, organization, programs and management information systems. In addition to the efforts of the workgroups and the staff that worked with them, the TAC surveyed all CHDs, CMS clinic sites, and key management staff in the Department of Health to assess areas of continuing concern and recommendations for addressing these concerns. As reflected in the TAC's January 1, 1997, report, the following were the Committee's recommendations for further action:

Policy

1. Establish a formal relationship between the State Health Office, County Health Departments, Florida Association of Counties, and local governments.
2. Ensure continuing review of all interagency agreements.
3. Ensure compatibility among programmatic data systems between all agencies involved with health or public health issues.

Organizational/Functional Changes

1. Transfer Rural Health from the Agency for Health Care Administration to the Department of Health.

2. Transfer Correctional Medical Authority from the Department of Corrections to the Department of Health.
3. Transfer Local Health Councils from the Agency for Health Care Administration to the Department of Health.
4. Change CMS Director to a Deputy Secretary instead of division level.
5. Provide budget flexibility for the Department of Health which is similar to the flexibility currently afforded the Department of Children and Families.

Rules

1. Clarify rules related to disaster response, especially in Special Needs Shelters.

Statute

1. Revise Chapter 386, F.S., related to sanitary nuisances to make language clearer regarding the responsibilities of County Health Departments.
2. Require reimbursement by managed care providers to state labs operated by the Department of Health for work performed.
3. Support Medical Quality Assurance (MQA) issues regarding reporting investigations of physicians and other health care professionals.
4. Support other MQA legislative initiatives.
5. Regulate non-ionizing radiation devices (lasers).

The TAC will continue to function in an advisory capacity and meet as needed until its expiration on June 30, 1997.

Section 19 of chapter 96-403, Laws of Florida, established the Task Force to Study the Organization and Structure of State Health Programs. The full committee met on November 8 and December 2, 1996, and reviewed the organizational structure set in place by recent legislation, recent executive actions and organizational changes, as well as specific proposed changes and, more generally, the need for further structural or organizational changes in meeting Florida's health care needs. The task force's deliberations resulted in three major recommendations:

First, the Task Force recommends that the current organizational structure, with three exceptions, remain as it is for the present in order to allow time for the departments to implement the many recent changes already adopted by law

and administration. Further it is recommended that no further transfers of programs among departments be made at this time nor any changes that may affect the sub-state structure of the present service delivery system or that may require the creation of district or regional programs or administrative units. To the extent that it is necessary to clarify working relationships among departments, interagency agreements should be employed. Almost unanimously the Task Force felt that its greatest contribution at this time is to not get in the way of progress by continuing to hastily recommend additional organizational changes before knowing whether recent changes will be effective.

The second recommendation, consisting of the three exceptions to the first, is that: (1) an office of rural health care should be created in the Department of Health for purposes of consolidating programs dealing with the special health care problems of rural areas; (2) the Local Health Councils should be transferred to the Department of Health; and (3) the Correctional Medical Authority should be transferred to the Department of Health.

Finally, after much debate over the issue of mental health and addiction services, the Task Force recommends the creation of a group composed of the Secretaries of the Department(s) of Children and Family Services, Elder Affairs, and (Health) and the Agency for Health Care Administration, a representative of the Florida Medical Association, and others as appropriate, for purposes of developing a comprehensive strategy to address mental illness and substance abuse. Their report should be prepared in time for presentation to the Legislature and Governor for the 1998 session.

The Department of Health is now responsible for the public health system and the delivery of public health services. Most public health services, including many inspection functions, are provided by staff of the 67 county health departments (CHD) across the state. At present, the Department of Health is responsible for: providing family health services which includes acute and episodic care, prenatal and postpartum care, child health services, school health services, dental health services, nutrition services, chronic disease prevention and control, family planning services, childhood immunizations, community health education and promotion; Children's Medical Services; contracting with the county health departments for the provision of public health services provided through the CHDs; conducting a communicable disease control program which includes disease surveillance and epidemiology, sexually transmissible diseases, tuberculosis, and HIV/AIDS prevention and control; conducting an environmental health program which includes regulation of onsite sewage treatment and disposal systems, drinking water (under contract with the Department of Environmental Protection), toxic and hazardous substances, sanitary nuisances, clean indoor air, migrant housing, mobile home parks and recreational camps, biohazardous waste, and radiation control; licensing and regulating emergency medical services and maintaining a disaster response program; maintaining state laboratories and a state pharmacy; enforcing Florida's Drug & Cosmetic Act; promoting the

recruitment and training of health professionals including the Florida Health Services Corps; an office of rural health; providing quality assurance and public health nursing; and maintaining the Office of Vital Statistics.

Update of Public Health Statutes

A number of issues have been identified regarding a variety of public health related statutory provisions that need to be updated, either because of the creation of the Department of Health or because the provisions themselves no longer reflect current practice. The following discussion highlights these numerous issues.

Budget Flexibility - Section 216.301, F.S., requires any undisbursed balance of any appropriation for any given fiscal year to revert to the fund from which it is appropriated and be available for reappropriation by the Legislature. Section 21 of chapter 96-403, authorized the Department of Children and Family Services to retain 20 percent of any unobligated general revenue and to spend it on productivity-enhancing technology or to improve services.

In general, the total number of authorized positions may not exceed the total provided in the appropriations act, s. 216.262, F.S. However, provision is made to permit the Executive Office of the Governor, upon request, to delegate to any state agency authority to add and delete authorized positions. Specific Appropriation 916 of the 1996-97 General Appropriations Act authorized the Department of Juvenile Justice to transfer up to one half of one percent of the total funds provided to establish positions in excess of those authorized for fiscal year 1996-97. The Department of Health would like similar budget flexibility.

Health promotion - As the chief fiscal officer of the state, the duty of the comptroller is to settle and approve accounts against the state (Art. IV, s. 4(d), State Constitution). Without clear statutory authority, the Comptroller's Office questions any agency expenditure for promotional or advertising purposes unless the funding is from a grant which specifically authorizes such expenditures. The department would like authority to spend state funds on health promotional activities.

HIV/AIDS Education - In 1988, the legislature approved chapter 88-380, L.O.F., the omnibus HIV/AIDS act. One section of the act directed HRS to prepare an informational pamphlet about HIV and AIDS to be distributed by each state agency to each new state employee, 110.1125, F.S. This is not being implemented due to lack of sufficient funding. Further, current HIV/AIDS policy favors targeting education efforts toward at-risk populations.

Public Health Fee Schedules - Section 154.06, F.S., authorizes the Department of Health to establish fee schedules for public health services. The statute also contains a provision directing that by July 1, 1985, fees charged must be sufficient to cover the provision of services. However, many regulatory statutes have fees capped at rates less than actual cost, preventing department compliance and creating audit exceptions. The department would like to repeal this provision.

Public Health Peer Review & Quality Assurance - The State Health Office and county health departments have for years conducted peer review activities to enhance quality of care. Peer review activities are typically sheltered from public disclosure in order to encourage open communication and to protect patient records. After it was determined that public health peer review proceedings were not protected from public disclosure, s. 381.0055, F.S., was enacted in 1994 granting a public meetings exemption for patient care quality assurance proceedings conducted by the department, county health departments, healthy start coalitions, or rural health networks. Still missing are specific provisions in s.766.101, F.S., authorizing the establishment of public health peer review committees and protecting such committees from liability.

Nursing Scholarship Program - The Legislature established the Nursing Student Loan Forgiveness Program in 1989, in s. 240.4075, F.S., and the Nursing Scholarship Loan Program in 1992, in s. 240.4076, F.S., to provide financial assistance to aspiring nurses and to help recruit health professionals to medically underserved areas. The Scholarship Loan Program, which only provides scholarships on a full-time basis, has had a difficult time finding prospective candidates since most nursing students attend school part time. In addition, many potential recipients are deterred by the fact that a scholarship default will result in repayment of the scholarship at three times the entire amount received plus interest accruing from the date of the scholarship payment.

Environmental Health Professionals - Since July 1991, environmental health professionals who conduct onsite sewage system or food inspections must be certified under s. 381.0101, F.S. Those employed as health professionals in particular positions at the time the law took effect are considered certified without taking an examination as long as they do not change positions. However, because the statute is silent with respect to adherence to professional standards and continuing education requirements, those who were "grandfathered in" also assume that they do not have to meet these requirements. This has created an inequity between the grandfathered inspectors and those certified under the statute.

In addition, because the statute lacks penalty provisions, the department is hampered in its ability to assure compliance with professional standards.

Finally, the department anticipates requiring certification for up to five different inspection categories. The way the fee provision currently reads, high fees may accumulate for persons wishing to become certified in multiple areas. The department would like the statute to allow for consolidation of fees for those seeking certification in multiple categories, and lower costs for persons wishing to become certified in more than one area.

Pharmacy Services - Many women with incomes between 150 and 200 percent of the poverty level, who do not qualify for Medicaid, cannot afford to purchase contraceptives at retail pharmacy prices. Current statutory provisions in s. 381.0103, F.S., do not expressly authorize the state pharmacy program to purchase and sell contraceptives to these women at affordable prices.

Rural Health - In response to limited rural access to health care, the legislature has undertaken several rural health initiatives through the years. A 1987 initiative established the Florida Area

Health Education Centers Program (AHEC) which focuses on the recruitment, training and retention of primary care professionals in rural areas under s. 381.0402, F.S. The 1991 Legislature established an Office of Rural Health in the State Health Office of HRS under s. 381.0405, F.S. In 1993, the legislature provided for the development of rural health networks to be implemented by AHCA under s. 381.0406, F.S. The purpose of the networks is to plan, coordinate and deliver health care services to rural state residents.

Primary care program and managed care - Last year the Legislature created s. 381.0407, F.S., to require managed care reimbursement for primary care services provided by publicly-funded health facilities. The statute does not address MediPass reimbursement for emergency shelter medical screenings provided by county health departments.

Florida Blood Transfusion Act - In 1977, the Legislature enacted the Florida Blood Transfusion Act under s. 381.698, F.S. This statute has never been implemented because blood products and blood banks are regulated by the federal Food and Drug Administration under the Food, Drug & Cosmetic Act.

Minority Health Improvement Act - In 1993, the Legislature created the Minority Health Commission, s. 381.81, F.S. Although the two-year term of the Commission ended July 1, 1995, the statute creating the commission has not been repealed.

Vital Statistics - Chapter 382, F.S., provides for the establishment, collection, and regulation of Florida vital records. One of Florida's oldest laws, many provisions need to be updated and clarified. For example, the statute still allows for hand written birth certificates and monthly filing. With the advent of computers, filing is much faster and more efficient than the statute prescribes. Further, the existing law does not accommodate surrogacy, or new procedures for establishing paternity or conducting adoptions. Birth and death records are closed forever making genealogical research difficult. Under chiropractic practice, practitioners may sign death certificates but this and many other statutory changes are not reflected in the vital statistics law.

Sudden Infant Death Syndrome - In 1993, the Legislature created s. 383.3362, F.S., addressing Sudden Infant Death Syndrome (SIDS), to be implemented to the extent funding is provided. Many provisions, including the establishment of the SIDS Advisory Council, county health department staff visits to affected families, and the preparation of an annual SIDS report have not been funded and therefore not implemented. Further, there does not appear to be any need for an advisory council because coordination between local SIDS Alliances and the fetal and infant mortality review committees of local healthy start coalitions make the establishment of the council unnecessary and redundant.

Statewide Cancer Registry - Florida has had a statewide Cancer Registry since 1978, under s. 385.202, F.S. At the time the registry was established virtually all cancer was treated in hospitals. Today most cancer treatment services have shifted to an outpatient setting, resulting in a gap in registry data because, under statute, only hospitals are required to report cancer data.

Diabetes Advisory Council - Section 385.203, F.S., requires the department to biennially publish a Diabetes State Plan. The department does not do this because funding has not been appropriated to prepare the plan. Further, the Diabetes Advisory Council has not recommended that funds be sought for this purpose.

Pollution of Waters - Many of the provisions of chapter 387, F.S., which regulates the pollution of waters, were enacted in 1913 when the health department had primary responsibility for sewage discharge and the pollution of underground waters. These provisions have been superseded by pt. I of ch. 403, F.S., the Florida Air & Water Pollution Control Act, which places primary responsibility for these functions with the Department of Environmental Protection.

Tuberculosis - Chapter 392, F.S., provides for the public health regulation of tuberculosis (TB). The department is proposing several statutory amendments to update current provisions. First, the present definition for "active tuberculosis" as it appears in s. 392.52, F.S., is not medically up to date.

Second, A.G. Holley Hospital, the state's tuberculosis hospital, houses many non-compliant violent patients who need to be in a secure setting. However, the hospital does not have specific statutory authority in s. 392.62, F.S., to establish a forensic unit. Express authority is needed in order to hire the appropriate personnel.

Hospital Records - Section 395.3025, F.S., governs the handling of hospital patient records. The department has authority to examine these records for epidemiological purposes. Many of the same information found in hospital records is also held by AHCA. The department would like clear authority to access AHCA records for the same information found in hospital records.

During the 1996 session, the penalty for violating the confidentiality of persons tested for HIV was increased from a second to a first degree misdemeanor, under ss. 381.004 and 384.34, F.S. However, the penalty for department employees improperly releasing epidemiological information gleaned from hospital records remains a second degree misdemeanor.

Emergency Medical Services - Section 401.252, F.S., governs interfacility transfer of patients in emergency medical services vehicles. In the effort to reduce agency rules, provisions governing the interfacility transfer of neonates were repealed due to the lack of specific statutory authority. Further, the rule may have exceeded current statutory authority. Also, the department would like to make clear that interfacility transfers must be in a permitted vehicle if the patient is likely to need medical attention during transport.

Another rule item which was repealed as part of the rule reduction exercise relates to renewal of emergency medical technician and paramedic certificates. By rule, such renewals could be done during an inactive period of six months following the expiration date.

Medical Manpower Clearinghouse - In 1978, the Legislature enacted s. 402.37, F.S., to authorize HRS to conduct efforts to recruit individual health care providers for relocation in medically

under served communities. Because this program has been superseded by s. 240.4067, F.S., relating to the medical education reimbursement and loan repayment program, and 381.0302, F.S., the Florida Health Services Corps, it is no longer being implemented.

Radiation Regulation - Chapter 404, F.S., governs the regulation of radiation. Pursuant to s. 404.056, F.S., the department is charged with establishing radon standards and certifying persons who perform radon gas inspections. However, the statute provides no penalties for persons who practice fraud, deception, or misrepresentation when measuring radon levels in buildings.

The department has requested statutory fee increases for the last several years to cover the cost of annually inspecting radiation machines. Because these fee increases have been denied, the department would like statutory flexibility to permit some machines, depending on the machine's characteristics and inspection history, to be inspected biennially rather than annually.

The department is also responsible for the certification of radiologic technologists under part IV of ch. 468, F.S. Section 468.3101, F.S., providing grounds for disciplinary action, contains no provision for actions against certified technologists who have been convicted of crimes against persons.

Local and Statewide Health Councils - In 1982 the Legislature created the local health councils and the Statewide Health Council to collect and evaluate data and develop local and statewide health plans, s. 408.033, F.S. In 1992, the councils were transferred to the newly created Agency for Health Care Administration. The councils are funded by application fees for certificate of need and assessments on selected health care facilities collected by AHCA. Due to a lack of appropriation, the Statewide Health Council was inactivated in 1994.

Accountable Health Partnerships - The current definition of health care providers for purposes of accountable health partnerships does not include public non-licensed entities and prevents such entities from participating in accountable health partnerships under s. 408.701(13), F.S.

Medicaid - Section 409.905(3), F.S., which provides for Medicaid reimbursement for family planning services as a mandated Medicaid service, does not specifically mention counseling about pregnancy prevention methods. Consequently many Medicaid providers assume that they do not have to offer such counseling, thereby lessening the availability of this information to Medicaid recipients.

Under s. 409.908(19), F.S., county health departments are reimbursed for Medicaid clients at a cost-based rate. Although this reimbursement system has been continued in the Appropriations Act, the statutory authority for this reimbursement method expired June 30, 1995.

Hazardous Substances Law - Enacted in 1970, the Florida Hazardous Substances Law, ss. 501.061-.021, F.S., directs the department to require and enforce appropriate labeling of legal substances which the department determines to be hazardous. Never funded, this statute has never been implemented.

Toxic Labeling of Arts and Crafts Material - Similarly, in 1986, the Legislature enacted s. 501.124, F.S., which specifically addressed affixing warning labels on art and craft material containing any toxic substance included in s. 442.103, F.S. Enforcement authority is vested in the department. Never funded, this statute has never been implemented.

Public Swimming Pool Advisory Review Board - The Public Swimming Pool Advisory Review Board has a statutory obligation to recommend rules and review variance requests. Meetings are held in Orlando. As created under s. 514.028, F.S., board members are prohibited from being reimbursed for travel expenses. It is the only department advisory board with regulatory functions whose members are not reimbursed for travel expenses. This limits who can serve on the board.

Bone Marrow Advisory Board - Responsibility for organ and tissue programs was transferred to the Agency for Health Care Administration in 1992 and 1994. However, rule promulgating authority with respect to bone marrow transplants was not transferred and therefore remains with the department, s. 627.4236, F.S.

Birth Neurological Injury Compensation Program (NICA) - Sections 766.301-766.316, F.S., establish and regulate the Florida Neurological Injury Compensation program. The purpose of this program is to provide compensation, irrespective of fault, for birth-related neurological injury claims and thus permit physicians to avoid costly medical malpractice premiums. In order to fund this program, all physicians, with certain exceptions, are annually assessed \$250. Among the exceptions are physicians employed by the Department of Corrections and state mental health facilities. However, physicians employed by a county health department or the Department of Health are not exempted from the assessment.

Volunteer Health Care Provider Program - In 1992, the Legislature enacted s. 766.1115, F.S., which provided a procedure to help ensure that health care providers who provide uncompensated health care to indigents on behalf of a governmental entity would be included within the state's sovereign immunity umbrella. Part of the bill which created that statute also included a sunset date repealing the statute effective July 1, 1997.

Transfer of the Correctional Medical Authority

The Correctional Medical Authority was created by chapter 86-183, Laws of Florida, and its statutory authority is contained in ss. 945.601 - 945.6036, F.S. The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the department, the Governor and the Legislature regarding the department's health care delivery system.

In an attempt to better understand the benefits of transferring the Correctional Medical Authority (CMA) to the Department of Health, staff requested a position statement on the proposed transfer from the CMA. The following comments were provided.

- Because the majority of CMA's functions and responsibilities are directly related to public health issues, the mission of CMA would be enhanced by alliance with DOH. Affiliation of CMA with DOH will generate opportunities which will be mutually beneficial to both agencies.
- DOH is responsible for administration of medical quality assurance. A large part to CMA's activities relate to medical quality assurance.
- Inmate health care is a part of the public health continuum. Inmates suffer from a number of diseases that impact public health at large, i.e., AIDS, hepatitis, and tuberculosis. These serious public health issues are closely monitored by DOH and management of inmates with those diseases is surveyed regularly by CMA.
- Public health interests relative to dentistry and mental health in correctional and post-correctional environments will also be addressed.
- Transfer of CMA to DOH will provide CMA access to resources and professional consultation regarding a variety of public health concerns.
- The CMA survey process will benefit from support and available resources/professional consultation available through DOH.
- The need for CMA to seek outside expert advice will be reduced, resulting in expense reductions.
- Affiliation of CMA with DOH will generate opportunities for exchange of public health data and resources.

Child Protection Teams

Child Protection Teams (CPT) are medically directed, multi-disciplinary teams which provide an immediate assessment and documentation of children suspected to be victims of physical and sexual abuse and medical neglect. The teams supplement the comprehensive protective services program provided by the Department of Children and Family Services under part IV of chapter 415, F.S. All children reported to the department's central abuse hotline and accepted for investigation by the department are eligible for CPT services. However, initial contact also comes from other sources, particularly law enforcement and hospitals. The teams are available 24 hours a day, 7 days a week.

The duties of the teams as provided in s. 415.5055, F.S., primarily relate to medical and psychological diagnosis and evaluation services, but also include short-term psychological treatment, consultative services, case service coordination and assistance, training services, educational and community awareness programs, and the provision of expert professional testimony in court cases.

At present there are 23 teams providing services in all districts and areas of the state. Department district offices contract with local agency providers for team services. Local agencies currently under contract include several non-profit private agencies, hospitals, and local county governments. The teams function as an independent consultative community-based resource.

Each team is under the direction of a medical director who is a local board-certified pediatrician with expertise and training in child abuse and neglect. Consultation is provided to other area physicians to assist them in the evaluation of a child. Some teams have advanced registered nurse practitioners who work under the supervision of a CPT consultant pediatrician.

Coordination of daily activities is the responsibility of the team coordinator who must have a B.A. or M.A. in psychology, social work, nursing, or other behavioral science and 3 years of experience in child abuse and neglect and program management. All teams have a licensed psychologist either on staff or on contract. Most teams also retain an attorney.

In addition, the team includes the department protective services worker responsible for the assessment and disposition of the case. As the assessment is generally multi-agency, the team may also include law enforcement, a department attorney, the state attorney, school personnel, and other department and community staff working with the child and family.

In FY 1995-96, over 100 physicians and nurse practitioners served as members of teams across the state. The teams provided assessment services for 20,543 children and their families at an average cost per child of about \$500. Approximately \$8 million dollars of general revenue funds the program. An additional \$3.5 million in local revenue funds additional local services provided by the teams.

The teams evolved in response to a need to provide a coordinated professional medical response to instances of child abuse. In 1978, the Legislature funded a \$300,000 pilot project in Jacksonville, which was housed at University Medical Center. Subsequently, a permanent program was implemented and statewide administration of the program was assigned to the Children's Medical Services program in the Department of Health & Rehabilitative Services. Children's Medical Services, in turn, contracted with the University of Florida, Department of Pediatric Services, for the services of a statewide team medical director.

When Children's Medical Services became part of the newly created Department of Health, the teams along with the sexual abuse treatment programs (see below) remained with the Department of Children & Families and administrative oversight is now assigned to the Office of Family Safety and Preservation along with the rest of protective services. Because of a perception that there continues to be a need for medical oversight of a medical program now located in a social service agency an interagency agreement between the Department of Children and Family Services and the Department of Health was executed in January 1997. The agreement assigns contract management responsibilities to both the Department of Health and the Department of Children and Family Services. Management of district contracts, and lead responsibility for the program are assigned to the Office of Family Safety and Preservation. Statewide medical

oversight and approval of team medical directors remain with Children's Medical Services and the University of Florida statewide director.

Sexual Abuse Treatment Program

Initially the teams primarily focused on instances of physical abuse and neglect. Gradually it became apparent that there was also a need to respond to reports of intrafamily sexual abuse. Today the predominate type of referrals the teams receive involve such abuse. In response to a growing awareness of this problem, the 1985 Legislature, as specified in s. 415.5095, F.S., directed HRS, in consultation with other relevant agencies, to develop a model plan for community intervention and treatment of intrafamily sexual abuse

Out of this initiative came the sexual abuse treatment program which provides treatment specifically addressed to intrafamily sexual abuse. The goal of the program is to prevent further child sexual abuse from occurring. Treatment objectives focus on development of child self-protective skills, non-offending caretaker child protective skills, and offender relapse prevention skills. Children and families eligible for the program are identified by the child protection teams and child protective services staff.

At present, 11 out of 15 districts have programs. In some areas, the same agency that contracts to provide the child protection teams also contracts to provide the sexual abuse treatment program. State funding which amounts to about \$300,000 per year is included in the budget allocation for the child protection teams. In FY 1994-95, the program provided services to 1,785 children, 851 non-offending caretakers, and 314 offenders. The average cost per child/family was about \$400. Offenders pay for their group treatment. The initial focus of the program was to provide the service in less populated areas where this type of specialized resource was either nonexistent or minimally available.

III. Effect of Proposed Changes:

Note: The phrase "to incorporate technical revisions," when used in this analysis, refers to replacing reference to the "Department of Health and Rehabilitative Services" with reference to the "Department of Health," replacing "county public health unit" with "county health department," or replacing "State Health Office" or "Officer" with the "Department of Health" and related technical, conforming, and clarifying revisions.

Section 1. Provides for the transfer of the child protection teams and sexual abuse treatment teams, as created in chapter 415, F.S., from the Department of Children and Family Services to the Department of Health by a type two transfer as specified in s. 20.06, F.S.

Section 2. Amends s. 20.19(4)(b), F.S., 1996 Supplement, relating to the creation of the Department of Children and Family Services, to reflect the transfer of child protection and sexual abuse treatment teams from the department.

Section 3. Amends s. 20.43, F.S., 1996 Supplement, relating to the creation of the Department of Health, to: add to the duties of the department to reflect the transfer of child protection and sexual abuse treatment teams; rename the Division of Family Services as the Division of Family Health Services; create the Division of Local Health Planning, Education, and Workforce Development; permit the Department of Health to expend funds for incentive and promotional activities for the purpose of protecting or improving the public's health; and provide budget flexibility to the department

Sections 4-6. Amend ss. 39.4031(4)(j), 39.4032(4), and 39.408(3)(a), F.S., relating to dependency cases, to incorporate conforming revisions to reflect the transfer of child protection and sexual abuse treatment teams from the Department of Children and Family Services to the Department of Health.

Section 7. Amends s. 119.07(3)(i), F.S., 1996 Supplement, relating to an exemption from the public records law for any identifying information for personnel investigating abuse, neglect, exploitation, and related criminal activities, to add to the exemption those Department of Health employees whose duties include child abuse prevention services and services to abused and neglected children.

Section 8. Amends s. 154.067, F.S., relating to public health employees' duties relevant to child abuse and neglect cases, to incorporate conforming revisions.

Section 9. Amends s. 232.50, F.S., to clarify that it is the Department of Children and Family Services that is responsible for coordination with schools regarding child abuse and neglect.

Section 10. Amends s. 395.1023, F.S., to clarify that it is the Department of Children and Family Services that is responsible for coordination with hospitals regarding child abuse and neglect.

Sections 11-19. Amend ss. 415.501(2), 415.50171(2)(c) and (e), 501.50175, 415.5018(3)(a) (1996 Supplement), 415.503(5) and (6) (1996 Supplement), 415.5055 (1996 Supplement), 415.5095(2), 415.51(5) (1996 Supplement), and 415.514, F.S., relating to abuse and neglect of children, to reflect the transfer of child protection and sexual abuse treatment teams from the Department of Children and Family Services to the Department of Health.

Section 20. Amends s. 110.131(6)(c), F.S., 1996 Supplement, relating to other-personal-services (OPS) temporary employment, to specify that the Department of Health retains its ability to employ certain professionals beyond the yearly hourly maximum, and on an other than hourly basis.

Section 21. Amends s. 154.04, F.S., 1996 Supplement, relating to county health department personnel, to add a new paragraph to subsection (1), to permit county health departments (CHDs) to contract with peer review committees or organizations to review the quality of communicable disease control and primary care services, including maternal and child health services.

Section 22. Amends s. 154.06(1), F.S., relating to public health fees and services, to delete a requirement that environmental health services be totally fee supported, and to incorporate technical revisions.

Section 23. Amends s. 216.0172(6), 1996 Supplement, to require the Department of Health to begin performance-based budgeting in fiscal year 2000-2001.

Section 24. Amends s. 216.341, F.S., relating to disbursement of county health unit trust funds, to incorporate conforming revisions.

Section 25. Amends s. 232.032, F.S., relating to school immunization requirements, to incorporate technical and conforming revisions.

Section 26. Amends s. 232.465(4), F.S., 1996 Supplement, relating to the provision of emergency services in the school setting, to conform a cross-reference to reflect renumbering of related statutes.

Section 27. Amends s. 240.4075, F.S., relating to the Nursing Student Loan Forgiveness Program, to incorporate technical revisions.

Section 28. Amends s. 240.4076, F.S., relating to the Nursing Scholarship Loan Program, to: rename the program as the Nursing Scholarship Program; permit students enrolled in school part-time to participate in the program, with employment service obligation based on the amount of scholarship funds received; authorize adjustments to scholarship amount based on changes in the Consumer Price Index; and incorporate technical revisions.

Section 29. Amends s. 381.0055, F.S., 1996 Supplement, relating to confidentiality and quality assurance activities, to delete a potential limit on the nature of reviews to be conducted by DOH and to incorporate technical revisions.

Section 30. Amends s. 381.0065, F.S., 1996 Supplement, relating to DOH's regulation of onsite sewage treatment and disposal systems, to incorporate technical revisions.

Section 31. Amends s. 381.0101, F.S., relating to environmental health professionals, to: update a "grandfathering" provision for environmental health professionals employed by DOH to reflect the date that the applicable rule was adopted for certification requirements; clarify the applicability of certification to those grandfathered employees who change jobs; consolidate the fees for application, examination, and certification; impose penalties for violation of this section; and incorporate technical revisions.

Section 32. Amends s. 381.0203(2)(e), F.S., relating to the DOH pharmacy services program, to specifically authorize a contraception distribution program through county health department pharmacies, including eligibility requirements, fee authority, and DOH rulemaking.

Section 33. Amends s. 381.0302(3) and (12), F.S., relating to the Florida Health Services Corps, to incorporate technical revisions.

Section 34. Amends s. 381.0405(1), F.S., relating to the Office of Rural Health, to specify that the office is a Department of Health entity.

Sections 35 and 36. Amend ss. 381.0406 and 381.04065, F.S., relating to rural health networks, to reflect transfer of responsibility for the networks to the Department of Health.

Section 37. Amends s. 381.0407, F.S., 1996 Supplement, relating to managed care and publicly funded primary care program coordination, to: require the MediPass Program to reimburse county health departments for emergency shelter screenings provided to clients of the Department of Children and Family Services; correct a reference to human immunodeficiency virus infection; and incorporate technical revisions.

Section 38. Amends s. 383.14(5), 1996 Supplement, to clarify the membership of the Infant Screening Advisory Council.

Section 39. Amends s. 383.3362, F.S., relating to Sudden Infant Death Syndrome (SIDS), to: delete a requirement that county health department personnel attempt to visit the parents or guardians of an infant who has died from SIDS; delete the SIDS advisory council and the requirement that an annual report be prepared on SIDS; direct DOH staff to work with local healthy start coalitions, the local SIDS Alliances, and other support groups; and incorporate technical revisions. The DOH does not receive an appropriation to support the SIDS advisory council or to prepare an annual report

Section 40. Amends s. 385.202, F.S., 1996 Supplement, relating to the statewide cancer registry, to: expand cancer registry reporting to include, in addition to hospitals, ambulatory surgical centers and radiation therapy treatment centers; authorize the use of appropriated funds to ensure the quality and accuracy of reported information and management information to reporting facilities; authorize DOH to, by rule, classify facilities for cancer registry reporting purposes and specify the content and frequency of reporting; and incorporate conforming revisions.

Section 41. Amends s. 385.203, F.S., relating to the Diabetes Advisory Council, to: add the Board of Regents as a recipient of advice from the council, since the medical university-based diabetes centers now receive their appropriations through the Board of Regents; delete a DOH diabetes annual plan requirement; and incorporate technical and conforming revisions. The DOH does not receive an appropriation to prepare the plan and does not believe an annual plan is necessary.

Section 42. Amends s. 391.051, F.S., 1996 Supplement, relating to the Children's Medical Services Director, to make the director a deputy secretary and the Deputy State Health Officer for Children, with direct line authority to the secretary.

Section 43. Amends s. 392.52, F.S., relating to the tuberculosis definitions, to incorporate a technical update in the definition of "active tuberculosis" and to incorporate technical revisions.

Section 44. Amends s. 392.565, F.S., relating to certificates for involuntary hold for tuberculosis, to exclude persons suspected of having been exposed to tuberculosis from being subjected to involuntary hold. This language makes it clear that a person must be reasonably suspected of having active tuberculosis to be subject to involuntary hold.

Section 45. Amends s. 392.62(2) and (4), F.S., relating to the tuberculosis hospital, to permit DOH's tuberculosis hospital to have a forensic unit and to clarify that nothing in this section precludes a hospital from isolating an infectious patient for medical reasons.

Section 46. Amends s. 395.3025(4) and (5), F.S., 1996 Supplement, relating to access to otherwise confidential hospital records, to: delete reference to the Department of Business and Professional Regulation in the context of professional board investigations; clarify DOH's authority to examine hospital patient records for the purpose of epidemiological investigations; and increase the penalty for unauthorized release of confidential hospital patient information by departmental agents from a second degree misdemeanor to a first degree misdemeanor.

Section 47. Amends s. 395.401(1), F.S., relating to trauma system regulation, to define "department" as the Department of Health.

Sections 48-52. Amend ss. 401.107, 401.111, 401.117, 401.23, and 401.245, F.S., relating to the regulation of emergency medical services (EMS) by DOH, to incorporate technical and conforming revisions.

Section 53. Amends s. 401.252, F.S., relating to interfacility transfers, to: stipulate that interfacility transfers must be made in a permitted ambulance, if it is determined that the patient needs or is likely to need, medical attention during transport; specify vehicle permitting parameters specific to the interfacility transfer of certain neonates; and grant DOH rulemaking authority specific to interfacility transfers

Section 54. Amends s. 401.265(2), F.S., relating to EMS medical directors, to incorporate technical revisions.

Section 55. Amends s. 401.27(8), F.S., relating to emergency medical technician and paramedic certificates, to provide a statutory basis for a six-month inactive status for certificates not renewed at the time of expiration, and to specify that a certificate which expired on December 1, 1996, can be reactivated until September 30, 1997. This is a rule provision which has been determined to have no statutory basis.

Sections 56-62 (excluding section 59). Renumber the following sections of statute from chapter 402, F.S., relating to miscellaneous programs of the Department of HRS, as sections of statute in chapter 381, F.S., relating to DOH public health functions, and incorporates technical revisions:

<u>Bill Section</u>	<u>Existing Statute</u>	<u>New Statute</u>	<u>Issue</u>
56.	402.105	381.85	Biomedical and social research
57.	402.32	381.0056	School health services program
58.	402.321	381 0057	Funding for school health services
60.	402.475	381.87	Osteoporosis prevention and education program
61.	402.60	381.88	Insect sting emergency treatment
62.	402.61	381.89	Regulation of tanning facilities

Section 59. Amends s. 402.41, F.S., relating to DOH's role in the development of education materials and training concerning human immunodeficiency virus and acquired immune deficiency syndrome and other communicable diseases for use in facilities licensed under chapter 402, F.S., to incorporate technical revisions.

Section 63. Amends s. 403.703(41), F.S., 1996 Supplement, relating to definitions used for solid waste management, to correct a cross-reference

Section 64. Amends s. 404.031, F.S., relating to definitions used for radiation control, to incorporate a conforming revision.

Section 65. Amends s. 404.051, F.S., relating to DOH's powers and duties with regard to ionizing radiation, to incorporate technical revisions.

Section 66. Amends s. 404.056, F.S., relating to environmental radiation standards, to make fraud, deception or misrepresentation in performing radon gas measurements or performing mitigation of buildings for radon gas a violation of law subject to the same penalties that apply to other violations of law governing the regulation of radioactive material, and to incorporate technical revisions. At the present time, Florida law is silent regarding penalties for such misrepresentation.

Sections 67-69. Amend ss. 404.0614, 404.131, and 404.20, F.S., relating to licensure of low-level radioactive waste management facilities, fees for radiation machines, and transportation of radioactive materials, respectively, to incorporate technical revisions

Section 70. Amends s. 404.22, F.S., relating to inspection of radiation machines and components, to authorize biennial, rather than annual, inspections of radiation machines used in the practice of medicine. The DOH lacks sufficient resources to inspect radiation machines used in the practice of medicine, osteopathic medicine, chiropractic medicine, or naturopathic medicine each year. The DOH has requested statutory fee increases in prior years that have not been approved. This language gives DOH the flexibility to develop an inspection protocol, based

on the inspection history and characteristics of radiation machines, to inspect some machines annually and others biennially. The fee remains annual, but inspection could be biennial. This section also incorporates technical revisions.

Section 71. Amends s. 408.033(3)(f), F.S., relating to local and state health planning, to specify that the Agency for Health Care Administration is to periodically transfer to the Department of Health from facility assessments and certificate-of-need fees an amount of funds sufficient to maintain funding for local health councils.

Section 72. Amends s. 408.701, F.S., relating to community health purchasing alliances (CHPA) definitions, to expand the definition of health care provider in accountable health partnerships to include locally-funded or non-profit health care providers, community and migrant health centers, certain children's clinics, and Department of Children and Family Services-supported community mental health and substance abuse providers.

Section 73. Amends s. 409.905(1)(3), and (5)(b), F.S., 1996 Supplement, relating to mandatory Medicaid services, to: specifically include counseling that explains the availability, benefits, and risks of each method of pregnancy prevention as a reimbursable Medicaid family planning service; correct reference to the counties included in a Medicaid managed mental health care pilot project, and to incorporate technical revisions.

Section 74. Amends s. 409.908(19), F.S., 1996 Supplement, relating to Medicaid provider reimbursement, to authorize Medicaid cost-based reimbursement for county health department clinic services. Because s. 409.908(18) created in 1992, eliminated cost based reimbursement on June 30, 1995, subject to Legislative review, the subsequent appropriations acts, including the 1996-97 Appropriations Act, have contained language that permits public health clinics to continue to receive cost based reimbursement. This language re-codifies what is now in the Appropriations Act and what was previously in 409.908(19).

Section 75. Amends s. 414.026(2)(a), 1996 Supplement, to add the Secretary of Health to the WAGES board of directors

Sections 76 and 77. Amend ss. 414.23 and 414.38, F.S., 1996 Supplement, relating to welfare reform, to correct cross-references.

Section 78. Amends s. 458.316, F.S., relating to public health certificates for physician licensure, to incorporate technical revisions.

Section 79. Amends s. 468.301, F.S., relating to definitions applicable to regulating radiologic technologists, to incorporate technical revisions.

Section 80. Amends s. 468.3101(1), F.S., relating to the disciplining of radiologic technologists, to make being convicted, or found guilty, of a crime against a person grounds for disciplinary action against a person who is certified as a radiologic technologist.

Section 81. Amends s. 468.314(1), F.S., relating to the Advisory Council on Radiation Protection, to incorporate a technical revision.

Section 82. Amends s. 489.553(4) and (5), 1996 Supplement, relating to septic tank contractor registration, to clarify the registration requirements, and to specify years of experience for a plumber seeking to become a master septic tank contractor. This former issue addresses an issue identified as part of the department's rule making efforts.

Section 83. Amends s. 514.011(1), F.S., relating to definitions applicable to public swimming pool regulation, to incorporate a technical revision.

Section 84. Amends s. 514.028(3), F.S., relating to the Public Swimming Pool Advisory Review Board, to permit board members to be reimbursed for travel expenses.

Section 85. Amends s. 627.4236, F.S., relating to insurance coverage for bone marrow transplant procedures, to transfer rule-writing authority for insurance coverage of bone marrow transplants from HRS to the Agency for Health Care Administration, and to incorporate conforming revisions. According to DOH, this corrects an oversight.

Section 86. Amends s. 766.101, F.S., 1996 Supplement, relating to medical review committee immunity from liability, to grant committees of county health departments, healthy start coalitions, and certified rural health networks, or employees of these entities, immunity from liability when reviewing quality of care and conducting mortality review. Current law grants an exemption from liability to similar committees in hospitals, nursing homes, ambulatory surgical centers, mental health facilities, and substance abuse treatment facilities. This provision also deletes an outdated reference to such immunity from liability for an optometric service plan certified under chapter 637, F.S., a chapter repealed in 1993.

Section 87. Amends s. 766.314(4)(b), F.S., 1996 Supplement, relating to the Birth Neurological Injury Compensation Program (NICA) assessments, to exempt county health department physicians, physicians employed full-time by DOH, and physicians employed full-time by development services facilities of the Department of Children and Family Services from paying the \$250 annual assessment to NICA. These physicians are covered under the state's sovereign immunity and the Department of Insurance's risk management program. The NICA statute currently exempts similar physicians, such as those employed by state-owned correctional institutions and those employed in state-owned mental health facilities.

Section 88. Amends s. 28.101, F.S., 1996 Supplement, relating to additional charges imposed on petitions and records of dissolution of marriage, to incorporate technical revisions.

Section 89. Amends s. 28.222(3)(g), F.S., relating to county court clerks' recording duties, to incorporate technical revisions.

Section 90. Amends s. 63.062(1)(b), F.S., relating to adoptions consent, to incorporate a technical revision.

Section 91. Amends s. 63.165, F.S., relating to the registry of adoption information retained by the Department of HRS (now Children and Family Services, though this technical revision is not incorporated), to incorporate from s. 382.027, F.S., requirements that: the registry include the last known names and addresses of adoptees, natural parents, and adoptive parents, and any other information desired by these principles; require those who seek to amend registry information to present verification of identification and, if applicable, authority for such changes; and authorize the department to charge fees for registry use. A technical revision is also incorporated. Section 382.027, 1996 Supplement, is repealed elsewhere in the bill.

Section 92. Amends s. 68.07, F.S., relating to court clerks' duties relevant to change of name, to clarify the procedure for in-state and out-of-state requests and to incorporate technical revisions.

Section 93. Amends s. 382.002, F.S., relating to the definitions relevant to vital statistics, to: delete the definitions for "applicant," "death without medical attendance," and "presumptive death;" add a definition of "legal age;" specify that vital statistics activities are a DOH function; and incorporate technical revisions.

Section 94. Amends s. 382.003, F.S., relating to DOH's vital statistics powers and duties, to incorporate technical and conforming revisions.

Section 95. Amends s. 382.004, F.S., relating to the microfilming and destroying of vital records, to clarify that certified reproductions of vital records have standing in court.

Section 96. Amends s. 382.005, F.S., relating to duties of local registrars, to require that: all birth, death, and fetal death certificates be typed, eliminating a legibly printed option for such certificates; all registered certificates be transmitted to DOH daily; and local registrars designate one or more deputy subregistrars. The following provisions are deleted from this section: incomplete death or fetal death certificates, which is reestablished as part of s. 382.006, F.S., elsewhere in the bill; and incomplete certificates of birth, which is reestablished as part of s. 382.013, F.S., elsewhere in the bill. Technical revisions are incorporated.

Section 97. Amends s. 382.006, F.S., relating to burial-transit permits, to: require that an application for a burial-transit permit be signed by the funeral director and include the funeral director's license number, and require that the funeral director must attest that the physician or medical examiner will provide medical certification of the cause of death within 72 hours after receipt of the death certificate from the funeral director; stipulate that a burial-transit permit not be issued except under conditions specified by the department if death occurred from some disease which is held by the department to be infectious, contagious, or communicable and dangerous to the public health, which is deleted from s 382.005(3), F.S., elsewhere in the bill; authorize Florida to accept certification of a death certificate issued under the law of a state or country that does not issue burial-transit permits as authorization for final disposition; authorize

the department to develop rules governing the issuance of a burial-transit permit prior to the filing of a death certificate in hardship cases, which is deleted from 382.008(5), F.S., elsewhere in the bill; add a provision authorizing the department to destroy burial transit permits after the expiration of 3 years from the date of filing with the local register, which is deleted from s. 382.007, F.S., elsewhere in the bill; and delete a provision relating to the issuance of disinterment and reinterment permits by local registrars. Technical revisions are incorporated.

Section 98. Amends s. 382.007, F.S., relating to the prohibition of final dispositions without a burial permit, to: refer to burial-transit permits; delete reference to destruction of burial transit records after a 3-year expiration, which is incorporated into s. 382.006, F.S., elsewhere in the bill; and incorporate technical revisions.

Section 99. Amends s. 382.008, F.S., 1996 Supplement, relating to death and fetal death registration, to: provide for the inclusion of aliases in a death certificate; require, for fetal deaths, that the physician, midwife, or hospital administrator provide any medical or health information to the funeral director within 72 hours; provide conditions under which an extension may be granted beyond the normal 72 hours following a death for filing a death certificate; provide circumstances under which a temporary certificate of death or fetal death may be filed, and specifying the process for the subsequent filing of a permanent certificate; delete a provision relating to department rules providing for extensions of time in the filing of death-related certificates; delete reference to a department rule relating to the issuance of a burial transit permit prior to the filing of a certificate of death under certain circumstances, which is addressed in s. 382.006, F.S., elsewhere in the bill; require that a certificate of death or fetal death contain all information required by the department for legal, social, and health research purposes; delete a provision cross-referencing and requiring birth records elements in fetal death records; and incorporate technical revisions.

Section 100. Amends s. 382.011, F.S., relating to procedures for circumstances when death occurs without medical attendance or due to unlawful act or neglect, to: redesignate the section as relating to "medical examiner determination of cause of death;" indicate that deaths that occur more than 30 days after the decedent was last treated by a physician also fall under this provision; and to incorporate technical and conforming revisions.

Section 101. Amends s. 382.012, F.S., relating to presumptive death, to: incorporate the definition of "presumptive death," which is deleted from s. 392.002, F.S., elsewhere in the bill; distinguish between resident and nonresident presumptive death; state that a petitioner seeking a presumptive death certificate must include in the court petition all necessary information to complete the presumptive death certificate; and to incorporate technical and conforming revisions.--

Section 102. Substantially rewords and amends s. 382.013, F.S., relating to certificate of birth; registration, to: redesignate the section title as "birth registration;" reduce from 5 days to 3 days the period of time for filing of birth registration for out-of-facility births; incorporate the requirements for filing certificates under varying circumstances, which is deleted from s.

382.005, F.S., elsewhere in the bill; provide for paternity if the husband dies before the birth of the child; provide for naming the child when the parents disagree; provide for multiple names when names exceed space provided on the certificate; incorporate provisions relating to the registration of a birth for a child of undetermined parentage, which is deleted from s. 382.014, F.S., elsewhere in the bill; and incorporate technical, conforming, and clarifying revisions.

Section 103. Amends s. 382.0135, F.S., relating to assignment of Social Security Numbers at birth, to incorporate technical and conforming revisions.

Section 104. Amends s. 382.015, F.S., relating to new or amended certificates of live birth, to allow for objections by the court, parents, or adoptee (if of legal age) to the filing of a new birth certificate; direct the department, upon receipt of an annulment-of-adoption decree, along with sufficient information to identify the original certificate, to replace the new certificate with the old if a new certificate was filed at the time of adoption, and to seal the new certificate; provide a process for the notification of Canadian authorities of an adoption or an annulment-of-adoption; provide for the amendment of a birth certificate upon receipt by the department of a written request and receipt of a consenting affidavit signed by both parents acknowledging the paternity of the registrant, stipulating that if paternity has been established by court order that the name shall be entered as decreed by the court; authorize parents who marry each other after the time of birth, or the registrant if of legal age and with proof of the marriage, to request an amendment to the birth certificate with regard to parental marital status; require that a birth certificate not be amended to show a different father's name if the certificate shows the name of the father at the time of birth, except by court order; provide for the issuance of a new birth certificate following an affirmation of a parental status proceeding; delete provisions relating to annulment of adoption and out-of-state births; require that all copies of original birth certificates be forwarded to the state registrar; provide that with the exception of foreign births and delayed certifications of birth resulting from delayed registration or court-issued delayed birth certificates, all birth certificates shall be identical in form; and authorize the department to adopt and enforce rules under this section.

Section 105. Substantially rewords and amends s. 382.016, F.S., relating to amendment of birth certificates, to: redesignate the section as relating to "amendment of records;" broaden the applicability of the section to include death and fetal death records; prohibit a change in name of a surviving spouse on a death certificate except by court order and except for technical revisions relating to misspellings or omissions; and permitting the change of a child's name up to the child's first birthday.

Section 106. Substantially rewords and amends s. 382.017, F.S., relating to establishment of new birth certificates for alien children, to: redesignate the section as relating to "foreign births;" provide a procedure for the issuance of a "certificate of foreign birth;" and provide for notification of the United States' Department of State procedure for obtaining a revised birth certificate for adopted children who are United States citizens but born outside the United States.

Section 107. Substantially rewords and amends s. 382.018, F.S., relating to delayed birth certificates; jurisdiction of county court; procedure and issuance, and renumbers the section as s. 382.0195, F.S., to: redesignate the section as relating to “court-issued delayed birth certificates;” require such petitions to be filed in circuit court rather than county court; require such petitions to be on department forms; clarify that such a petition can proceed only if there is no birth certificate on file; require the original court-issued certificate to be mailed to the department and contain a list of supporting documentation, if the birth occurred in this state; require the original and one copy be given to the petitioner if the birth occurred outside this state; prohibit the amendment of court-issued birth certificates, except by court order; and incorporate technical and conforming revisions

Section 108. Substantially rewords and amends s. 382.019, F.S., relating to filing of certificates of birth, death, or fetal death in cases where no certificate was filed at time of birth, death, or fetal death, to: redesignate the section as relating to “delayed registration;” require delayed birth certificates to include a statement of evidence submitted; require a delayed birth certificate to be notarized as part of submission for registration; prohibit the establishment of more than one certificate of live birth, or the registration of a delayed birth certificate for a deceased person; require that a delayed certificate be marked as such; and incorporate technical, conforming, and clarifying revisions.

Section 109. Amends s. 382.021, F.S., relating to department receipt of marriage licenses, to: delete the restriction limiting the validity of a marriage license to 60 days, which provision is incorporated into s. 741.041, F.S., elsewhere in the bill; and to incorporate technical and clarifying revisions.

Section 110. Amends s. 382.022, F.S., relating to marriage application fees, to incorporate technical, conforming, and clarifying revisions.

Section 111. Substantially rewords and amends s. 382.023, F.S., relating to clerks of the courts to furnish department with record of dissolution of marriage granted; charges, to redesignate the section as relating to “department to receive dissolution-of-marriage records; fees” and to incorporate technical, conforming, and clarifying revisions.

Section 112. Amends s. 382.025, F.S., 1996 Supplement, relating to certified copies of vital records, birth records, and other records; copies as evidence; searches of records; fees; disposition of fees, to: redesignate the section as relating to “certified copies of vital records; confidentiality; research;” provide that requests for certified copies of records need not be in writing; expand the persons who have access to birth and death records; permit birth records to be public after 100 years, and death records to be public after 50 years; expand conditions under which birth records will be released to law enforcement agencies; require the department to mark the birth certificate of a deceased person with an indication of the death; delete a provision that stipulates that certified copies of records are prima facie evidence in court, which provision is incorporated into s. 382.004, F.S., elsewhere in the bill; delete fee provisions, which are incorporated into s. 382.0255, F.S., elsewhere in the bill; permit the release of records for

research purposes under department-approved protocol, provide rule-making authority for the department specific to this section; and incorporate technical and conforming revisions.

Section 113. Creates s. 382.0255, F.S., relating to fees, to entitle the department to fees as follows Note. These fee revisions are a re-creation of existing provisions in s. 382.025, F.S., which are deleted elsewhere in the bill.

<u>Activity</u>	<u>Fee Range</u>
First year of records searched	\$3 to \$5
Each additional year searched	\$1 to \$2, up to a maximum of \$50
Photocopies	\$3 to \$5
Processing and filing a delayed certification	\$10 to \$20
Processing a name change or an amendment	\$10 to \$20
Processing and filing new birth certificate	\$10 to \$20
Additional certifications, when included in initial	\$2 to \$4
Processing and forwarding each exemplified copy	\$5 to \$10
Expedited processing fee	\$5 to \$10
Listing each vital record on electronic media	\$0.05 to \$0.10, plus a reasonable preparation charge
Commemorative certificates	\$25
Additional fee on certification of a birth record	\$4

The section also grants the department rule-making authority specific to fees and provides accounting guidelines for fee revenue.

Section 114. Amends s. 382.026, F.S., relating to penalties, to: increase the penalty for knowingly providing false information from a second degree misdemeanor to a third degree felony; establish a penalty of third degree felony for counterfeiting or altering vital records, selling vital records or counterfeited or altered vital records; or possessing vital records knowing them to be illegally obtained, establish a penalty of third degree felony for department employees who furnish vital records knowing the record will be used for deceptive purposes; establish a fee of misdemeanor of the second degree for charging for the certification of cause of death; increase the administrative fine for violations of this chapter from \$500 to \$1,000; grant the department rule-making authority specific to this section; and incorporate technical and conforming revisions.

Section 115. Amends s. 382.356, F.S., 1996 Supplement, relating to protocols for sharing birth information, to incorporate technical and conforming revisions.

Sections 116. Amends s. 383.2161, F.S., relating to an annual maternal and child health report, to incorporate technical revisions.

Section 117. Amends s. 402.40(5)(c), F.S., 1996 Supplement, relating to the Child Welfare Training Trust Fund, to correct a cross-reference.

Section 118. Amends s. 460.414, F.S., relating to regulation of chiropractic physicians, to clarify that chiropractic physicians must sign death certificates in accordance with chapter 382 and on forms prescribed by rule of DOH.

Section 119. Amends s. 741.041, F.S., relating to marriage license validity periods, to increase from 30 days to 60 days the period of validity, and to require the license to recite the final date of license validity.

Section 120. Amends s. 742.10(1), F.S., relating to the establishment of paternity for children born out of wedlock, to make technical changes to conform with vital statistics amendments to s. 382.013 and 382.015.

Section 121. Amends s. 742.16(8), F.S., 1996 Supplement, relating to court periods for certifying parental status for gestational surrogacy, to incorporate a technical revision

Sections 122-125. Amend ss. 945.602 (1996 Supplement), 945.603 (1996 Supplement), 945.6031 (1996 Supplement), and 945.6032(1) and (2) (1996 Supplement), F.S., relating to the Correctional Medical Authority, to reflect the transfer of the authority to the Department of Health.

Section 126. Provides for the transfer of rural health networks and rural health network cooperative agreements as provided in ss. 381.0406 and 381.04065, F.S., and local health councils as established in s. 408.033, F.S., from the Agency for Health Care Administration to the Department of Health by a type two transfer as specified in s. 20.06, F.S.

Section 127. Provides for the transfer of the Correctional Medical Authority to the Department of Health by a type two transfer as specified in s. 20.06, F.S.

Section 128. Provides a saving clause for rules subject to transfer.

Section 129. Provides a saving clause for pending administrative or judicial proceedings subject to transfer.

Section 130. Repeals the following provisions of Florida Statutes relating to the indicated subjects:

- s. 110.1125, F.S., requiring that an HIV/AIDS informational pamphlet be provided to each new state employee.
- s. 381.81, F.S., establishing the now defunct Minority Health Commission.
- ss. 382.014 (1996 Supplement), 382.024, and 382.027 (1996 Supplement), F.S., relating to birth certificates; vital statistics' accounting requirements; and the voluntary adoption registry; the provisions of which are transferred to other sections of statute as part of the rewrite of chapter 382, F.S., contained elsewhere in the bill.

- chapter 387, F.S., consisting of ss. 387.01 - 387.10, F.S., relating to HRS' responsibilities regarding the regulation of pollution of waters of the state, an antiquated chapter.
- s. 402.37, F.S., an outdated section relating to the medical manpower clearinghouse of HRS.
- ss. 501.061-501.121, F.S., the "Florida Hazardous Substances Law," which is no longer used
- s. 501.124, F.S., relating to the toxic labeling of arts and crafts materials, which is no longer enforced
- s. 403.7045(1)(e), F.S., to delete a cross-reference to the Florida Hazardous Substances Law, repealed above.
- s. 381.698, F.S., relating to "The Florida Blood Transfusion Act," which has never been implemented. The federal Food and Drug Administration (FDA) regulates and inspects all blood banks.

Section 131. Repeals subsection (12) of s. 766.1115, F.S., effective June 30, 1997, which when created as part of section 1 of chapter 92-278, Laws of Florida, set a July 1, 1997, repeal of s. 766.1115, F.S., subject to legislative review prior to that repeal date.

Section 132. Provides for an effective date of July 1, 1997, except as otherwise provided.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions.

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Section 24(a) of Article 1 of the Florida Constitution. However, some explanation is necessary on this issue. While the bill appears to create three exceptions to the public records law, each of these three is a simple restatement of an existing exception:

- Section 91 of the bill, in amending s. 63.165, F.S., provides an exemption from the public records law specific to adoption information. This information is currently exempt from disclosure under s. 382.027, F.S., which is repealed elsewhere in the bill.
- Section 102 of the bill, in rewriting and amending s. 382.013, F.S., provides an exemption from the public records law for certain birth certificate information. This exemption is currently contained in existing s. 382.013(2), F.S.
- Section 112 of the bill, in amending s. 382.025, F.S., relating to availability of records, simply relocates an existing exemption currently found in this section.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Section 19(f) of the Florida Constitution. It should be noted,

however, that the bill, in section 22, renames the public health unit trust fund as the county health department trust fund, a conforming change to the trust fund renaming from section 32 of chapter 96-403, Laws of Florida. Secondly, it should be noted that section 113 of the bill requires that vital statistics fees be deposited "in a trust fund used by the department" This mirrors language deleted from existing s. 382.025, F.S.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

As previously indicated, section 112 of the bill deletes existing fee ranges and section 113 reestablishes these fee ranges. For the most part, the existing maximum fees are being charged. The Vital Statistics Program is fully fee supported; the activity receives no general revenue

Activity	Current Fee	Current Fee Range
First year of records searched	\$ 5.00	\$3 to \$5
Photocopy of computer generated record	\$ 5 00	\$3 to \$5
Each additional year searched	\$ 2.00	\$1 to \$2 (max of \$50)
Processing and filing a delayed certificate	\$ 20.00	\$10 to \$20
Processing a name change or an amendment	\$ 20.00	\$10 to \$20
Processing and filing new birth certificate	\$ 20.00	\$10 to \$20
Additional certifications, when included in initial	\$ 4.00	\$2 to \$4
Processing and forwarding each exemplified copy	\$ 10. 00	\$5 to \$10
Expedited processing fee	\$ 10.00	\$5 to \$10
Listing each vital record on electronic media	\$ 0.05	\$0.05 to \$0.10 (plus prep charge)
Commemorative certificates	\$ 25.00	\$25
Additional fee on certification of a birth record	\$ 4.00	\$4

B. Private Sector Impact:

When the existing cancer reporting law was written, virtually all cancer treatment was done in hospitals. Medical practice has changed and outpatient facilities now provide treatment

services. The added facilities will bear the administrative costs associated with cancer reporting.

Those physicians employed full time by the Department of Health will no longer be subject to the NICA assessment. According to the Department of Health, this impacts about 200 physicians, or an aggregate of \$50,000. Developmental Services physicians of the Department of Children and Family Services, who number 16, are also exempted from the assessment, an amount equal to \$4,000. These physicians currently pay this amount themselves.

C. Government Sector Impact:

According to the Department of Children and family Services, the following revenue estimates are associated with child protection teams and sexual abuse treatment teams: \$8 million and \$300,000, respectively, from general revenue, and the child protection teams receive an estimated \$3.5 million in local funds annually.

The Department of Health and the Agency for Health Care Administration provided the following fiscal information:

<u>Transfer item</u>	<u>Associated Budget</u>
Correctional Medical Authority (14 FTEs)	\$1,297,353
Rural Health Networks (2 FTEs)	\$434,537
Local Health Councils (1 FTE)	\$1,368,174

The Agency for Health Care Administration indicated that the following revenue amounts are associated with the indicated transferred functions:

Local Health Councils	
Health Care Facility Assessments	\$751,489
Certificate-of-Need Fees	\$616,685
Rural Health Network Grant	\$130,000

The DOH estimates a fiscal impact of \$2,000 annually to reimburse members of the Swimming Pool Advisory Review Board for travel expenses, which would come from the Planning and Evaluation Trust Fund. Meetings are held in Orlando; transportation is by automobile except for state staff in Tallahassee whose travel costs are paid for from other funds.

As indicated, the NICA fund will have \$54,000 less in physician revenue as a result of this bill.

VI. Technical Deficiencies:

None

VII. Related Issues:

In reviewing the bill, the Department of Children and Family Services raised a concern that the transfer language indicates that the bill seeks to transfer all child abuse prevention and child protection services from the Department of Children and Family Services. The department stated: "Transferring child abuse and prevention services would fragment the continuum of child welfare services, eroding the Department of Children and Families' ability to provide a full spectrum of child welfare services from prevention to out-of-home care as mandated by federal law. Child abuse prevention services are now part of the federal Family Preservation and Support Services Program which calls for child welfare to take a lead role in making prevention and family support services more preventive, community-based and responsive to children and families. Transfer of child abuse prevention services would result in a loss of approximately \$649,000 in matching federal funds."

Section 66 of the bill, in amending s. 404.056, F.S., creates a felony offense for fraud, deception, or misrepresentation in performing radon gas measurements or performing mitigation of buildings for radon gas. Likewise, section 114 of the bill, adds new penalties of felony of the third degree relating to vital statistics under s. 382.026, F.S. A person who commits a third degree felony is punishable by the imposition of imprisonment for up to 5 years and a fine up to \$5,000. Section 921.001, F.S., provides that any legislation that creates a felony offense, enhances a misdemeanor offense to a felony or reclassifies an existing felony offense to a greater felony classification result in a net zero sum impact in the overall prison population as determined by the Criminal Justice Estimating Conference, unless the legislation contains a sufficient funding source to accommodate the change, or the Legislature abrogates the application of s. 921.001, F.S. To the extent the bill creates a new felony offense, it may have a fiscal impact based on its impact on the overall prison population as determined by the Criminal Justice Estimating Conference under procedures established in s. 216.136(5), F.S.

This bill reflects the recommendations of the Department of Health Technical Advisory Committee and the recommendations of the Task Force to Study the Organization and Structure of State Health Programs, with the exception of the transfer of child protection teams and sexual abuse treatment teams from the Department of Children and Family Services to the Department of Health.

VIII. Amendments:

None.

STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
SB's 552, 1960 and 822

The Committee Substitute merges the provisions of the three bills, and in addition incorporates the following revisions:

- Amends s. 216.0172, F.S., to include the Department of Health (DOH) in the performance-based program budgeting time table.
- Provides clarifying language in s. 489.553(4) and (5), F.S., relating to septic tank contractor provisions enacted in 1996.
- Amends s. 232.032, F.S., to clarify that it is DOH, not HRS, that is responsible for school immunization rules.
- Amends subsection (5) of s. 383.14, F.S., to appropriately reconfigure the Infant Screening Advisory Council.
- Modifies provisions in s. 385.202, F.S., such that ambulatory surgical centers and radiation therapy centers report cancer data when such data are available from no other source.
- Deletes the proposed creation of s. 392.551, F.S., authorizing the department to test minors for tuberculosis without parental consent.
- Expands time period for renewal of EMS personnel certifications under s. 401.27, F.S.
- Deletes a proposed revision of s. 404.031, F.S., that would have authorized the department to regulate nonionizing radiation (lasers, MRIs).
- Deletes any increase in the range of fees in the Vital Statistics program.
- Provides additional budget flexibility to the Department of Health.
- Adds Secretary of Health to WAGES board.
- Authorizes, rather than requires, Medicaid cost-based reimbursement of county health departments.
- Deletes reference to fibrocystic condition as a precursor as an exception for insurance coverage, and does not amend s.627.6419, F.S.

- Exempts physicians employed full-time in developmental services facilities from the assessment imposed under s. 766.314(4), F.S.
- Reduces fine for violation of Vital Statistics provisions from \$5,000 to \$1,000.

Committee on Health Care

Staff Director *John Wilson*

(FILE TWO COPIES WITH THE SECRETARY OF THE SENATE)

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below)

Date: March 18, 1997 Revised: _____

Subject Department of Health

18 2265

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	Williams <i>AW</i>	Wilson <i>W</i>	HC	
2.			WM	
3.				
4.				
5.				

I. Summary:

Senate Bill 552 makes numerous changes to public health statutes to reflect the 1996 creation of the Department of Health, and to also update several sections of statute that have not been updated in recent years to reflect programmatic revisions as they have occurred. Specifically, the bill:

- Renames two divisions within the department;
- Authorizes the department to expend funds for incentives and promotional activities;
- Permits county health departments to contract with peer review committees or organizations, and expands the quality assurance review capability of the department;
- Deletes a requirement that environmental health services be fully fee supported,
- Renames the Nursing Scholarship Loan Program, permits part-time students to participate in the program, and authorizes inflationary increases in scholarship amounts;
- Revises environmental health professional requirements relating to standards for certification, fees for application, examination, and certification, and provides penalties for violation of standards;
- Specifically authorizes contraceptive distribution through county health department pharmacies;
- Requires MediPass to reimburse county health departments for emergency shelter screenings;
- Updates provisions relating to Sudden Infant Death Syndrome;
- Expands cancer registry reporting requirements to include ambulatory surgical centers and radiation therapy treatment centers, and gives the department rule making authority for cancer reporting,
- Updates provisions relating to the Diabetes Advisory Council,
- Modifies the definition of "active tuberculosis;"

-
- Gives minors the right to consent to tuberculosis examination without parental consent;
 - Authorizes the tuberculosis hospital to establish a forensic unit.
 - Clarifies the Department of Health's authority to examine hospital records for purposes of epidemiologic investigations;
 - Increases the penalty for unauthorized release of confidential hospital information by departmental agents from first to second degree misdemeanor;
 - Clarifies and updates requirements for interfacility transfers of patients using certified emergency vehicles, and grants the department rule making authority.
 - Provides for a six-month inactive status for those emergency medical technician and paramedic certificates not renewed at the time of expiration;
 - Transfers several public health functions to chapter 381: biomedical and social research, school health services, funding for school health services, osteoporosis prevention and education, insect sting emergency treatment, and tanning facility regulation;
 - Authorizes the department to regulate nonionizing radiation;
 - Provides a penalty of felony of the third degree for fraud, deception, or misrepresentation in performing radon gas measurements or mitigation of buildings for radon gas;
 - Authorizes biennial, rather than annual, inspection of radiation devices under certain circumstances.
 - Expands the definition of "health care provider" for purposes of public entity involvement with accountable health partnerships;
 - Authorizes pregnancy prevention education as part of Medicaid family planning reimbursable service,
 - Requires Medicaid cost-based reimbursement of county health departments;
 - Adds crimes against a person as grounds for disciplinary action against radiologic technologists,
 - Authorizes travel reimbursement for members of the public swimming pool advisory review board;
 - Transfers to the Agency for Health Care Administration the rule making responsibility relating to insurance coverage for bone marrow transplants;
 - Deletes a provision relating to fibrocystic predisposition for insurance coverage of breast cancer;
 - Exempts Department of Health physicians from the Birth Neurological Injury Compensation Program assessments;
 - Incorporates into adoption registry provisions of s. 63.165, F.S., several existing provisions from chapter 382, F.S.;
 - Amends various sections of chapter 382, F.S., relating to the Vital Statistics Program, to make numerous technical and substantive changes. The changes include: providing jurisdiction and procedures for the determination of paternity for children born out of wedlock; providing new definitions; clarifying time frames for filing vital records; specifying naming of father if the father is deceased at the time of birth; clarifying and prescribing procedures for entering the name of the father on birth certificates; providing authority to correct errors or misstatements of information on death records by the immediate family; clarifying the procedures for filing delayed certificates; clarifying who may access vital records, changing the fee ranges that Vital Statistics may charge; allowing

DOH to match birth and death certificates and post the death on the birth certificate; providing penalties, removing confidential restriction on older records and allowing for access to birth records of deceased persons by certain family members; and incorporating conforming provisions into related chapters of the statutes; and

- Repeals various out-of-date and unused public health sections of statute.

Senate Bill 552 amends the following sections of the Florida Statutes: 20 43, 154.04, 154.06, 232.465, 240 4075, 240.4076, 381 0055, 381.0065, 381.0101, 381.0203, 381.0302, 381.0405, 381.0406, 381.04065, 381.0407, 383.3362, 385.202, 385.203, 392.52, 392.565, 392.62, 395.3025, 395.401, 401.107, 401.111, 401.117, 401.23, 401.245, 401 252, 401.265, 401.27, 402.105, 402 32, 402.321, 402.41, 402.475, 402.60, 402.61, 403.703, 404.031, 404.051, 404.056, 404 0614, 404.131, 404.20, 404.22, 408.701, 409.905, 409 908, 414 23, 414.38, 458.316, 468 301, 468 3101, 468 314, 514 011, 514 028, 627.4236, 627 6419, 766.101, 766 314, 28 101, 28.222, 63.062, 63.165, 68 07, 382.002, 382 003, 382 004, 382.005, 382.006, 382.007, 382.008, 382.011, 382.012, 382.013, 382.0135, 382.015, 382.016, 382.017, 382.018, 382.019, 382.021, 382.022, 382.023, 382.025, 382.026, 382.356, 383.2161, 402.40, 460.414, 741.041. 742.10, 742.16.

The bill creates the following sections of the Florida Statutes: 382.0255 and 392 551.

The bill repeals the following sections of the Florida Statutes: 110.1125, 381.81, 382.024, 387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07, 387.08, 387.09, 387.10, 402.37, 501.061, 501.065, 501.071, 501.081, 501.085, 501.091, 501.095, 501.101, 501.105, 501.111, 501 115, 501.121, 501 124, 403.7045(1)(e), 381 698, 382.014, 382.027, 501.075, and 766 1115(12).

II. Present Situation:

Creation of the Department of Health

Chapter 96-403, Laws of Florida, the “William G “Doc” Myers Public Health Act,” created the Department of Health effective January 1, 1997. Section 18 of the bill authorized the creation of a Transition Advisory Committee (TAC) to guide the transition process and the creation of the new department. In order to assist with the creation of the new Department, and to ensure smooth and consistent operations during transition, Governor Chiles appointed Dr. James Howell as Secretary of the Department of Health on August 16, 1996.

The TAC held its initial meeting July 12, 1996. Subsequent meetings were held around the state. Whenever possible, a tour of local County Health Departments (CHDs) or Children’s Medical Services (CMS) clinics was arranged to correspond with meetings held outside of Tallahassee. Every meeting provided time for public comment and input, as well as presentations by health professionals from throughout the state. The latest meeting of the TAC was held by video conference on December 19, 1996, to discuss the format, findings and recommendations of the TAC’s final report to the Governor and the Legislature

The TAC organized four workgroups to provide the work products required and to allow all interested parties to participate: administration, organization, programs and management information systems. In addition to the efforts of the workgroups and the staff that worked with them, the TAC surveyed all CHDs, CMS clinic sites, and key management staff in the Department of Health to assess areas of continuing concern and recommendations for addressing these concerns. As reflected in the TAC's January 1, 1997, report, the following were the Committee's recommendations for further action.

Policy

1. Establish a formal relationship between the State Health Office, County Health Departments, Florida Association of Counties, and local governments.
2. Ensure continuing review of all interagency agreements.
3. Ensure compatibility among programmatic data systems between all agencies involved with health or public health issues.

Organizational/Functional Changes

1. Transfer Rural Health from the Agency for Health Care Administration to the Department of Health.
2. Transfer Correctional Medical Authority from the Department of Corrections to the Department of Health.
3. Transfer Local Health Councils from the Agency for Health Care Administration to the Department of Health.
4. Change CMS Director to a Deputy Secretary instead of division level.
5. Provide budget flexibility for the Department of Health which is similar to the flexibility currently afforded the Department of Children and Families.

Rules

1. Clarify rules related to disaster response, especially in Special Needs Shelters.

Statute

1. Revise Chapter 386, F.S., related to sanitary nuisances to make language clearer regarding the responsibilities of County Health Departments.

2. Require reimbursement by managed care providers to state labs operated by the Department of Health for work performed.
3. Support Medical Quality Assurance (MQA) issues regarding reporting investigations of physicians and other health care professionals.
4. Support other MQA legislative initiatives.
5. Regulate non-ionizing radiation devices (lasers).

The TAC will continue to function in an advisory capacity and meet as needed until its expiration on June 30, 1997.

Section 19 of chapter 96-403, Laws of Florida, established the Task Force to Study the Organization and Structure of State Health Programs. The full committee met on November 8 and December 2, 1996, and reviewed the organizational structure set in place by recent legislation, recent executive actions and organizational changes, as well as specific proposed changes and, more generally, the need for further structural or organizational changes in meeting Florida's health care needs. The task force's deliberations resulted in three major recommendations.

First, the Task Force recommends that the current organizational structure, with three exceptions, remain as it is for the present in order to allow time for the departments to implement the many recent changes already adopted by law and administration. Further it is recommended that no further transfers of programs among departments be made at this time nor any changes that may affect the sub-state structure of the present service delivery system or that may require the creation of district or regional programs or administrative units. To the extent that it is necessary to clarify working relationships among departments, interagency agreements should be employed. Almost unanimously the Task Force felt that its greatest contribution at this time is to not get in the way of progress by continuing to hastily recommend additional organizational changes before knowing whether recent changes will be effective.

The second recommendation, consisting of the three exceptions to the first, is that: (1) an office of rural health care should be created in the Department of Health for purposes of consolidating programs dealing with the special health care problems of rural areas; (2) the Local Health Councils should be transferred to the Department of Health; and (3) the Correctional Medical Authority should be transferred to the Department of Health.

Finally, after much debate over the issue of mental health and addiction services, the Task Force recommends the creation of a group composed of the secretaries of the Department(s) of Children and Family Services, Elder Affairs, and (Health) and the Agency for Health Care Administration, a representative of the Florida Medical Association, and others as appropriate, for purposes of developing a comprehensive strategy to address mental illness and substance abuse. Their report should be prepared in time for presentation to the Legislature and Governor for the 1998 session

The Department of Health is now responsible for the public health system and the delivery of public health services. Most public health services, including many inspection functions, are provided by staff of the 67 county health departments (CHD) across the state. At present, the Department of Health is responsible for: providing family health services which includes acute and episodic care, prenatal and postpartum care, child health services, school health services, dental health services, nutrition services, chronic disease prevention and control, family planning services, childhood immunizations, community health education and promotion, Children's Medical Services; contracting with the county health departments for the provision of public health services provided through the CHDs; conducting a communicable disease control program which includes disease surveillance and epidemiology, sexually transmissible diseases, tuberculosis, and HIV/AIDS prevention and control, conducting an environmental health program which includes regulation of onsite sewage treatment and disposal systems, drinking water (under contract with the Department of Environmental Protection), toxic and hazardous substances, sanitary nuisances, clean indoor air, migrant housing, mobile home parks and recreational camps, biohazardous waste, and radiation control; licensing and regulating emergency medical services and maintaining a disaster response program, maintaining state laboratories and a state pharmacy, enforcing Florida's Drug & Cosmetic Act; promoting the recruitment and training of health professionals including the Florida Health Services Corps; an office of rural health; providing quality assurance and public health nursing; and maintaining the Office of Vital Statistics

Update of Public Health Statutes

A number of issues have been identified regarding a variety of public health related statutory provisions that need to be updated, either because of the creation of the Department of Health or because the provisions themselves no longer reflect current practice. The following discussion highlights these numerous issues.

Budget Flexibility - Section 216.301, F.S., requires any undisbursed balance of any appropriation for any given fiscal year to revert to the fund from which it is appropriated and be available for reappropriation by the Legislature. Section 21 of chapter 96-403, authorized the Department of Children and Family Services to retain 20 percent of any unobligated general revenue and to spend it on productivity-enhancing technology or to improve services.

In general, the total number of authorized positions may not exceed the total provided in the appropriations act, s. 216.262, F.S. However, provision is made to permit the Executive Office of the Governor, upon request, to delegate to any state agency authority to add and delete authorized positions. Specific Appropriation 916 of the 1996-97 General Appropriations Act authorized the Department of Juvenile Justice to transfer up to one half of one percent of the total funds provided to establish positions in excess of those authorized for fiscal year 1996-97. The Department of Health would like similar budget flexibility

Health promotion - As the chief fiscal officer of the state, the duty of the comptroller is to settle and approve accounts against the state (Art IV, s. 4(d), State Constitution). Without clear statutory authority, the Comptroller's Office questions any agency expenditure for promotional or advertising purposes unless the funding is from a grant which specifically authorizes such expenditures. The department would like authority to spend state funds on health promotional activities

HIV/AIDS Education - In 1988, the legislature approved chapter 88-380, L.O.F., the omnibus HIV/AIDS act. One section of the act directed HRS to prepare a informational pamphlet about HIV and AIDS to be distributed by each state agency to each new state employee, 110.1125, F.S. This is not being implemented due to lack of sufficient funding Further, current HIV/AIDS policy favors targeting education efforts toward at-risk populations.

Public Health Fee Schedules - Section 154.06, F.S., authorizes the Department of Health to establish fee schedules for public health services. The statute also contains a provision directing that by July 1, 1985, fees charged must be sufficient to cover the provision of services. However, many regulatory statutes have fees capped at rates less than actual cost, preventing department compliance and creating audit exceptions. The department would like to repeal this provision.

Public Health Peer Review & Quality Assurance - The State Health Office and county health departments have for years conducted peer review activities to enhance quality of care. Peer review activities are typically sheltered from public disclosure in order to encourage open communication and to protect patient records After it was determined that public health peer review proceedings were not protected from public disclosure, s. 381.0055, F.S., was enacted in 1994 granting a public meetings exemption for patient care quality assurance proceedings conducted by the department, county health departments, healthy start coalitions, or rural health networks. Still missing are specific provisions in s.766.101, F.S., authorizing the establishment of public health peer review committees and protecting such committees from liability.

Nursing Scholarship Program - The Legislature established the Nursing Student Loan Forgiveness Program in 1989, in s. 240.4075, F.S., and the Nursing Scholarship Loan Program in 1992, in s. 240.4076, F.S., to provide financial assistance to aspiring nurses and to help recruit health professionals to medically under served areas. The Scholarship Loan Program, which only provides scholarships on a full-time basis, has had a difficult time finding prospective candidates since most nursing students attend school part time. In addition, many potential recipients are

deterred by the fact that a scholarship default will result in repayment of the scholarship at three times the entire amount received plus interest accruing from the date of the scholarship payment.

Environmental Health Professionals - Since July 1991, environmental health professionals who conduct onsite sewage system or food inspections must be certified under s. 381.0101, F.S. Those employed as health professionals in particular positions at the time the law took effect are considered certified without taking an examination as long as they do not change positions. However, because the statute is silent with respect to adherence to professional standards and continuing education requirements, those who were "grandfathered in" also assume that they do not have to meet these requirements. This has created an inequity between the grandfathered inspectors and those certified under the statute

In addition, because the statute lacks penalty provisions, the department is hampered in its ability to assure compliance with professional standards.

Finally, the department anticipates requiring certification for up to five different inspection categories. The way the fee provision currently reads, high fees may accumulate for persons wishing to become certified in multiple areas. The department would like the statute to allow for consolidation of fees for those seeking certification in multiple categories, and lower costs for persons wishing to become certified in more than one area.

Pharmacy Services - Many women with incomes between 150 and 200 percent of the poverty level, who do not qualify for Medicaid, cannot afford to purchase contraceptives at retail pharmacy prices. Current statutory provisions in s. 381.0103, F.S., do not expressly authorize the state pharmacy program to purchase and sell contraceptives to these women at affordable prices.

Rural Health - In response to limited rural access to health care, the legislature has undertaken several rural health initiatives through the years. A 1987 initiative established the Florida Area Health Education Centers Program (AHEC) which focuses on the recruitment, training and retention of primary care professionals in rural areas under s. 381.0402, F.S. The 1991 Legislature established an Office of Rural Health in the State Health Office of HRS under s. 381.0405, F.S. In 1993, the legislature provided for the development of rural health networks to be implemented by AHCA under s. 381.0406, F.S. The purpose of the networks is to plan, coordinate and deliver health care services to rural state residents.

Primary care program and managed care - Last year the Legislature created s. 381.0407, F.S., to require managed care reimbursement for primary care services provided by publicly-funded health facilities. The statute does not address MediPass reimbursement for emergency shelter medical screenings provided by county health departments.

Florida Blood Transfusion Act - In 1977, the Legislature enacted the Florida Blood Transfusion Act under s. 381.698, F.S. This statute has never been implemented because blood products and blood banks are regulated by the federal Food and Drug Administration under the Food, Drug & Cosmetic Act

Minority Health Improvement Act - In 1993, the Legislature created the Minority Health Commission, s. 381.81, F.S. Although the two-year term of the Commission ended July 1, 1995, the statute creating the commission has not been repealed.

Vital Statistics - Chapter 382, F.S., provides for the establishment, collection, and regulation of Florida vital records. One of Florida's oldest laws, many provisions need to be updated and clarified. For example, the statute still allows for hand written birth certificates and monthly filing. With the advent of computers, filing is much faster and more efficient than the statute prescribes. Further, the existing law does not accommodate surrogacy, or new procedures for establishing paternity or conducting adoptions. Birth and death records are closed forever making genealogical research difficult. Under chiropractic practice, practitioners may sign death certificates but this and many other statutory changes are not reflected in the vital statistics law.

Sudden Infant Death Syndrome - In 1993, the Legislature created s. 383.3362, F.S., addressing Sudden Infant Death Syndrome (SIDS), to be implemented to the extent funding is provided. Many provisions, including the establishment of the SIDS Advisory Council, county health department staff visits to affected families, and the preparation of an annual SIDS report have not been funded and therefore not implemented. Further, there does not appear to be any need for an advisory council because coordination between local SIDS Alliances and the fetal and infant mortality review committees of local healthy start coalitions make the establishment of the council unnecessary and redundant.

Statewide Cancer Registry - Florida has had a statewide Cancer Registry since 1978, under s. 385.202, F.S. At the time the registry was established virtually all cancer was treated in hospitals. Today most cancer treatment services have shifted to an outpatient setting, resulting in a gap in registry data because, under statute, only hospitals are required to report cancer data.

Diabetes Advisory Council - Section 385.203, F.S., requires the department to biennially publish a Diabetes State Plan. The department does not do this because funding has not been appropriated to prepare the plan. Further, the Diabetes Advisory Council has not recommended that funds be sought for this purpose.

Pollution of Waters - Many of the provisions of chapter 387, F.S., which regulates the pollution of waters, were enacted in 1913 when the health department had primary responsibility for sewage discharge and the pollution of underground waters. These provisions have been superseded by pt. I of ch. 403, F.S., the Florida Air & Water Pollution Control Act, which places primary responsibility for these functions with the Department of Environmental Protection.

Tuberculosis - Chapter 392, F.S., provides for the public health regulation of tuberculosis (TB). The department is proposing several statutory amendments to update current provisions. First, the present definition for "active tuberculosis" as it appears in s. 392.52, F.S., is not medically up to date.

Second, while county health departments have authority to diagnose and treat minors for sexually transmitted diseases (STD), they do not have authority to administer a TB test without parental permission. As a result, obtaining parental consent to a TB test may inadvertently disclose a minor's visit to a STD clinic. The department believes this may have a chilling effect on providing STD treatment to minors suspected of having TB

Third, A.G. Holley Hospital, the state's tuberculosis hospital, houses many non-compliant violent patients who need to be in a secure setting. However, the hospital does not have specific statutory authority in s 392.62, F.S., to establish a forensic unit. Express authority is needed in order to hire the appropriate personnel.

Hospital Records - Section 395.3025, F.S., governs the handling of hospital patient records. The department has authority to examine these records for epidemiological purposes. Many of the same information found in hospital records is also held by AHCA. The department would like clear authority to access AHCA records for the same information found in hospital records.

During the 1996 session, the penalty for violating the confidentiality of persons tested for HIV was increased from a second to a first degree misdemeanor, under ss. 381.004 and 384.34, F.S. However, the penalty for department employees improperly releasing epidemiological information gleaned from hospital records remains a second degree misdemeanor.

Emergency Medical Services - Section 401.252, F.S., governs interfacility transfer of patients in emergency medical services vehicles. In the effort to reduce agency rules, provisions governing the interfacility transfer of neonates were repealed due to the lack of specific statutory authority. Further, the rule may have exceeded current statutory authority. Also, the department would like to make clear that interfacility transfers must be in a permitted vehicle if the patient is likely to need medical attention during transport.

Another rule item which was repealed as part of the rule reduction exercise relates to renewal of emergency medical technician and paramedic certificates. By rule, such renewals could be done during an inactive period of six months following the expiration date.

Medical Manpower Clearinghouse - In 1978, the Legislature enacted s. 402.37, F.S., to authorize HRS to conduct efforts to recruit individual health care providers for relocation in medically underserved communities. Because this program has been superseded by s. 240.4067, F.S., relating to the medical education reimbursement and loan repayment program, and 381.0302, F.S., the Florida Health Services Corps, it is no longer being implemented

Radiation Regulation - Chapter 404, F.S., governs the regulation of radiation. Pursuant to s. 404.056, F.S., the department is charged with establishing radon standards and certifying persons who perform radon gas inspections. However, the statute provides no penalties for persons who practice fraud, deception, or misrepresentation when measuring radon levels in buildings.

The department has requested statutory fee increases for the last several years to cover the cost of annually inspecting radiation machines. Because these fee increases have been denied, the department would like statutory flexibility to permit some machines, depending on the machine's characteristics and inspection history, to be inspected biennially rather than annually.

The department is also responsible for the certification of radiologic technologists under part IV of ch. 468, F.S. Section 468.3101, F.S., providing grounds for disciplinary action, contains no provision for actions against certified technologists who have been convicted of crimes against persons.

Local and Statewide Health Councils - In 1982 the Legislature created the local health councils and the Statewide Health Council to collect and evaluate data and develop local and statewide health plans, s. 408.033, F.S. In 1992, the councils were transferred to the newly created Agency for Health Care Administration. The councils are funded by application fees for certificate of need and assessments on selected health care facilities collected by AHCA. Due to a lack of appropriation, the Statewide Health Council was inactivated in 1994.

Accountable Health Partnerships - The current definition of health care providers for purposes of accountable health partnerships does not include public non-licensed entities and prevents such entities from participating in accountable health partnerships under s. 408.701(13), F.S.

Medicaid - Section 409.905(3), F.S., which provides for Medicaid reimbursement for family planning services as a mandated Medicaid service, does not specifically mention counseling about pregnancy prevention methods. Consequently many Medicaid providers assume that they do not have to offer such counseling, thereby lessening the availability of this information to Medicaid recipients.

Under s. 409.908(19), F.S., county health departments are reimbursed for Medicaid clients at a cost-based rate. Although this reimbursement system has been continued in the Appropriations Act, the statutory authority for this reimbursement method expired June 30, 1995.

Hazardous Substances Law - Enacted in 1970, the Florida Hazardous Substances Law, ss. 501.061-021, F.S., directs the department to require and enforce appropriate labeling of legal substances which the department determines to be hazardous. Never funded, this statute has never been implemented.

Toxic Labeling of Arts and Crafts Material - Similarly, in 1986, the Legislature enacted s. 501.124, F.S., which specifically addressed affixing warning labels on art and craft material containing any toxic substance included in s. 442.103, F.S. Enforcement authority is vested in the department. Never funded, this statute has never been implemented.

Public Swimming Pool Advisory Review Board - The Public Swimming Pool Advisory Review Board has a statutory obligation to recommend rules and review variance requests. Meetings are held in Orlando. As created under s. 514.028, F.S., board members are prohibited from being reimbursed for travel expenses. It is the only department advisory board with regulatory functions whose members are not reimbursed for travel expenses. This limits who can serve on the board.

Bone Marrow Advisory Board - Responsibility for organ and tissue programs was transferred to the Agency for Health Care Administration in 1992 and 1994. However, rule promulgating authority with respect to bone marrow transplants was not transferred and therefore remains with the department, s. 627.4236, F.S.

Fibrocystic Conditions/Insurance Coverage - Section 627.6419, F.S., provides insurance coverage requirements in those instances where a predisposition to breast cancer has been determined by a fibrocystic condition or a nonmalignant lesion that demonstrates a predisposition, unless the condition is diagnosed through a breast biopsy that demonstrates an increased disposition to developing breast cancer. Some argue that this latter modifying clause is a glitch from a 1995 rewrite of this provision that should be deleted.

Birth Neurological Injury Compensation Program (NICA) - Sections 766.301-766.316, F.S., establish and regulate the Florida Neurological Injury Compensation program. The purpose of this program is to provide compensation, irrespective of fault, for birth-related neurological injury claims and thus permit physicians to avoid costly medical malpractice premiums. In order to fund this program, all physicians, with certain exceptions, are annually assessed \$250. Among the exceptions are physicians employed by the Department of Corrections and state mental health facilities. However, physicians employed by a county health department or the Department of Health are not exempted from the assessment.

Volunteer Health Care Provider Program - In 1992, the Legislature enacted s. 766.1115, F.S., which provided a procedure to help ensure that health care providers who provide uncompensated health care to indigents on behalf of a governmental entity would be included within the state's sovereign immunity umbrella. Part of the bill which created that statute also included a sunset date repealing the statute effective July 1, 1997.

III. Effect of Proposed Changes:

Note: The phrase "to incorporate technical revisions," when used in this analysis, refers to replacing reference to the "Department of Health and Rehabilitative Services" with reference to the "Department of Health," replacing "county public health unit" with "county health department," or replacing "State Health Office" or "Officer" with the "Department of Health" and related technical, conforming, and clarifying revisions.

Section 1. Amends s 20 43, F.S., 1996 Supplement, relating to the Department of Health (DOH), to modify the name of two of the department's divisions and to add a new subsection (6) to permit DOH to expend funds for incentives and for promotional activities for the purpose of protecting or improving the public's health.

Section 2. Amends s. 154.04, F.S , 1996 Supplement, relating to county health department personnel, to add a new paragraph to subsection (1), to permit county health departments (CHDs) to contract with peer review committees or organizations to review the quality of communicable disease control and primary care services, including maternal and child health services. This will allow CHDs to use these organizations, which have specialized expert knowledge, to review quality of care.

Section 3. Amends s 154.06(1), F.S , relating to public health fees and services, to delete a requirement that environmental health services be totally fee supported, and to incorporate technical revisions

Section 4. Amends s. 232.465(4), F.S., 1996 Supplement, relating to the provision of emergency services in the school setting, to conform a cross-reference to reflect renumbering of related statutes.

Section 5. Amends s. 240 4075, F.S., relating to the Nursing Student Loan Forgiveness Program, to incorporate technical revisions.

Section 6. Amends s. 240.4076, F.S , relating to the Nursing Scholarship Loan Program, to: rename the program as the Nursing Scholarship Program; permit students enrolled in school part-time to participate in the program, with employment service obligation based on the amount of scholarship funds received; authorize adjustments to scholarship amount based on changes in the Consumer Price Index; and incorporate technical revisions.

Section 7. Amends s 381.0055, F.S., 1996 Supplement, relating to confidentiality and quality assurance activities, to delete a potential limit on the nature of reviews to be conducted by DOH and to incorporate technical revisions.

Section 8. Amends s 381.0065, F.S., 1996 Supplement, relating to DOH's regulation of onsite sewage treatment and disposal systems, to incorporate technical revisions.

Section 9. Amends s 381 0101, F.S , relating to environmental health professionals, to: update a "grandfathering" provision for environmental health professionals employed by DOH to reflect the date that the applicable rule was adopted for certification requirements; clarify the applicability of certification to those grandfathered employees who change jobs; consolidate the fees for application, examination, and certification; impose penalties for violation of this section; and incorporate technical revisions.

Section 10. Amends s. 381.0203(2)(e), F.S., relating to the DOH pharmacy services program, to specifically authorize a contraception distribution program through county health department pharmacies, including eligibility requirements, fee authority, and DOH rulemaking.

Section 11. Amends s. 381.0302(3) and (12), F.S., relating to the Florida Health Services Corps, to incorporate technical revisions.

Sections 12-14. Amend ss. 381.0405(1), 381.0406(16) and (17), and 381.04065(5), F.S., relating to rural health, to incorporate technical revisions.

Section 15. Amends s. 381.0407, F.S., 1996 Supplement, relating to managed care and publicly funded primary care program coordination, to require the MediPass Program to reimburse county health departments for emergency shelter screenings provided to clients of the Department of Children and Family Services, correct a reference to human immunodeficiency virus infection; and incorporate technical revisions.

Section 16. Amends s. 383.3362, F.S., relating to Sudden Infant Death Syndrome (SIDS), to: delete a requirement that county health department personnel attempt to visit the parents or guardians of an infant who has died from SIDS; delete the SIDS advisory council and the requirement that an annual report be prepared on SIDS, direct DOH staff to work with local healthy start coalitions, the local SIDS Alliances, and other support groups; and incorporate technical revisions. The DOH does not receive an appropriation to support the SIDS advisory council or to prepare an annual report.

Section 17. Amends s. 385.202, F.S., 1996 Supplement, relating to the statewide cancer registry, to: expand cancer registry reporting to include, in addition to hospitals, ambulatory surgical centers and radiation therapy treatment centers, authorize the use of appropriated funds to ensure the quality and accuracy of reported information and management information to reporting facilities, authorize DOH to, by rule, classify facilities for cancer registry reporting purposes and specify the content and frequency of reporting; and incorporate conforming revisions.

Section 18. Amends s. 385.203, F.S., relating to the Diabetes Advisory Council, to: add the Board of Regents as a recipient of advice from the council, since the medical university-based diabetes centers now receive their appropriations through the Board of Regents; delete a DOH diabetes annual plan requirement; and incorporate technical and conforming revisions. The DOH does not receive an appropriation to prepare the plan and does not believe an annual plan is necessary.

Section 19. Amends s. 392.52, F.S., relating to the tuberculosis definitions, to incorporate a technical update in the definition of "active tuberculosis" and to incorporate technical revisions.

Section 20. Creates s. 392.551, F.S., to give minors the right to consent to examination for tuberculosis without parental consent. This change is sought because DOH wants statutory authority to be able to screen minors seeking services in sexually transmittable disease and

family planning clinics and minors in migrant camps, for tuberculosis. The DOH needs this clear authority in law to protect public health. Comparable authority already exists for various other communicable diseases.

Section 21. Amends s. 392.565, F.S., relating to certificates for involuntary hold for tuberculosis, to exclude persons suspected of having been exposed to tuberculosis from being subjected to involuntary hold. This language makes it clear that a person must be reasonably suspected of having active tuberculosis to be subject to involuntary hold.

Section 22. Amends s. 392.62(2) and (4), F.S., relating to the tuberculosis hospital, to permit DOH's tuberculosis hospital to have a forensic unit and to clarify that nothing in this section precludes a hospital from isolating an infectious patient for medical reasons.

Section 23. Amends s. 395.3025(4) and (5), F.S., 1996 Supplement, relating to access to otherwise confidential hospital records, to: delete reference to the Department of Business and Professional Regulation in the context of professional board investigations; clarify DOH's authority to examine hospital patient records for the purpose of epidemiological investigations; and increase the penalty for unauthorized release of confidential hospital patient information by departmental agents from a second degree misdemeanor to a first degree misdemeanor.

Section 24. Amends s. 395.401(1), F.S., relating to trauma system regulation, to define "department" as the Department of Health.

Sections 25-29. Amend ss. 401.107, 401.111, 401.117, 401.23, and 401.245, F.S., relating to the regulation of emergency medical services (EMS) by DOH, to incorporate technical and conforming revisions.

Section 30. Amends s. 401.252, F.S., relating to interfacility transfers, to: stipulate that interfacility transfers must be made in a permitted ambulance, if it is determined that the patient needs or is likely to need, medical attention during transport; specify vehicle permitting parameters specific to the interfacility transfer of certain neonates; and grant DOH rulemaking authority specific to interfacility transfers.

Section 31. Amends s. 401.265(2), F.S., relating to EMS medical directors, to incorporate technical revisions.

Section 32. Amends s. 401.27(8), F.S., relating to emergency medical technician and paramedic certificates, to provide a statutory basis for a six-month inactive status for certificates not renewed at the time of expiration. This is a rule provision which has been determined to have no statutory basis.

Sections 33-39 (excluding section 36). Renumber the following sections of statute from chapter 402, F.S., relating to miscellaneous programs of the Department of HRS, as sections of statute in chapter 381, F.S., relating to DOH public health functions, and incorporates technical revisions:

<u>Bill Section</u>	<u>Existing Statute</u>	<u>New Statute</u>	<u>Issue</u>
33.	402.105	381.85	Biomedical and social research
34.	402.32	381.0056	School health services program
35.	402.321	381.0057	Funding for school health services
37	402.475	381.87	Osteoporosis prevention and education program
38	402.60	381.88	Insect sting emergency treatment
39.	402.61	381.89	Regulation of tanning facilities

Section 36. Amends s 402.41, F.S., relating to DOH's role in the development of education materials and training concerning human immunodeficiency virus and acquired immune deficiency syndrome and other communicable diseases for use in facilities licensed under chapter 402, F.S., to incorporate technical revisions.

Section 40. Amends s. 403.703(41), F.S., 1996 Supplement, relating to definitions used for solid waste management, to correct a cross-reference.

Section 41. Amends s. 404.031, F.S., relating to definitions used for radiation control, to add nonionizing radiation to the definition of radiation. This change will give DOH the authority to protect the public from possible danger from nonionizing devices, such as lasers and Magnetic Resonance Imaging (MRI) machines, as is now provided for ionizing radiation devices such as x-ray machines.

Section 42. Amends s. 404.051, F.S., relating to DOH's powers and duties with regard to ionizing radiation, to incorporate technical revisions.

Section 43. Amends s. 404.056, F.S., relating to environmental radiation standards, to make fraud, deception or misrepresentation in performing radon gas measurements or performing mitigation of buildings for radon gas a violation of law subject to the same penalties that apply to other violations of law governing the regulation of radioactive material, and to incorporate technical revisions. At the present time, Florida law is silent regarding penalties for such misrepresentation.

Sections 44-46. Amend ss. 404.0614, 404.131, and 404.20, F.S., relating to licensure of low-level radioactive waste management facilities, fees for radiation machines, and transportation of radioactive materials, respectively, to incorporate technical revisions

Section 47. Amends s. 404.22, F.S., relating to inspection of radiation machines and components, to authorize biennial, rather than annual, inspections of radiation machines used in the practice of medicine. The DOH lacks sufficient resources to inspect radiation machines used

in the practice of medicine, osteopathic medicine, chiropractic medicine, or naturopathic medicine each year. The DOH has requested statutory fee increases in prior years that have not been approved. This language gives DOH the flexibility to develop an inspection protocol, based on the inspection history and characteristics of radiation machines, to inspect some machines annually and others biennially. The fee remains annual, but inspection could be biennial. This section also incorporates technical revisions.

Section 48. Amends s. 408.701, F.S., relating to community health purchasing alliances (CHPA) definitions, to expand the definition of health care provider in accountable health partnerships to include locally-funded or non-profit health care providers, community and migrant health centers, certain children's clinics, and Department of Children and Family Services-supported community mental health and substance abuse providers.

Section 49. Amends s. 409.905(1)(3), and (5)(b), F.S., 1996 Supplement, relating to mandatory Medicaid services, to specifically include counseling that explains the availability, benefits, and risks of each method of pregnancy prevention as a reimbursable Medicaid family planning service, correct reference to the counties included in a Medicaid managed mental health care pilot project, and to incorporate technical revisions.

Section 50. Amends s. 409.908(19), F.S., 1996 Supplement, relating to Medicaid provider reimbursement, to specify Medicaid cost-based reimbursement for county health department clinic services. Because s. 409.908(18) created in 1992, eliminated cost based reimbursement on June 30, 1995, subject to Legislative review, the subsequent appropriations acts, including the 1996-97 Appropriations Act, have contained language that permits public health clinics to continue to receive cost based reimbursement. This language re-codifies what is now in the Appropriations Act and what was previously in 409.908(19).

Sections 51 and 52. Amend ss. 414.23 and 414.38, F.S., 1996 Supplement, relating to welfare reform, to correct cross-references.

Section 53. Amends s. 458.316, F.S., relating to public health certificates for physician licensure, to incorporate technical revisions.

Section 54. Amends s. 468.301, F.S., relating to definitions applicable to regulating radiologic technologists, to incorporate technical revisions.

Section 55. Amends s. 468.3101(1), F.S., relating to the disciplining of radiologic technologists, to make being convicted, or found guilty, of a crime against a person grounds for disciplinary action against a person who is certified as a radiologic technologist.

Section 56. Amends s. 468.314(1), F.S., relating to the Advisory Council on Radiation Protection, to incorporate a technical revision.

Section 57. Amends s. 514.011(1), F.S., relating to definitions applicable to public swimming pool regulation, to incorporate a technical revision.

Section 58. Amends s. 514.028(3), F.S., relating to the Public Swimming Pool Advisory Review Board, to permit board members to be reimbursed for travel expenses.

Section 59. Amends s. 627.4236, F.S., relating to insurance coverage for bone marrow transplant procedures, to transfer rule-writing authority for insurance coverage of bone marrow transplants from HRS to the Agency for Health Care Administration, and to incorporate conforming revisions. According to DOH, this corrects an oversight.

Section 60. Amends s. 627.6419, F.S., relating to insurance coverage requirements for fibrocystic conditions, to delete an exception for those situations when the condition is diagnosed through a breast biopsy that demonstrates an increased disposition to developing breast cancer.

Section 61. Amends s. 766.101, F.S., 1996 Supplement, relating to medical review committee immunity from liability, to grant committees of county health departments, healthy start coalitions, and certified rural health networks, or employees of these entities, immunity from liability when reviewing quality of care and conducting mortality review. Current law grants an exemption from liability to similar committees in hospitals, nursing homes, ambulatory surgical centers, mental health facilities, and substance abuse treatment facilities. This provision also deletes an outdated reference to such immunity from liability for an optometric service plan certified under chapter 637, F.S., a chapter repealed in 1993.

Section 62. Amends s. 766.314(4)(b), F.S., 1996 Supplement, relating to the Birth Neurological Injury Compensation Program (NICA) assessments, to exempt county health department physicians and physicians employed full-time by DOH from paying the \$250 annual assessment to NICA. These physicians are covered under the state's sovereign immunity and the Department of Insurance's risk management program. The NICA statute currently exempts similar physicians, such as those employed by state-owned correctional institutions.

Section 63. Amends s. 28.101, F.S., 1996 Supplement, relating to additional charges imposed on petitions and records of dissolution of marriage, to incorporate technical revisions.

Section 64. Amends s. 28.222(3)(g), F.S., relating to county court clerks' recording duties, to incorporate technical revisions.

Section 65. Amends s. 63.062(1)(b), F.S., relating to adoptions consent, to incorporate a technical revision.

Section 66. Amends s. 63.165, F.S., relating to the registry of adoption information retained by the Department of HRS (now Children and Family Services, though this technical revision is not incorporated), to incorporate from s. 382.027, F.S., requirements that: the registry include the last known names and addresses of adoptees, natural parents, and adoptive parents, and any other

information desired by these principles; require those who seek to amend registry information to present verification of identification and, if applicable, authority for such changes; and authorize the department to charge fees for registry use. A technical revision is also incorporated. Section 382.027, 1996 Supplement, is repealed elsewhere in the bill

Section 67. Amends s. 68.07, F.S., relating to court clerks' duties relevant to change of name, to clarify the procedure for in-state and out-of-state requests and to incorporate technical revisions.

Section 68. Amends s. 382.002, F.S., relating to the definitions relevant to vital statistics, to: delete the definitions for "applicant," "death without medical attendance," and "presumptive death;" add a definition of "legal age;" specify that vital statistics activities are a DOH function; and incorporate technical revisions.

Section 69. Amends s. 382.003, F.S., relating to DOH's vital statistics powers and duties, to incorporate technical and conforming revisions.

Section 70. Amends s. 382.004, F.S., relating to the microfilming and destroying of vital records, to clarify that certified reproductions of vital records have standing in court.

Section 71. Amends s. 382.005, F.S., relating to duties of local registrars, to require that: all birth, death, and fetal death certificates be typed, eliminating a legibly printed option for such certificates; all registered certificates be transmitted to DOH daily; and local registrars designate one or more deputy subregistrars. The following provisions are deleted from this section: incomplete death or fetal death certificates, which is reestablished as part of s. 382.006, F.S., elsewhere in the bill, and incomplete certificates of birth, which is reestablished as part of s. 382.013, F.S., elsewhere in the bill. Technical revisions are incorporated.

Section 72. Amends s. 382.006, F.S., relating to burial-transit permits, to: require that an application for a burial-transit permit be signed by the funeral director and include the funeral director's license number, and require that the funeral director must attest that the physician or medical examiner will provide medical certification of the cause of death within 72 hours after receipt of the death certificate from the funeral director; stipulate that a burial-transit permit not be issued except under conditions specified by the department if death occurred from some disease which is held by the department to be infectious, contagious, or communicable and dangerous to the public health, which is deleted from s. 382.005(3), F.S., elsewhere in the bill; authorize Florida to accept certification of a death certificate issued under the law of a state or country that does not issue burial-transit permits as authorization for final disposition; authorize the department to develop rules governing the issuance of a burial-transit permit prior to the filing of a death certificate in hardship cases, which is deleted from s. 382.008(5), F.S., elsewhere in the bill; add a provision authorizing the department to destroy burial transit permits after the expiration of 3 years from the date of filing with the local register, which is deleted from s. 382.007, F.S., elsewhere in the bill; and delete a provision relating to the issuance of disinterment and reinterment permits by local registrars. Technical revisions are incorporated.

Section 73. Amends s. 382.007, F.S., relating to the prohibition of final dispositions without a burial permit, to: refer to burial-transit permits, delete reference to destruction of burial transit records after a 3-year expiration, which is incorporated into s. 382.006, F.S., elsewhere in the bill, and incorporate technical revisions.

Section 74. Amends s. 382.008, F.S., 1996 Supplement, relating to death and fetal death registration, to: provide for the inclusion of aliases in a death certificate; require, for fetal deaths, that the physician, midwife, or hospital administrator provide any medical or health information to the funeral director within 72 hours; provide conditions under which an extension may be granted beyond the normal 72 hours following a death for filing a death certificate; provide circumstances under which a temporary certificate of death or fetal death may be filed, and specifying the process for the subsequent filing of a permanent certificate; delete a provision relating to department rules providing for extensions of time in the filing of death-related certificates; delete reference to a department rule relating to the issuance of a burial transit permit prior to the filing of a certificate of death under certain circumstances, which is addressed in s. 382.006, F.S., elsewhere in the bill; require that a certificate of death or fetal death contain all information required by the department for legal, social, and health research purposes; delete a provision cross-referencing and requiring birth records elements in fetal death records, and incorporate technical revisions.

Section 75. Amends s. 382.011, F.S., relating to procedures for circumstances when death occurs without medical attendance or due to unlawful act or neglect, to: redesignate the section as relating to "medical examiner determination of cause of death;" indicate that deaths that occur more than 30 days after the decedent was last treated by a physician also fall under this provision; and to incorporate technical and conforming revisions.

Section 76. Amends s. 382.012, F.S., relating to presumptive death, to: incorporate the definition of "presumptive death," which is deleted from s. 392.002, F.S., elsewhere in the bill; distinguish between resident and nonresident presumptive death; state that a petitioner seeking a presumptive death certificate must include in the court petition all necessary information to complete the presumptive death certificate; and to incorporate technical and conforming revisions.

Section 77. Substantially rewords and amends s. 382.013, F.S., relating to certificate of birth; registration, to: redesignate the section title as "birth registration;" reduce from 5 days to 3 days the period of time for filing of birth registration for out-of-facility births; incorporate the requirements for filing certificates under varying circumstances, which is deleted from s. 382.005, F.S., elsewhere in the bill; provide for paternity if the husband dies before the birth of the child; provide for naming the child when the parents disagree, provide for multiple names when names exceed space provided on the certificate; incorporate provisions relating to the registration of a birth for a child of undetermined parentage, which is deleted from s. 382.014, F.S., elsewhere in the bill; and incorporate technical, conforming, and clarifying revisions.

Section 78. Amends s. 382.0135, F.S., relating to assignment of Social Security Numbers at birth, to incorporate technical and conforming revisions.

Section 79. Amends s. 382 015, F.S., relating to new or amended certificates of live birth, to: allow for objections by the court, parents, or adoptee (if of legal age) to the filing of a new birth certificate; direct the department, upon receipt of an annulment-of-adoption decree, along with sufficient information to identify the original certificate, to replace the new certificate with the old if a new certificate was filed at the time of adoption, and to seal the new certificate; provide a process for the notification of Canadian authorities of an adoption or an annulment-of-adoption; provide for the amendment of a birth certificate upon receipt by the department of a written request and receipt of a consenting affidavit signed by both parents acknowledging the paternity of the registrant, stipulating that if paternity has been established by court order that the name shall be entered as decreed by the court, authorize parents who marry each other after the time of birth, or the registrant if of legal age and with proof of the marriage, to request an amendment to the birth certificate with regard to parental marital status; require that a birth certificate not be amended to show a different father's name if the certificate shows the name of the father at the time of birth, except by court order; provide for the issuance of a new birth certificate following an affirmation of a parental status proceeding; delete provisions relating to annulment of adoption and out-of-state births; require that all copies of original birth certificates be forwarded to the state registrar; provide that with the exception of foreign births and delayed certifications of birth resulting from delayed registration or court-issued delayed birth certificates, all birth certificates shall be identical in form, and authorize the department to adopt and enforce rules under this section

Section 80. Substantially rewords and amends s. 382 016, F.S., relating to amendment of birth certificates, to. redesignate the section as relating to "amendment of records," broaden the applicability of the section to include death and fetal death records; prohibit a change in name of a surviving spouse on a death certificate except by court order and except for technical revisions relating to misspellings or omissions; and permitting a parent or guardian to change a child's name up to the child's first birthday.

Section 81. Substantially rewords and amends s. 382.017, F.S., relating to establishment of new birth certificates for alien children, to: redesignate the section as relating to "foreign births;" provide a procedure for the issuance of a "certificate of foreign birth;" and provide for notification of the United States' Department of State procedure for obtaining a revised birth certificate for adopted children who are United States citizens but born outside the United States.

Section 82. Substantially rewords and amends s. 382.018, F.S., relating to delayed birth certificates; jurisdiction of county court; procedure and issuance, and renumbers the section as s. 382.0195, F.S., to. redesignate the section as relating to "court-issued delayed birth certificates;" require such petitions to be filed in circuit court rather than county court; require such petitions to be on department forms; clarify that such a petition can proceed only if there is no birth certificate on file, require the original court-issued certificate to be mailed to the department and contain a list of supporting documentation, if the birth occurred in this state; require the original and one copy be given to the petitioner if the birth occurred outside this state; prohibit the amendment of court-issued birth certificates, except by court order; and incorporate technical and conforming revisions

Section 83. Substantially rewords and amends s. 382.019, F.S., relating to filing of certificates of birth, death, or fetal death in cases where no certificate was filed at time of birth, death, or fetal death, to: redesignate the section as relating to “delayed registration,” require delayed birth certificates to include a statement of evidence submitted; require a delayed birth certificate to be notarized as part of submission for registration; prohibit the establishment of more than one certificate of live birth, or the registration of a delayed birth certificate for a deceased person; require that a delayed certificate be marked as such; and incorporate technical, conforming, and clarifying revisions

Section 84. Amends s. 382.021, F.S., relating to department receipt of marriage licenses, to: delete the restriction limiting the validity of a marriage license to 60 days, which provision is incorporated into s. 741.041, F.S., elsewhere in the bill, and to incorporate technical and clarifying revisions.

Section 85. Amends s. 382.022, F.S., relating to marriage application fees, to incorporate technical, conforming, and clarifying revisions.

Section 86. Substantially rewords and amends s. 382.023, F.S., relating to clerks of the courts to furnish department with record of dissolution of marriage granted; charges, to redesignate the section as relating to “department to receive dissolution-of-marriage records, fees” and to incorporate technical, conforming, and clarifying revisions.

Section 87. Amends s. 382.025, F.S., 1996 Supplement, relating to certified copies of vital records, birth records, and other records; copies as evidence; searches of records; fees; disposition of fees, to: redesignate the section as relating to “certified copies of vital records; confidentiality; research;” delete a provision relating to the confidentiality of original birth records, which is incorporated into s. 382.013, F.S., elsewhere in the bill; require that requests for certified copies of records be in writing; expand the persons who have access to birth and death records; permit birth records to be public after 100 years, and death records to be public after 50 years; expand conditions under which birth records will be released to law enforcement agencies; require the department to mark the birth certificate of a deceased person with an indication of the death, delete a provision that stipulates that certified copies of records are prima facie evidence in court, which provision is incorporated into s. 382.004, F.S., elsewhere in the bill; delete fee provisions, which are incorporated into s. 382.0255, F.S., elsewhere in the bill; permit the release of records for research purposes under department-approved protocol; provide rule-making authority for the department specific to this section; and incorporate technical and conforming revisions

Section 88. Creates s. 382.0255, F.S., relating to fees, to entitle the department to fees as follows (Note: The fiscal portion of this analysis compares existing fees to these proposed fees.):

<u>Activity</u>	<u>Fee Range</u>
First year of records searched	\$5 to \$15
Each additional year searched	\$2 to \$5, up to a maximum of \$50
Photocopies	\$5 to \$10
Processing and filing a delayed certification	\$20 to \$30
Processing a name change or an amendment	\$20 to \$30
Processing and filing new birth certificate	\$20 to \$30
Additional certifications, when included in initial	\$4 to \$8
Processing and forwarding each exemplified copy	\$10 to \$20
Expedited processing fee	\$10 to \$20
Listing each vital record on electronic media	\$0.05 to \$0.15, plus a reasonable preparation charge
Commemorative certificates	\$25
Additional fee on certification of a birth record	\$4

The section also grants the department rule-making authority specific to fees and provides accounting guidelines for fee revenue. These fee revisions are a re-creation of existing provisions in s. 382.025, F.S., which are deleted elsewhere in the bill.

Section 89. Amends s. 382.026, F.S., relating to penalties, to: increase the penalty for knowingly providing false information from a second degree misdemeanor to a third degree felony; establish a penalty of third degree felony for counterfeiting or altering vital records, selling vital records or counterfeited or altered vital records; or possessing vital records knowing them to be illegally obtained, establish a penalty of third degree felony for department employees who furnish vital records knowing the record will be used for deceptive purposes, establish a fee of misdemeanor of the second degree for charging for the certification of cause of death; increase the administrative fine for violations of this chapter from \$500 to \$5,000; grant the department rule-making authority specific to this section; and incorporate technical and conforming revisions.

Section 90. Amends s. 382.356, F.S., 1996 Supplement, relating to protocols for sharing birth information, to incorporate technical and conforming revisions.

Sections 91. Amends s. 383.2161, F.S., relating to an annual maternal and child health report, to incorporate technical revisions.

Section 92. Amends s. 402.40(5)(c), F.S., 1996 Supplement, relating to the Child Welfare Training Trust Fund, to correct a cross-reference.

Section 93. Amends s. 460.414, F.S., relating to regulation of chiropractic physicians, to clarify that chiropractic physicians must sign death certificates in accordance with chapter 382 and on forms prescribed by rule of DOH.

Section 94. Amends s. 741 041, F.S., relating to marriage license validity periods, to increase from 30 days to 60 days the period of validity, and to require the license to recite the final date of license validity

Section 95. Amends s. 742 10(1), F.S., relating to the establishment of paternity for children born out of wedlock, to make technical changes to conform with vital statistics amendments to s. 382.013 and 382.015

Section 96. Amends s. 742 16(8), F.S., 1996 Supplement, relating to court periods for certifying parental status for gestational surrogacy, to incorporate a technical revision

Section 97. Repeals the following provisions of Florida Statutes relating to the indicated subjects:

- s. 110.1125, F.S., requiring that an HIV/AIDS informational pamphlet be provided to each new state employee
- s. 381.81, F.S., establishing the now defunct Minority Health Commission.
- ss. 382 014 (1996 Supplement), 382.024, and 382.027 (1996 Supplement), F.S., relating to birth certificates; vital statistics' accounting requirements; and the voluntary adoption registry; the provisions of which are transferred to other sections of statute as part of the rewrite of chapter 382, F.S., contained elsewhere in the bill.
- chapter 387, F.S., consisting of ss. 387.01 - 387.10, F.S., relating to HRS' responsibilities regarding the regulation of pollution of waters of the state, an antiquated chapter.
- s. 402.37, F.S., an outdated section relating to the medical manpower clearinghouse of HRS.
- ss. 501.061-501-121, F.S., the "Florida Hazardous Substances Law," which is no longer used.
- s. 501.124, F.S., relating to the toxic labeling of arts and crafts materials, which is no longer enforced.
- s. 403.7045(1)(e), F.S., to delete a cross-reference to the Florida Hazardous Substances Law, repealed above
- s. 381.698, F.S., relating to "The Florida Blood Transfusion Act," which has never been implemented. The federal Food and Drug Administration (FDA) regulates and inspects all blood banks.

Section 98. Repeals subsection (12) of s. 766.1115, F.S., effective June 30, 1997, which when created as part of section 1 of chapter 92-278, Laws of Florida, set a July 1, 1997, repeal of s. 766.1115, F.S., subject to legislative review prior to that repeal date.

Section 99. Provides for an effective date of July 1, 1997, except as otherwise provided.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B Public Records/Open Meetings Issues

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Section 24(a) of Article I of the Florida Constitution. However, some explanation is necessary on this issue. While the bill appears to create three exceptions to the public records law, each of these three is a simple restatement of an existing exception:

- Section 66 of the bill, in amending s. 63 165, F.S., provides an exemption from the public records law specific to adoption information. This information is currently exempt from disclosure under s. 382 027, F.S., which is repealed elsewhere in the bill.
- Section 77 of the bill, in rewriting and amending s. 382 013, F.S., provides an exemption from the public records law for certain birth certificate information. This exemption is currently contained in existing s. 382.013(2), F.S.
- Section 87 of the bill, in amending s. 382.025, F.S., relating to availability of records, simply relocates an existing exemption currently found in this section.

C Trust Funds Restrictions.

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Section 19(f) of the Florida Constitution. It should be noted, however, that the bill, in section 3, renames the public health unit trust fund as the county health department trust fund, a conforming change to the trust fund renaming from section 14 of chapter 96-403, Laws of Florida. Secondly, it should be noted that section 88 of the bill requires that vital statistics fees be deposited "in a trust fund used by the department" This mirrors language deleted from existing s. 382.025, F.S.

V. Economic Impact and Fiscal Note:**A Tax/Fee Issues**

As previously indicated, section 87 of the bill deletes existing fee ranges and section 88 reestablishes new fee ranges. For the most part, the existing maximum fees become the new minimum fees, such that the department is given authority to raise fees over time as necessary, by rule, but no immediate fee increase is imposed by the bill. The Vital Statistics Program is fully fee supported; the activity receives no general revenue. A comparison of the current fee, existing fee ranges, and proposed fee ranges are as follow:

Activity	Current Fee	Current Fee Range	Proposed Fee Range
First year of records searched	\$ 5.00	\$3 to \$5	\$5 to \$15
Photocopy of computer generated record	\$ 5.00	\$3 to \$5	\$5 to \$10
Each additional year searched	\$ 2.00	\$1 to \$2 (max of \$50)	\$2 to \$5 max of \$50
Processing and filing a delayed certificate	\$ 20.00	\$10 to \$20	\$20 to \$30
Processing a name change or an amendment	\$ 20.00	\$10 to \$20	\$20 to \$30
Processing and filing new birth certificate	\$ 20.00	\$10 to \$20	\$20 to \$30
Additional certifications, when included in initial	\$ 4.00	\$2 to \$4	\$4 to \$8
Processing and forwarding each exemplified copy	\$ 10.00	\$5 to \$10	\$10 to \$20
Expedited processing fee	\$ 10.00	\$5 to \$10	\$10 to \$20
Listing each vital record on electronic media	\$ 0.05	\$0.05 to \$0 10 (plus prep charge)	\$0.05 to \$0.15, (plus prep charge)
Commemorative certificates	\$ 25.00	\$25	\$25
Additional fee on certification of a birth record	\$ 4.00	\$4	\$4

B. Private Sector Impact.

When the existing cancer reporting law was written, virtually all cancer treatment was done in hospitals. Medical practice has changed and outpatient facilities now provide treatment services. The added facilities will bear the administrative costs associated with cancer reporting.

Those physicians employed full time by the Department of Health will no longer be subject to the NICA assessment. According to the Department of Health, this impacts about 200 physicians, or an aggregate of \$50,000. These physicians currently pay this amount themselves.

C. Government Sector Impact:

The DOH estimates a fiscal impact of \$2,000 annually to reimburse members of the Swimming Pool Advisory Review Board for travel expenses, which would come from the Planning and Evaluation Trust Fund. Meetings are held in Orlando; transportation is by automobile except for state staff in Tallahassee whose travel costs are paid for from other funds.

As indicated, the NICA fund will have \$50,000 less in physician revenue as a result of this bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Section 43 of the bill, in amending s. 404.056, F.S., creates a felony offense for fraud, deception, or misrepresentation in performing radon gas measurements or performing mitigation of buildings for radon gas. Likewise, section 89 of the bill, adds new penalties of felony of the third degree relating to vital statistics under s. 382.026, F.S. A person who commits a third degree felony is punishable by the imposition of imprisonment for up to 5 years and a fine up to \$5,000. Section 921.001, F.S., provides that any legislation that creates a felony offense, enhances a misdemeanor offense to a felony or reclassifies an existing felony offense to a greater felony classification result in a net zero sum impact in the overall prison population as determined by the Criminal Justice Estimating Conference, unless the legislation contains a sufficient funding source to accommodate the change, or the Legislature abrogates the application of s. 921.001, F.S. To the extent the bill creates a new felony offense, it may have a fiscal impact based on its impact on the overall prison population as determined by the Criminal Justice Estimating Conference under procedures established in s. 216.136(5), F.S.

VIII. Amendments:

None.

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below)

Date: March 22, 1997 Revised: _____

Subject: Department of Health

18 2265

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	Williams <i>AW</i>	Wilson <i>AW</i>	HC	
2.			CF	
3.			CJ	
4.			WM	
5.				

I. Summary:

Proposed Committee Substitute for Senate Bills 552 and 1960 makes numerous changes to public health statutes to reflect the 1996 creation of the Department of Health, transfers several programs to the Department of Health, and updates several sections of statute that have not been updated in recent years to reflect programmatic revisions as they have occurred. Specifically, the bill:

- Renames two divisions within the department, and creates a Division of Local Health Planning, Education, and Workforce Development,
- Authorizes the department to expend funds for incentives and promotional activities, and provides the department with budget flexibility,
- Permits county health departments to contract with peer review committees or organizations, and expands the quality assurance review capability of the department;
- Deletes a requirement that environmental health services be fully fee supported;
- Requires the department to initiate performance-based budgeting in fiscal year 2000-2001;
- Renames the Nursing Scholarship Loan Program, permits part-time students to participate in the program, and authorizes inflationary increases in scholarship amounts;
- Revises environmental health professional requirements relating to standards for certification, fees for application, examination, and certification, and provides penalties for violation of standards,
- Specifically authorizes contraceptive distribution through county health department pharmacies;
- Transfers, and conforms statutes to reflect the transfer of, rural health networks to the department;
- Conforms statutes to clarify membership on the Infant Screening Advisory Council;

- Requires MediPass to reimburse county health departments for emergency shelter screenings;
- Updates provisions relating to Sudden Infant Death Syndrome;
- Expands cancer registry reporting requirements to include ambulatory surgical centers and radiation therapy treatment centers, and gives the department rule making authority for cancer reporting;
- Updates provisions relating to the Diabetes Advisory Council;
- Designates the Children's Medical Services division director as a deputy secretary and the Deputy State Health Officer for Children;
- Modifies the definition of "active tuberculosis;"
- Authorizes the tuberculosis hospital to establish a forensic unit,
- Clarifies the Department of Health's authority to examine hospital records for purposes of epidemiologic investigations,
- Increases the penalty for unauthorized release of confidential hospital information by departmental agents from first to second degree misdemeanor;
- Clarifies and updates requirements for interfacility transfers of patients using certified emergency vehicles, and grants the department rule making authority;
- Provides for a six-month inactive status for those emergency medical technician and paramedic certificates not renewed at the time of expiration, and stipulates that those certificates which have expired on December 31, 1996, can be reactivated until September 30, 1997,
- Transfers several public health functions to chapter 381: biomedical and social research, school health services, funding for school health services, osteoporosis prevention and education, insect sting emergency treatment, and tanning facility regulation;
- Provides a penalty of felony of the third degree for fraud, deception, or misrepresentation in performing radon gas measurements or mitigation of buildings for radon gas,
- Authorizes biennial, rather than annual, inspection of radiation devices under certain circumstances,
- Expands the definition of "health care provider" for purposes of public entity involvement with accountable health partnerships;
- Authorizes pregnancy prevention education as part of Medicaid family planning reimbursable service;
- Re-authorizes Medicaid cost-based reimbursement of county health departments;
- Adds the Secretary of Health to the WAGES board;
- Adds crimes against a person as grounds for disciplinary action against radiologic technologists,
- Clarifies the registration requirements for septic tank contractors;
- Authorizes travel reimbursement for members of the Public Swimming Pool Advisory Review Board;
- Transfers to the Agency for Health Care Administration the rule making responsibility relating to insurance coverage for bone marrow transplants;
- Exempts Department of Health physicians from the Birth Neurological Injury Compensation Program assessments;

- Incorporates into adoption registry provisions of s. 63.165, F.S., several existing provisions from chapter 382, F.S.;
- Amends various sections of chapter 382, F.S., relating to the Vital Statistics Program, to make numerous technical and substantive changes. The changes include: providing jurisdiction and procedures for the determination of paternity for children born out of wedlock; providing new definitions, clarifying time frames for filing vital records; specifying naming of father if the father is deceased at the time of birth; clarifying and prescribing procedures for entering the name of the father on birth certificates; providing authority to correct errors or misstatements of information on death records by the immediate family, clarifying the procedures for filing delayed certificates, clarifying who may access vital records; allowing DOH to match birth and death certificates and post the death on the birth certificate, providing penalties; removing confidential restriction on older records and allowing for access to birth records of deceased persons by certain family members; revising penalty provisions; and incorporating conforming provisions into related chapters of the statutes;
- Transfers the local health councils to the Department of Health;
- Transfers, and conforms the statutes to reflect the transfer of, the Correctional Medical Authority to the Department of Health; and
- Repeals various out-of-date and unused public health sections of statute.

The bill amends the following sections of the Florida Statutes: 20.43, 110.131, 154.04, 154.06, 216.0172, 216.341, 232.032, 232.465, 240.4075, 240.4076, 381.0055, 381.0065, 381.0101, 381.0203, 381.0302, 381.0405, 381.0406, 381.04065, 381.0407, 383.14, 383.3362, 385.202, 385.203, 391.051, 392.52, 392.565, 392.62, 395.3025, 395.401, 401.107, 401.111, 401.117, 401.23, 401.245, 401.252, 401.265, 401.27, 402.105, 402.32, 402.321, 402.41, 402.475, 402.60, 402.61, 403.703, 404.031, 404.051, 404.056, 404.0614, 404.131, 404.20, 404.22, 408.033, 408.701, 409.905, 409.908, 414.026, 414.23, 414.38, 458.316, 468.301, 468.3101, 468.314, 489.553, 514.011, 514.028, 627.4236, 766.101, 766.314, 28.101, 28.222, 63.062, 63.165, 68.07, 382.002, 382.003, 382.004, 382.005, 382.006, 382.007, 382.008, 382.011, 382.012, 382.013, 382.0135, 382.015, 382.016, 382.017, 382.018, 382.019, 382.021, 382.022, 382.023, 382.025, 382.026, 382.356, 383.2161, 402.40, 460.414, 741.041, 742.10, 742.16, 945.602, 945.603, 945.6031, and 945.6032.

The bill creates the following section of the Florida Statutes: 382.0255

The bill repeals the following sections of the Florida Statutes: 110.1125, 381.81, 382.014, 382.024, 382.027, 387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07, 387.08, 387.09, 387.10, 402.37, 501.061, 501.065, 501.071, 501.075, 501.081, 501.085, 501.091, 501.095, 501.101, 501.105, 501.111, 501.115, 501.121, 501.124, 403.7045(1)(e), 381.698, and 766.1115(12).

II. Present Situation:

Creation of the Department of Health

Chapter 96-403, Laws of Florida, the "William G. "Doc" Myers Public Health Act," created the Department of Health effective January 1, 1997. Section 18 of the bill authorized the creation of a Transition Advisory Committee (TAC) to guide the transition process and the creation of the new department. In order to assist with the creation of the new Department, and to ensure smooth and consistent operations during transition. Governor Chiles appointed Dr James Howell as Secretary of the Department of Health on August 16, 1996.

The TAC held its initial meeting July 12, 1996. Subsequent meetings were held around the state. Whenever possible, a tour of local County Health Departments (CHDs) or Children's Medical Services (CMS) clinics was arranged to correspond with meetings held outside of Tallahassee. Every meeting provided time for public comment and input, as well as presentations by health professionals from throughout the state. The latest meeting of the TAC was held by video conference on December 19, 1996, to discuss the format, findings and recommendations of the TAC's final report to the Governor and the Legislature.

The TAC organized four workgroups to provide the work products required and to allow all interested parties to participate: administration, organization, programs and management information systems. In addition to the efforts of the workgroups and the staff that worked with them, the TAC surveyed all CHDs, CMS clinic sites, and key management staff in the Department of Health to assess areas of continuing concern and recommendations for addressing these concerns. As reflected in the TAC's January 1, 1997, report, the following were the Committee's recommendations for further action:

Policy

1. Establish a formal relationship between the State Health Office, County Health Departments, Florida Association of Counties, and local governments.
2. Ensure continuing review of all interagency agreements
3. Ensure compatibility among programmatic data systems between all agencies involved with health or public health issues.

Organizational/Functional Changes

1. Transfer Rural Health from the Agency for Health Care Administration to the Department of Health.
2. Transfer Correctional Medical Authority from the Department of Corrections to the Department of Health.

3. Transfer Local Health Councils from the Agency for Health Care Administration to the Department of Health
4. Change CMS Director to a Deputy Secretary instead of division level
5. Provide budget flexibility for the Department of Health which is similar to the flexibility currently afforded the Department of Children and Families.

Rules

1. Clarify rules related to disaster response, especially in Special Needs Shelters

Statute

1. Revise Chapter 386, F.S., related to sanitary nuisances to make language clearer regarding the responsibilities of County Health Departments.
2. Require reimbursement by managed care providers to state labs operated by the Department of Health for work performed.
3. Support Medical Quality Assurance (MQA) issues regarding reporting investigations of physicians and other health care professionals.
4. Support other MQA legislative initiatives
5. Regulate non-ionizing radiation devices (lasers).

The TAC will continue to function in an advisory capacity and meet as needed until its expiration on June 30, 1997.

Section 19 of chapter 96-403, Laws of Florida, established the Task Force to Study the Organization and Structure of State Health Programs. The full committee met on November 8 and December 2, 1996, and reviewed the organizational structure set in place by recent legislation, recent executive actions and organizational changes, as well as specific proposed changes and, more generally, the need for further structural or organizational changes in meeting Florida's health care needs. The task force's deliberations resulted in three major recommendations:

First, the Task Force recommends that the current organizational structure, with three exceptions, remain as it is for the present in order to allow time for the departments to implement the many recent changes already adopted by law and administration. Further it is recommended that no further transfers of programs among departments be made at this time nor any changes that may affect the sub-state structure of the present service delivery system or that may

require the creation of district or regional programs or administrative units. To the extent that it is necessary to clarify working relationships among departments, interagency agreements should be employed. Almost unanimously the Task Force felt that its greatest contribution at this time is to not get in the way of progress by continuing to hastily recommend additional organizational changes before knowing whether recent changes will be effective.

The second recommendation, consisting of the three exceptions to the first, is that: (1) an office of rural health care should be created in the Department of Health for purposes of consolidating programs dealing with the special health care problems of rural areas; (2) the Local Health Councils should be transferred to the Department of Health; and (3) the Correctional Medical Authority should be transferred to the Department of Health.

Finally, after much debate over the issue of mental health and addiction services, the Task Force recommends the creation of a group composed of the Secretaries of the Department(s) of Children and Family Services, Elder Affairs, and (Health) and the Agency for Health Care Administration, a representative of the Florida Medical Association, and others as appropriate, for purposes of developing a comprehensive strategy to address mental illness and substance abuse. Their report should be prepared in time for presentation to the Legislature and Governor for the 1998 session

The Department of Health is now responsible for the public health system and the delivery of public health services. Most public health services, including many inspection functions, are provided by staff of the 67 county health departments (CHD) across the state. At present, the Department of Health is responsible for providing family health services which includes acute and episodic care, prenatal and postpartum care, child health services, school health services, dental health services, nutrition services, chronic disease prevention and control, family planning services, childhood immunizations, community health education and promotion; Children's Medical Services; contracting with the county health departments for the provision of public health services provided through the CHDs; conducting a communicable disease control program which includes disease surveillance and epidemiology, sexually transmissible diseases, tuberculosis, and HIV/AIDS prevention and control; conducting an environmental health program which includes regulation of onsite sewage treatment and disposal systems, drinking water (under contract with the Department of Environmental Protection), toxic and hazardous substances, sanitary nuisances, clean indoor air, migrant housing, mobile home parks and recreational camps, biohazardous waste, and radiation control; licensing and regulating emergency medical services and maintaining a disaster response program, maintaining state laboratories and a state pharmacy; enforcing Florida's Drug & Cosmetic Act; promoting the recruitment and training of health professionals including the Florida Health Services Corps; an office of rural health, providing quality assurance and public health nursing; and maintaining the Office of Vital Statistics.

Update of Public Health Statutes

A number of issues have been identified regarding a variety of public health related statutory provisions that need to be updated, either because of the creation of the Department of Health or because the provisions themselves no longer reflect current practice. The following discussion highlights these numerous issues

Budget Flexibility - Section 216.301, F.S., requires any undisbursed balance of any appropriation for any given fiscal year to revert to the fund from which it is appropriated and be available for reappropriation by the Legislature. Section 21 of chapter 96-403, authorized the Department of Children and Family Services to retain 20 percent of any unobligated general revenue and to spend it on productivity-enhancing technology or to improve services.

In general, the total number of authorized positions may not exceed the total provided in the appropriations act, s. 216.262, F.S. However, provision is made to permit the Executive Office of the Governor, upon request, to delegate to any state agency authority to add and delete authorized positions. Specific Appropriation 916 of the 1996-97 General Appropriations Act authorized the Department of Juvenile Justice to transfer up to one half of one percent of the total funds provided to establish positions in excess of those authorized for fiscal year 1996-97. The Department of Health would like similar budget flexibility.

Health promotion - As the chief fiscal officer of the state, the duty of the comptroller is to settle and approve accounts against the state (Art. IV, s. 4(d), State Constitution). Without clear statutory authority, the Comptroller's Office questions any agency expenditure for promotional or advertising purposes unless the funding is from a grant which specifically authorizes such expenditures. The department would like authority to spend state funds on health promotional activities

HIV/AIDS Education - In 1988, the legislature approved chapter 88-380, L.O.F., the omnibus HIV/AIDS act. One section of the act directed HRS to prepare an informational pamphlet about HIV and AIDS to be distributed by each state agency to each new state employee, 110.1125, F.S. This is not being implemented due to lack of sufficient funding. Further, current HIV/AIDS policy favors targeting education efforts toward at-risk populations.

Public Health Fee Schedules - Section 154.06, F.S., authorizes the Department of Health to establish fee schedules for public health services. The statute also contains a provision directing that by July 1, 1985, fees charged must be sufficient to cover the provision of services. However, many regulatory statutes have fees capped at rates less than actual cost, preventing department compliance and creating audit exceptions. The department would like to repeal this provision.

Public Health Peer Review & Quality Assurance - The State Health Office and county health departments have for years conducted peer review activities to enhance quality of care. Peer review activities are typically sheltered from public disclosure in order to encourage open communication and to protect patient records. After it was determined that public health peer

review proceedings were not protected from public disclosure, s 381.0055, F.S., was enacted in 1994 granting a public meetings exemption for patient care quality assurance proceedings conducted by the department, county health departments, healthy start coalitions, or rural health networks. Still missing are specific provisions in s.766.101, F.S., authorizing the establishment of public health peer review committees and protecting such committees from liability.

Nursing Scholarship Program - The Legislature established the Nursing Student Loan Forgiveness Program in 1989, in s 240.4075, F.S., and the Nursing Scholarship Loan Program in 1992, in s. 240.4076, F.S., to provide financial assistance to aspiring nurses and to help recruit health professionals to medically underserved areas. The Scholarship Loan Program, which only provides scholarships on a full-time basis, has had a difficult time finding prospective candidates since most nursing students attend school part time. In addition, many potential recipients are deterred by the fact that a scholarship default will result in repayment of the scholarship at three times the entire amount received plus interest accruing from the date of the scholarship payment.

Environmental Health Professionals - Since July 1991, environmental health professionals who conduct onsite sewage system or food inspections must be certified under s. 381.0101, F.S. Those employed as health professionals in particular positions at the time the law took effect are considered certified without taking an examination as long as they do not change positions. However, because the statute is silent with respect to adherence to professional standards and continuing education requirements, those who were "grandfathered in" also assume that they do not have to meet these requirements. This has created an inequity between the grandfathered inspectors and those certified under the statute.

In addition, because the statute lacks penalty provisions, the department is hampered in its ability to assure compliance with professional standards.

Finally, the department anticipates requiring certification for up to five different inspection categories. The way the fee provision currently reads, high fees may accumulate for persons wishing to become certified in multiple areas. The department would like the statute to allow for consolidation of fees for those seeking certification in multiple categories, and lower costs for persons wishing to become certified in more than one area.

Pharmacy Services - Many women with incomes between 150 and 200 percent of the poverty level, who do not qualify for Medicaid, cannot afford to purchase contraceptives at retail pharmacy prices. Current statutory provisions in s. 381.0103, F.S., do not expressly authorize the state pharmacy program to purchase and sell contraceptives to these women at affordable prices.

Rural Health - In response to limited rural access to health care, the legislature has undertaken several rural health initiatives through the years. A 1987 initiative established the Florida Area Health Education Centers Program (AHEC) which focuses on the recruitment, training and retention of primary care professionals in rural areas under s. 381.0402, F.S. The 1991 Legislature established an Office of Rural Health in the State Health Office of HRS under s. 381.0405, F.S. In 1993, the legislature provided for the development of rural health networks to

be implemented by AHCA under s 381.0406, F.S. The purpose of the networks is to plan, coordinate and deliver health care services to rural state residents.

Primary care program and managed care - Last year the Legislature created s. 381 0407, F.S , to require managed care reimbursement for primary care services provided by publicly-funded health facilities. The statute does not address MediPass reimbursement for emergency shelter medical screenings provided by county health departments

Florida Blood Transfusion Act - In 1977, the Legislature enacted the Florida Blood Transfusion Act under s 381 698, F.S. This statute has never been implemented because blood products and blood banks are regulated by the federal Food and Drug Administration under the Food, Drug & Cosmetic Act.

Minority Health Improvement Act - In 1993, the Legislature created the Minority Health Commission, s. 381 81, F.S. Although the two-year term of the Commission ended July 1, 1995, the statute creating the commission has not been repealed.

Vital Statistics - Chapter 382, F.S., provides for the establishment, collection, and regulation of Florida vital records. One of Florida's oldest laws, many provisions need to be updated and clarified. For example, the statute still allows for hand written birth certificates and monthly filing. With the advent of computers, filing is much faster and more efficient than the statute prescribes. Further, the existing law does not accommodate surrogacy, or new procedures for establishing paternity or conducting adoptions. Birth and death records are closed forever making genealogical research difficult Under chiropractic practice, practitioners may sign death certificates but this and many other statutory changes are not reflected in the vital statistics law.

Sudden Infant Death Syndrome - In 1993, the Legislature created s. 383.3362, F.S., addressing Sudden Infant Death Syndrome (SIDS), to be implemented to the extent funding is provided. Many provisions, including the establishment of the SIDS Advisory Council, county health department staff visits to affected families, and the preparation of an annual SIDS report have not been funded and therefore not implemented Further, there does not appear to be any need for an advisory council because coordination between local SIDS Alliances and the fetal and infant mortality review committees of local healthy start coalitions make the establishment of the council unnecessary and redundant.

Statewide Cancer Registry - Florida has had a statewide Cancer Registry since 1978, under s. 385.202, F S At the time the registry was established virtually all cancer was treated in hospitals. Today most cancer treatment services have shifted to an outpatient setting, resulting in a gap in registry data because, under statute, only hospitals are required to report cancer data.

Diabetes Advisory Council - Section 385.203, F.S., requires the department to biennially publish a Diabetes State Plan. The department does not do this because funding has not been appropriated to prepare the plan. Further, the Diabetes Advisory Council has not recommended that funds be sought for this purpose.

Pollution of Waters - Many of the provisions of chapter 387, F.S., which regulates the pollution of waters, were enacted in 1913 when the health department had primary responsibility for sewage discharge and the pollution of underground waters. These provisions have been superseded by pt. I of ch. 403, F.S., the Florida Air & Water Pollution Control Act, which places primary responsibility for these functions with the Department of Environmental Protection

Tuberculosis - Chapter 392, F.S., provides for the public health regulation of tuberculosis (TB). The department is proposing several statutory amendments to update current provisions. First, the present definition for "active tuberculosis" as it appears in s. 392.52, F.S., is not medically up to date.

Second, A.G. Holley Hospital, the state's tuberculosis hospital, houses many non-compliant violent patients who need to be in a secure setting. However, the hospital does not have specific statutory authority in s. 392.62, F.S., to establish a forensic unit. Express authority is needed in order to hire the appropriate personnel.

Hospital Records - Section 395.3025, F.S., governs the handling of hospital patient records. The department has authority to examine these records for epidemiological purposes. Many of the same information found in hospital records is also held by AHCA. The department would like clear authority to access AHCA records for the same information found in hospital records.

During the 1996 session, the penalty for violating the confidentiality of persons tested for HIV was increased from a second to a first degree misdemeanor, under ss. 381.004 and 384.34, F.S. However, the penalty for department employees improperly releasing epidemiological information gleaned from hospital records remains a second degree misdemeanor.

Emergency Medical Services - Section 401.252, F.S., governs interfacility transfer of patients in emergency medical services vehicles. In the effort to reduce agency rules, provisions governing the interfacility transfer of neonates were repealed due to the lack of specific statutory authority. Further, the rule may have exceeded current statutory authority. Also, the department would like to make clear that interfacility transfers must be in a permitted vehicle if the patient is likely to need medical attention during transport.

Another rule item which was repealed as part of the rule reduction exercise relates to renewal of emergency medical technician and paramedic certificates. By rule, such renewals could be done during an inactive period of six months following the expiration date.

Medical Manpower Clearinghouse - In 1978, the Legislature enacted s. 402.37, F.S., to authorize HRS to conduct efforts to recruit individual health care providers for relocation in medically underserved communities. Because this program has been superseded by s. 240.4067, F.S., relating to the medical education reimbursement and loan repayment program, and 381.0302, F.S., the Florida Health Services Corps, it is no longer being implemented.

Radiation Regulation - Chapter 404, F.S., governs the regulation of radiation. Pursuant to s. 404.056, F.S., the department is charged with establishing radon standards and certifying persons who perform radon gas inspections. However, the statute provides no penalties for persons who practice fraud, deception, or misrepresentation when measuring radon levels in buildings.

The department has requested statutory fee increases for the last several years to cover the cost of annually inspecting radiation machines. Because these fee increases have been denied, the department would like statutory flexibility to permit some machines, depending on the machine's characteristics and inspection history, to be inspected biennially rather than annually.

The department is also responsible for the certification of radiologic technologists under part IV of ch. 468, F.S. Section 468.3101, F.S., providing grounds for disciplinary action, contains no provision for actions against certified technologists who have been convicted of crimes against persons.

Local and Statewide Health Councils - In 1982 the Legislature created the local health councils and the Statewide Health Council to collect and evaluate data and develop local and statewide health plans, s. 408.033, F.S. In 1992, the councils were transferred to the newly created Agency for Health Care Administration. The councils are funded by application fees for certificate of need and assessments on selected health care facilities collected by AHCA. Due to a lack of appropriation, the Statewide Health Council was inactivated in 1994.

Accountable Health Partnerships - The current definition of health care providers for purposes of accountable health partnerships does not include public non-licensed entities and prevents such entities from participating in accountable health partnerships under s. 408.701(13), F.S.

Medicaid - Section 409.905(3), F.S., which provides for Medicaid reimbursement for family planning services as a mandated Medicaid service, does not specifically mention counseling about pregnancy prevention methods. Consequently many Medicaid providers assume that they do not have to offer such counseling, thereby lessening the availability of this information to Medicaid recipients.

Under s. 409.908(19), F.S., county health departments are reimbursed for Medicaid clients at a cost-based rate. Although this reimbursement system has been continued in the Appropriations Act, the statutory authority for this reimbursement method expired June 30, 1995.

Hazardous Substances Law - Enacted in 1970, the Florida Hazardous Substances Law, ss. 501.061-021, F.S., directs the department to require and enforce appropriate labeling of legal substances which the department determines to be hazardous. Never funded, this statute has never been implemented.

Toxic Labeling of Arts and Crafts Material - Similarly, in 1986, the Legislature enacted s. 501.124, F.S., which specifically addressed affixing warning labels on art and craft material.

containing any toxic substance included in s. 442.103, F.S. Enforcement authority is vested in the department. Never funded, this statute has never been implemented.

Public Swimming Pool Advisory Review Board - The Public Swimming Pool Advisory Review Board has a statutory obligation to recommend rules and review variance requests. Meetings are held in Orlando. As created under s. 514.028, F.S., board members are prohibited from being reimbursed for travel expenses. It is the only department advisory board with regulatory functions whose members are not reimbursed for travel expenses. This limits who can serve on the board.

Bone Marrow Advisory Board - Responsibility for organ and tissue programs was transferred to the Agency for Health Care Administration in 1992 and 1994. However, rule promulgating authority with respect to bone marrow transplants was not transferred and therefore remains with the department, s. 627.4236, F.S.

Birth Neurological Injury Compensation Program (NICA) - Sections 766.301-766.316, F.S., establish and regulate the Florida Neurological Injury Compensation program. The purpose of this program is to provide compensation, irrespective of fault, for birth-related neurological injury claims and thus permit physicians to avoid costly medical malpractice premiums. In order to fund this program, all physicians, with certain exceptions, are annually assessed \$250. Among the exceptions are physicians employed by the Department of Corrections and state mental health facilities. However, physicians employed by a county health department or the Department of Health are not exempted from the assessment.

Volunteer Health Care Provider Program - In 1992, the Legislature enacted s. 766.1115, F.S., which provided a procedure to help ensure that health care providers who provide uncompensated health care to indigents on behalf of a governmental entity would be included within the state's sovereign immunity umbrella. Part of the bill which created that statute also included a sunset date repealing the statute effective July 1, 1997.

Transfer of the Correctional Medical Authority

The Correctional Medical Authority was created by chapter 86-183, Laws of Florida, and its statutory authority is contained in ss. 945.601 - 945.6036, F.S. The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the department, the Governor and the Legislature regarding the department's health care delivery system.

In an attempt to better understand the benefits of transferring the Correctional Medical Authority (CMA) to the Department of Health, staff requested a position statement on the proposed transfer from the CMA. The following comments were provided.

- Because the majority of CMA's functions and responsibilities are directly related to public health issues, the mission of CMA would be enhanced by alliance with DOH. Affiliation of

CMA with DOH will generate opportunities which will be mutually beneficial to both agencies.

- DOH is responsible for administration of medical quality assurance. A large part to CMA's activities relate to medical quality assurance
- Inmate health care is a part of the public health continuum. Inmates suffer from a number of diseases that impact public health at large, i.e., AIDS, hepatitis, and tuberculosis. These serious public health issues are closely monitored by DOH and management of inmates with those diseases is surveyed regularly by CMA
- Public health interests relative to dentistry and mental health in correctional and post-correctional environments will also be addressed.
- Transfer of CMA to DOH will provide CMA access to resources and professional consultation regarding a variety of public health concerns.
- The CMA survey process will benefit from support and available resources/professional consultation available through DOH.
- The need for CMA to seek outside expert advice will be reduced, resulting in expense reductions.
- Affiliation of CMA with DOH will generate opportunities for exchange of public health data and resources

III. Effect of Proposed Changes:

Note: The phrase "to incorporate technical revisions," when used in this analysis, refers to replacing reference to the "Department of Health and Rehabilitative Services" with reference to the "Department of Health," replacing "county public health unit" with "county health department," or replacing "State Health Office" or "Officer" with the "Department of Health" and related technical, conforming, and clarifying revisions.

Section 1. Amends s. 20 43, F.S., 1996 Supplement, relating to the creation of the Department of Health, to rename the Division of Disease Control as the Division of Disease Intervention; rename the Division of Family Services as the Division of Family Health Services; create the Division of Local Health Planning, Education, and Workforce Development; permit the Department of Health to expend funds for incentive and promotional activities for the purpose of protecting or improving the public's health; and provide budget flexibility to the department.

Section 2. Amends s. 110.131(6)(c), F.S., 1996 Supplement, relating to other-personal-services (OPS) temporary employment, to specify that the Department of Health retains its ability to

employ certain professionals beyond the yearly hourly maximum, and on an other than hourly basis

Section 3. Amends s. 154.04, F.S., 1996 Supplement, relating to county health department personnel, to add a new paragraph to subsection (1), to permit county health departments (CHDs) to contract with peer review committees or organizations to review the quality of communicable disease control and primary care services, including maternal and child health services.

Section 4. Amends s. 154.06(1), F.S., relating to public health fees and services, to delete a requirement that environmental health services be totally fee supported, and to incorporate technical revisions.

Section 5. Amends s. 216.0172(6), 1996 Supplement, to require the Department of Health to begin performance-based budgeting in fiscal year 2000-2001.

Section 6. Amends s. 216.341, F.S., relating to disbursement of county health unit trust funds, to incorporate conforming revisions.

Section 7. Amends s. 232.032, F.S., relating to school immunization requirements, to incorporate technical and conforming revisions.

Section 8. Amends s. 232.465(4), F.S., 1996 Supplement, relating to the provision of emergency services in the school setting, to conform a cross-reference to reflect renumbering of related statutes.

Section 9. Amends s. 240.4075, F.S., relating to the Nursing Student Loan Forgiveness Program, to incorporate technical revisions.

Section 10. Amends s. 240.4076, F.S., relating to the Nursing Scholarship Loan Program, to: rename the program as the Nursing Scholarship Program; permit students enrolled in school part-time to participate in the program, with employment service obligation based on the amount of scholarship funds received; authorize adjustments to scholarship amount based on changes in the Consumer Price Index; and incorporate technical revisions.

Section 11. Amends s. 381.0055, F.S., 1996 Supplement, relating to confidentiality and quality assurance activities, to delete a potential limit on the nature of reviews to be conducted by DOH and to incorporate technical revisions.

Section 12. Amends s. 381.0065, F.S., 1996 Supplement, relating to DOH's regulation of onsite sewage treatment and disposal systems, to incorporate technical revisions

Section 13. Amends s. 381.0101, F.S., relating to environmental health professionals, to: update a "grandfathering" provision for environmental health professionals employed by DOH to reflect the date that the applicable rule was adopted for certification requirements; clarify the

applicability of certification to those grandfathered employees who change jobs; consolidate the fees for application, examination, and certification, impose penalties for violation of this section; and incorporate technical revisions.

Section 14. Amends s. 381.0203(2)(e), F.S., relating to the DOH pharmacy services program, to specifically authorize a contraception distribution program through county health department pharmacies, including eligibility requirements, fee authority, and DOH rulemaking

Section 15. Amends s. 381.0302(3) and (12), F.S., relating to the Florida Health Services Corps, to incorporate technical revisions

Section 16. Amends s. 381.0405(1), F.S., relating to the Office of Rural Health, to specify that the office is a Department of Health entity.

Sections 17. and 18. Amend ss. 381.0406 and 381.04065, F.S., relating to rural health networks, to reflect transfer of responsibility for the networks to the Department of Health

Section 19. Amends s. 381.0407, F.S., 1996 Supplement, relating to managed care and publicly funded primary care program coordination, to: require the MediPass Program to reimburse county health departments for emergency shelter screenings provided to clients of the Department of Children and Family Services; correct a reference to human immunodeficiency virus infection; and incorporate technical revisions.

Section 20. Amends s. 383.14(5), 1996 Supplement, to clarify the membership of the Infant Screening Advisory Council

Section 21. Amends s. 383.3362, F.S., relating to Sudden Infant Death Syndrome (SIDS), to: delete a requirement that county health department personnel attempt to visit the parents or guardians of an infant who has died from SIDS; delete the SIDS advisory council and the requirement that an annual report be prepared on SIDS, direct DOH staff to work with local healthy start coalitions, the local SIDS Alliances, and other support groups; and incorporate technical revisions. The DOH does not receive an appropriation to support the SIDS advisory council or to prepare an annual report

Section 22. Amends s. 385.202, F.S., 1996 Supplement, relating to the statewide cancer registry, to: expand cancer registry reporting to include, in addition to hospitals, ambulatory surgical centers and radiation therapy treatment centers; authorize the use of appropriated funds to ensure the quality and accuracy of reported information and management information to reporting facilities; authorize DOH to, by rule, classify facilities for cancer registry reporting purposes and specify the content and frequency of reporting; and incorporate conforming revisions.

Section 23. Amends s. 385.203, F.S., relating to the Diabetes Advisory Council, to: add the Board of Regents as a recipient of advice from the council, since the medical university-based diabetes centers now receive their appropriations through the Board of Regents, delete a DOH

diabetes annual plan requirement; and incorporate technical and conforming revisions. The DOH does not receive an appropriation to prepare the plan and does not believe an annual plan is necessary.

Section 24. Amends s. 391.051, F.S., 1996 Supplement, relating to the Children's Medical Services Director, to make the director a deputy secretary and the Deputy State Health Officer for Children, with direct line authority to the secretary.

Section 25. Amends s. 392.52, F.S., relating to the tuberculosis definitions, to incorporate a technical update in the definition of "active tuberculosis" and to incorporate technical revisions

Section 26. Amends s. 392.565, F.S., relating to certificates for involuntary hold for tuberculosis, to exclude persons suspected of having been exposed to tuberculosis from being subjected to involuntary hold. This language makes it clear that a person must be reasonably suspected of having active tuberculosis to be subject to involuntary hold.

Section 27. Amends s. 392.62(2) and (4), F.S., relating to the tuberculosis hospital, to permit DOH's tuberculosis hospital to have a forensic unit and to clarify that nothing in this section precludes a hospital from isolating an infectious patient for medical reasons.

Section 28. Amends s. 395.3025(4) and (5), F.S., 1996 Supplement, relating to access to otherwise confidential hospital records, to: delete reference to the Department of Business and Professional Regulation in the context of professional board investigations; clarify DOH's authority to examine hospital patient records for the purpose of epidemiological investigations; and increase the penalty for unauthorized release of confidential hospital patient information by departmental agents from a second degree misdemeanor to a first degree misdemeanor.

Section 29. Amends s. 395.401(1), F.S., relating to trauma system regulation, to define "department" as the Department of Health.

Sections 30-34. Amend ss. 401.107, 401.111, 401.117, 401.23, and 401.245, F.S., relating to the regulation of emergency medical services (EMS) by DOH, to incorporate technical and conforming revisions

Section 35. Amends s. 401.252, F.S., relating to interfacility transfers, to stipulate that interfacility transfers must be made in a permitted ambulance, if it is determined that the patient needs or is likely to need, medical attention during transport; specify vehicle permitting parameters specific to the interfacility transfer of certain neonates; and grant DOH rulemaking authority specific to interfacility transfers.

Section 36. Amends s. 401.265(2), F.S., relating to EMS medical directors, to incorporate technical revisions.

Section 37. Amends s. 401.27(8), F.S., relating to emergency medical technician and paramedic certificates, to provide a statutory basis for a six-month inactive status for certificates not renewed at the time of expiration, and to specify that a certificate which expired on December 1, 1996, can be reactivated until September 30, 1997. This is a rule provision which has been determined to have no statutory basis.

Sections 38-44 (excluding section 41). Renumber the following sections of statute from chapter 402, F.S., relating to miscellaneous programs of the Department of HRS, as sections of statute in chapter 381, F.S., relating to DOH public health functions, and incorporates technical revisions

<u>Bill</u> <u>Section</u>	<u>Existing</u> <u>Statute</u>	<u>New</u> <u>Statute</u>	<u>Issue</u>
38.	402.105	381.85	Biomedical and social research
39.	402.32	381.0056	School health services program
40.	402.321	381.0057	Funding for school health services
42.	402.475	381.87	Osteoporosis prevention and education program
43.	402.60	381.88	Insect sting emergency treatment
44.	402.61	381.89	Regulation of tanning facilities

Section 41. Amends s. 402.41, F.S., relating to DOH's role in the development of education materials and training concerning human immunodeficiency virus and acquired immune deficiency syndrome and other communicable diseases for use in facilities licensed under chapter 402, F.S., to incorporate technical revisions.

Section 45. Amends s. 403.703(41), F.S., 1996 Supplement, relating to definitions used for solid waste management, to correct a cross-reference

Section 46. Amends s. 404.031, F.S., relating to definitions used for radiation control, to incorporate a conforming revision

Section 47. Amends s. 404.051, F.S., relating to DOH's powers and duties with regard to ionizing radiation, to incorporate technical revisions.

Section 48. Amends s. 404.056, F.S., relating to environmental radiation standards, to make fraud, deception or misrepresentation in performing radon gas measurements or performing mitigation of buildings for radon gas a violation of law subject to the same penalties that apply to other violations of law governing the regulation of radioactive material, and to incorporate technical revisions. At the present time, Florida law is silent regarding penalties for such misrepresentation.

Sections 49-51. Amend ss. 404.0614, 404.131, and 404.20, F.S., relating to licensure of low-level radioactive waste management facilities, fees for radiation machines, and transportation of radioactive materials, respectively, to incorporate technical revisions

Section 52. Amends s. 404.22, F.S., relating to inspection of radiation machines and components, to authorize biennial, rather than annual, inspections of radiation machines used in the practice of medicine. The DOH lacks sufficient resources to inspect radiation machines used in the practice of medicine, osteopathic medicine, chiropractic medicine, or naturopathic medicine each year. The DOH has requested statutory fee increases in prior years that have not been approved. This language gives DOH the flexibility to develop an inspection protocol, based on the inspection history and characteristics of radiation machines, to inspect some machines annually and others biennially. The fee remains annual, but inspection could be biennial. This section also incorporates technical revisions.

Section 53. Amends s. 408.033(3)(f), F.S., relating to local and state health planning, to specify that the Agency for Health Care Administration is to periodically transfer to the Department of Health from facility assessments and certificate-of-need fees an amount of funds sufficient to maintain funding for local health councils.

Section 54. Amends s. 408.701, F.S., relating to community health purchasing alliances (CHPA) definitions, to expand the definition of health care provider in accountable health partnerships to include locally-funded or non-profit health care providers, community and migrant health centers, certain children's clinics, and Department of Children and Family Services-supported community mental health and substance abuse providers.

Section 55. Amends s. 409.905(1)(3), and (5)(b), F.S., 1996 Supplement, relating to mandatory Medicaid services, to specifically include counseling that explains the availability, benefits, and risks of each method of pregnancy prevention as a reimbursable Medicaid family planning service, correct reference to the counties included in a Medicaid managed mental health care pilot project, and to incorporate technical revisions.

Section 56. Amends s. 409.908(19), F.S., 1996 Supplement, relating to Medicaid provider reimbursement, to authorize Medicaid cost-based reimbursement for county health department clinic services. Because s. 409.908(18) created in 1992, eliminated cost based reimbursement on June 30, 1995, subject to Legislative review, the subsequent appropriations acts, including the 1996-97 Appropriations Act, have contained language that permits public health clinics to continue to receive cost based reimbursement. This language re-codifies what is now in the Appropriations Act and what was previously in 409.908(19)

Section 57. Amends s. 414.026(2)(a), 1996 Supplement, to add the Secretary of Health to the WAGES board of directors.

Sections 58 and 59. Amend ss. 414.23 and 414.38, F.S., 1996 Supplement, relating to welfare reform, to correct cross-references.

Section 60 Amends s. 458.316, F.S., relating to public health certificates for physician licensure, to incorporate technical revisions.

Section 61. Amends s. 468.301, F.S., relating to definitions applicable to regulating radiologic technologists, to incorporate technical revisions

Section 62. Amends s. 468.3101(1), F.S., relating to the disciplining of radiologic technologists, to make being convicted, or found guilty, of a crime against a person grounds for disciplinary action against a person who is certified as a radiologic technologist.

Section 63. Amends s. 468.314(1), F.S., relating to the Advisory Council on Radiation Protection, to incorporate a technical revision.

Section 64. Amends s. 489.553(4) and (5), 1996 Supplement, relating to septic tank contractor registration, to clarify the registration requirements, and to specify years of experience for a plumber seeking to become a master septic tank contractor. This former issue addresses an issue identified as part of the department's rule making efforts

Section 65. Amends s. 514.011(1), F.S., relating to definitions applicable to public swimming pool regulation, to incorporate a technical revision.

Section 66. Amends s. 514.028(3), F.S., relating to the Public Swimming Pool Advisory Review Board, to permit board members to be reimbursed for travel expenses

Section 67. Amends s. 627.4236, F.S., relating to insurance coverage for bone marrow transplant procedures, to transfer rule-writing authority for insurance coverage of bone marrow transplants from HRS to the Agency for Health Care Administration, and to incorporate conforming revisions. According to DOH, this corrects an oversight.

Section 68. Amends s. 766.101, F.S., 1996 Supplement, relating to medical review committee immunity from liability, to grant committees of county health departments, healthy start coalitions, and certified rural health networks, or employees of these entities, immunity from liability when reviewing quality of care and conducting mortality review. Current law grants an exemption from liability to similar committees in hospitals, nursing homes, ambulatory surgical centers, mental health facilities, and substance abuse treatment facilities. This provision also deletes an outdated reference to such immunity from liability for an optometric service plan certified under chapter 637, F.S., a chapter repealed in 1993.

Section 69. Amends s. 766.314(4)(b), F.S., 1996 Supplement, relating to the Birth Neurological Injury Compensation Program (NICA) assessments, to exempt county health department physicians and physicians employed full-time by DOH from paying the \$250 annual assessment to NICA. These physicians are covered under the state's sovereign immunity and the Department of Insurance's risk management program. The NICA statute currently exempts similar physicians, such as those employed by state-owned correctional institutions.

Section 70. Amends s. 28.101, F.S., 1996 Supplement, relating to additional charges imposed on petitions and records of dissolution of marriage, to incorporate technical revisions

Section 71. Amends s 28.222(3)(g), F.S., relating to county court clerks' recording duties, to incorporate technical revisions.

Section 72. Amends s. 63.062(1)(b), F.S., relating to adoptions consent, to incorporate a technical revision.

Section 73. Amends s. 63.165, F.S., relating to the registry of adoption information retained by the Department of HRS (now Children and Family Services, though this technical revision is not incorporated), to incorporate from s. 382.027, F.S., requirements that: the registry include the last known names and addresses of adoptees, natural parents, and adoptive parents, and any other information desired by these principles; require those who seek to amend registry information to present verification of identification and, if applicable, authority for such changes; and authorize the department to charge fees for registry use. A technical revision is also incorporated. Section 382.027, 1996 Supplement, is repealed elsewhere in the bill.

Section 74. Amends s 68 07, F.S , relating to court clerks' duties relevant to change of name, to clarify the procedure for in-state and out-of-state requests and to incorporate technical revisions.

Section 75. Amends s 382.002, F.S., relating to the definitions relevant to vital statistics, to: delete the definitions for "applicant," "death without medical attendance," and "presumptive death;" add a definition of "legal age," specify that vital statistics activities are a DOH function; and incorporate technical revisions.

Section 76. Amends s 382 003, F.S., relating to DOH's vital statistics powers and duties, to incorporate technical and conforming revisions.

Section 77. Amends s 382.004, F.S., relating to the microfilming and destroying of vital records, to clarify that certified reproductions of vital records have standing in court.

Section 78. Amends s. 382.005, F.S., relating to duties of local registrars, to require that: all birth, death, and fetal death certificates be typed, eliminating a legibly printed option for such certificates, all registered certificates be transmitted to DOH daily, and local registrars designate one or more deputy subregistrars. The following provisions are deleted from this section: incomplete death or fetal death certificates, which is reestablished as part of s 382.006, F.S., elsewhere in the bill; and incomplete certificates of birth, which is reestablished as part of s 382.013, F.S., elsewhere in the bill. Technical revisions are incorporated.

Section 79. Amends s 382.006, F.S , relating to burial-transit permits, to. require that an application for a burial-transit permit be signed by the funeral director and include the funeral director's license number, and require that the funeral director must attest that the physician or medical examiner will provide medical certification of the cause of death within 72 hours after receipt of the death certificate from the funeral director; stipulate that a burial-transit permit not be issued except under conditions specified by the department if death occurred from some disease which is held by the department to be infectious, contagious, or communicable and

dangerous to the public health, which is deleted from s 382.005(3), F.S., elsewhere in the bill, authorize Florida to accept certification of a death certificate issued under the law of a state or country that does not issue burial-transit permits as authorization for final disposition, authorize the department to develop rules governing the issuance of a burial-transit permit prior to the filing of a death certificate in hardship cases, which is deleted from 382.008(5), F.S., elsewhere in the bill; add a provision authorizing the department to destroy burial transit permits after the expiration of 3 years from the date of filing with the local register, which is deleted from s. 382.007, F.S., elsewhere in the bill, and delete a provision relating to the issuance of disinterment and reinterment permits by local registrars. Technical revisions are incorporated.

Section 80. Amends s. 382.007, F.S., relating to the prohibition of final dispositions without a burial permit, to: refer to burial-transit permits; delete reference to destruction of burial transit records after a 3-year expiration, which is incorporated into s. 382.006, F.S., elsewhere in the bill; and incorporate technical revisions.

Section 81. Amends s. 382.008, F.S., 1996 Supplement, relating to death and fetal death registration, to: provide for the inclusion of aliases in a death certificate, require, for fetal deaths, that the physician, midwife, or hospital administrator provide any medical or health information to the funeral director within 72 hours, provide conditions under which an extension may be granted beyond the normal 72 hours following a death for filing a death certificate; provide circumstances under which a temporary certificate of death or fetal death may be filed, and specifying the process for the subsequent filing of a permanent certificate; delete a provision relating to department rules providing for extensions of time in the filing of death-related certificates; delete reference to a department rule relating to the issuance of a burial transit permit prior to the filing of a certificate of death under certain circumstances, which is addressed in s. 382.006, F.S., elsewhere in the bill, require that a certificate of death or fetal death contain all information required by the department for legal, social, and health research purposes; delete a provision cross-referencing and requiring birth records elements in fetal death records; and incorporate technical revisions.

Section 82. Amends s. 382.011, F.S., relating to procedures for circumstances when death occurs without medical attendance or due to unlawful act or neglect, to: redesignate the section as relating to “medical examiner determination of cause of death;” indicate that deaths that occur more than 30 days after the decedent was last treated by a physician also fall under this provision; and to incorporate technical and conforming revisions.

Section 83. Amends s. 382.012, F.S., relating to presumptive death, to: incorporate the definition of “presumptive death,” which is deleted from s. 392.002, F.S., elsewhere in the bill; distinguish between resident and nonresident presumptive death; state that a petitioner seeking a presumptive death certificate must include in the court petition all necessary information to complete the presumptive death certificate; and to incorporate technical and conforming revisions.

Section 84. Substantially rewords and amends s. 382.013, F.S., relating to certificate of birth; registration, to: redesignate the section title as “birth registration;” reduce from 5 days to 3 days

the period of time for filing of birth registration for out-of-facility births; incorporate the requirements for filing certificates under varying circumstances, which is deleted from s. 382.005, F S , elsewhere in the bill, provide for paternity if the husband dies before the birth of the child, provide for naming the child when the parents disagree, provide for multiple names when names exceed space provided on the certificate; incorporate provisions relating to the registration of a birth for a child of undetermined parentage, which is deleted from s. 382.014, F.S., elsewhere in the bill; and incorporate technical, conforming, and clarifying revisions.

Section 85. Amends s. 382 0135, F.S., relating to assignment of Social Security Numbers at birth, to incorporate technical and conforming revisions.

Section 86. Amends s. 382 015, F S , relating to new or amended certificates of live birth, to allow for objections by the court, parents, or adoptee (if of legal age) to the filing of a new birth certificate, direct the department, upon receipt of an annulment-of-adoption decree, along with sufficient information to identify the original certificate, to replace the new certificate with the old if a new certificate was filed at the time of adoption, and to seal the new certificate; provide a process for the notification of Canadian authorities of an adoption or an annulment-of-adoption, provide for the amendment of a birth certificate upon receipt by the department of a written request and receipt of a consenting affidavit signed by both parents acknowledging the paternity of the registrant, stipulating that if paternity has been established by court order that the name shall be entered as decreed by the court; authorize parents who marry each other after the time of birth, or the registrant if of legal age and with proof of the marriage, to request an amendment to the birth certificate with regard to parental marital status. require that a birth certificate not be amended to show a different father's name if the certificate shows the name of the father at the time of birth, except by court order; provide for the issuance of a new birth certificate following an affirmation of a parental status proceeding; delete provisions relating to annulment of adoption and out-of-state births, require that all copies of original birth certificates be forwarded to the state registrar, provide that with the exception of foreign births and delayed certifications of birth resulting from delayed registration or court-issued delayed birth certificates, all birth certificates shall be identical in form; and authorize the department to adopt and enforce rules under this section.

Section 87. Substantially rewords and amends s 382 016, F.S , relating to amendment of birth certificates. to: redesignate the section as relating to "amendment of records;" broaden the applicability of the section to include death and fetal death records; prohibit a change in name of a surviving spouse on a death certificate except by court order and except for technical revisions relating to misspellings or omissions, and permitting the change of a child's name up to the child's first birthday.

Section 88. Substantially rewords and amends s. 382.017, F.S , relating to establishment of new birth certificates for alien children, to: redesignate the section as relating to "foreign births;" provide a procedure for the issuance of a "certificate of foreign birth," and provide for notification of the United States' Department of State procedure for obtaining a revised birth certificate for adopted children who are United States citizens but born outside the United States.

Section 89. Substantially rewords and amends s. 382.018, F.S., relating to delayed birth certificates; jurisdiction of county court; procedure and issuance, and renumbers the section as s 382.0195, F.S., to: redesignate the section as relating to “court-issued delayed birth certificates;” require such petitions to be filed in circuit court rather than county court; require such petitions to be on department forms, clarify that such a petition can proceed only if there is no birth certificate on file, require the original court-issued certificate to be mailed to the department and contain a list of supporting documentation, if the birth occurred in this state; require the original and one copy be given to the petitioner if the birth occurred outside this state, prohibit the amendment of court-issued birth certificates, except by court order; and incorporate technical and conforming revisions

Section 90. Substantially rewords and amends s. 382 019, F S., relating to filing of certificates of birth, death, or fetal death in cases where no certificate was filed at time of birth, death, or fetal death, to. redesignate the section as relating to “delayed registration;” require delayed birth certificates to include a statement of evidence submitted; require a delayed birth certificate to be notarized as part of submission for registration; prohibit the establishment of more than one certificate of live birth, or the registration of a delayed birth certificate for a deceased person; require that a delayed certificate be marked as such; and incorporate technical, conforming, and clarifying revisions.

Section 91. Amends s. 382.021, F.S., relating to department receipt of marriage licenses, to. delete the restriction limiting the validity of a marriage license to 60 days, which provision is incorporated into s 741 041, F.S., elsewhere in the bill; and to incorporate technical and clarifying revisions.

Section 92. Amends s. 382 022, F.S., relating to marriage application fees, to incorporate technical, conforming, and clarifying revisions.

Section 93. Substantially rewords and amends s 382 023, F.S., relating to clerks of the courts to furnish department with record of dissolution of marriage granted; charges, to redesignate the section as relating to “department to receive dissolution-of-marriage records; fees” and to incorporate technical, conforming, and clarifying revisions

Section 94. Amends s. 382.025, F.S., 1996 Supplement, relating to certified copies of vital records, birth records, and other records; copies as evidence, searches of records; fees; disposition of fees, to: redesignate the section as relating to “certified copies of vital records; confidentiality, research;” provide that requests for certified copies of records need not be in writing, expand the persons who have access to birth and death records; permit birth records to be public after 100 years, and death records to be public after 50 years; expand conditions under which birth records will be released to law enforcement agencies; require the department to mark the birth certificate of a deceased person with an indication of the death; delete a provision that stipulates that certified copies of records are prima facie evidence in court, which provision is incorporated into s. 382.004, F.S , elsewhere in the bill; delete fee provisions, which are incorporated into s 382.0255, F.S., elsewhere in the bill; permit the release of records for

research purposes under department-approved protocol, provide rule-making authority for the department specific to this section; and incorporate technical and conforming revisions

Section 95. Creates s. 382 0255, F.S , relating to fees, to entitle the department to fees as follows
Note: These fee revisions are a re-creation of existing provisions in s. 382 025, F S., which are deleted elsewhere in the bill

<u>Activity</u>	<u>Fee Range</u>
First year of records searched	\$3 to \$5
Each additional year searched	\$1 to \$2, up to a maximum of \$50
Photocopies	\$3 to \$5
Processing and filing a delayed certification	\$10 to \$20
Processing a name change or an amendment	\$10 to \$20
Processing and filing new birth certificate	\$10 to \$20
Additional certifications, when included in initial	\$2 to \$4
Processing and forwarding each exemplified copy	\$5 to \$10
Expedited processing fee	\$5 to \$10
Listing each vital record on electronic media	\$0 05 to \$0.10, plus a reasonable preparation charge
Commemorative certificates	\$25
Additional fee on certification of a birth record	\$4

The section also grants the department rule-making authority specific to fees and provides accounting guidelines for fee revenue.

Section 96. Amends s. 382.026, F.S., relating to penalties, to: increase the penalty for knowingly providing false information from a second degree misdemeanor to a third degree felony; establish a penalty of third degree felony for counterfeiting or altering vital records, selling vital records or counterfeited or altered vital records, or possessing vital records knowing them to be illegally obtained; establish a penalty of third degree felony for department employees who furnish vital records knowing the record will be used for deceptive purposes; establish a fee of misdemeanor of the second degree for charging for the certification of cause of death; increase the administrative fine for violations of this chapter from \$500 to \$1,000; grant the department rule-making authority specific to this section; and incorporate technical and conforming revisions.

Section 97. Amends s. 382.356, F.S., 1996 Supplement, relating to protocols for sharing birth information, to incorporate technical and conforming revisions.

Sections 98. Amends s 383.2161, F.S., relating to an annual maternal and child health report, to incorporate technical revisions.

Section 99. Amends s. 402.40(5)(c), F.S., 1996 Supplement, relating to the Child Welfare Training Trust Fund, to correct a cross-reference

Section 100. Amends s 460.414, F.S., relating to regulation of chiropractic physicians, to clarify that chiropractic physicians must sign death certificates in accordance with chapter 382 and on forms prescribed by rule of DOH.

Section 101. Amends s 741.041, F.S., relating to marriage license validity periods, to increase from 30 days to 60 days the period of validity, and to require the license to recite the final date of license validity.

Section 102. Amends s 742 10(1), F.S., relating to the establishment of paternity for children born out of wedlock, to make technical changes to conform with vital statistics amendments to s. 382.013 and 382.015

Section 103. Amends s. 742.16(8), F.S., 1996 Supplement, relating to court periods for certifying parental status for gestational surrogacy, to incorporate a technical revision.

Sections 104-107. Amend ss. 945.602 (1996 Supplement), 945.603 (1996 Supplement), 945.6031 (1996 Supplement), and 945 6032(1) and (2) (1996 Supplement), F.S., relating to the Correctional Medical Authority, to reflect the transfer of the authority to the Department of Health.

Section 108. Provides for the transfer of rural health networks and rural health network cooperative agreements as provided in ss. 381.0406 and 381.04065, F.S., and local health councils as established in s 408 033, F.S., from the Agency for Health Care Administration to the Department of Health by a type two transfer as specified in s. 20.06, F.S.

Section 109. Provides for the transfer of the Correctional Medical Authority to the Department of Health by a type two transfer as specified in s 20.06, F.S.

Section 110. Provides a saving clause for rules subject to transfer

Section 111. Provides a saving clause for pending administrative or judicial proceedings subject to transfer.

Section 112. Repeals the following provisions of Florida Statutes relating to the indicated subjects:

- s. 110.1125, F.S., requiring that an HIV/AIDS informational pamphlet be provided to each new state employee
- s 381.81, F.S., establishing the now defunct Minority Health Commission.
- ss 382.014 (1996 Supplement), 382.024, and 382.027 (1996 Supplement), F.S., relating to birth certificates; vital statistics' accounting requirements; and the voluntary adoption registry; the provisions of which are transferred to other sections of statute as part of the rewrite of chapter 382, F.S., contained elsewhere in the bill.
- chapter 387, F.S., consisting of ss. 387 01 - 387 10, F.S., relating to HRS' responsibilities regarding the regulation of pollution of waters of the state, an antiquated chapter.

- s. 402.37, F.S., an outdated section relating to the medical manpower clearinghouse of HRS.
- ss 501.061-501.121, F.S., the "Florida Hazardous Substances Law," which is no longer used
- s. 501.124, F.S., relating to the toxic labeling of arts and crafts materials, which is no longer enforced
- s. 403.7045(1)(e), F.S., to delete a cross-reference to the Florida Hazardous Substances Law, repealed above.
- s. 381.698, F.S., relating to "The Florida Blood Transfusion Act," which has never been implemented. The federal Food and Drug Administration (FDA) regulates and inspects all blood banks

Section 113. Repeals subsection (12) of s. 766.1115, F.S., effective June 30, 1997, which when created as part of section 1 of chapter 92-278, Laws of Florida, set a July 1, 1997, repeal of s. 766.1115, F.S., subject to legislative review prior to that repeal date.

Section 114. Provides for an effective date of July 1, 1997, except as otherwise provided.

IV. Constitutional Issues:

A Municipality/County Mandates Restrictions

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B Public Records/Open Meetings Issues.

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Section 24(a) of Article 1 of the Florida Constitution. However, some explanation is necessary on this issue. While the bill appears to create three exceptions to the public records law, each of these three is a simple restatement of an existing exception:

- Section 73 of the bill, in amending s. 63.165, F.S., provides an exemption from the public records law specific to adoption information. This information is currently exempt from disclosure under s. 382.027, F.S., which is repealed elsewhere in the bill
- Section 84 of the bill, in rewriting and amending s. 382.013, F.S., provides an exemption from the public records law for certain birth certificate information. This exemption is currently contained in existing s. 382.013(2), F.S.
- Section 94 of the bill, in amending s. 382.025, F.S., relating to availability of records, simply relocates an existing exemption currently found in this section.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Section 19(f) of the Florida Constitution. It should be noted, however, that the bill, in section 4, renames the public health unit trust fund as the county health department trust fund, a conforming change to the trust fund renaming from section

14 of chapter 96-403, Laws of Florida Secondly, it should be noted that section 95 of the bill requires that vital statistics fees be deposited "in a trust fund used by the department" This mirrors language deleted from existing s. 382.025, F.S

V. Economic Impact and Fiscal Note:

A Tax/Fee Issues

As previously indicated, section 94 of the bill deletes existing fee ranges and section 95 reestablishes these fee ranges. For the most part, the existing maximum fees are being charged. The Vital Statistics Program is fully fee supported, the activity receives no general revenue

Activity	Current Fee	Current Fee Range
First year of records searched	\$ 5.00	\$3 to \$5
Photocopy of computer generated record	\$ 5 00	\$3 to \$5
Each additional year searched	\$ 2 00	\$1 to \$2 (max of \$50)
Processing and filing a delayed certificate	\$ 20 00	\$10 to \$20
Processing a name change or an amendment	\$ 20 00	\$10 to \$20
Processing and filing new birth certificate	\$ 20 00	\$10 to \$20
Additional certifications, when included in initial	\$ 4 00	\$2 to \$4
Processing and forwarding each exemplified copy	\$ 10 00	\$5 to \$10
Expedited processing fee	\$ 10 00	\$5 to \$10
Listing each vital record on electronic media	\$ 0.05	\$0.05 to \$0.10 (plus prep charge)
Commemorative certificates	\$ 25.00	\$25
Additional fee on certification of a birth record	\$ 4.00	\$4

B Private Sector Impact.

When the existing cancer reporting law was written, virtually all cancer treatment was done in hospitals. Medical practice has changed and outpatient facilities now provide treatment services. The added facilities will bear the administrative costs associated with cancer reporting.

Those physicians employed full time by the Department of Health will no longer be subject to the NICA assessment. According to the Department of Health, this impacts about 200 physicians, or an aggregate of \$50,000. These physicians currently pay this amount themselves.

C Government Sector Impact:

The Department of Health and the Agency for Health Care Administration provided the following fiscal information:

<u>Transfer item</u>	<u>Associated Budget</u>
Correctional Medical Authority (14 FTEs)	\$1,297,353
Rural Health Networks (2 FTEs)	\$434,537
Local Health Councils (1 FTE)	\$1,368,174

The Agency for Health Care Administration indicated that the following revenue amounts are associated with the indicated transferred functions.

Local Health Councils	
Health Care Facility Assessments	\$751,489
Certificate-of-Need Fees	\$616,685
Rural Health Network Grant	\$130,000

The DOH estimates a fiscal impact of \$2,000 annually to reimburse members of the Swimming Pool Advisory Review Board for travel expenses, which would come from the Planning and Evaluation Trust Fund. Meetings are held in Orlando; transportation is by automobile except for state staff in Tallahassee whose travel costs are paid for from other funds

As indicated, the NICA fund will have \$50,000 less in physician revenue as a result of this bill

VI. Technical Deficiencies:

None

VII. Related Issues:

Section 48 of the bill, in amending s. 404.056, F.S., creates a felony offense for fraud, deception, or misrepresentation in performing radon gas measurements or performing mitigation of buildings for radon gas. Likewise, section 96 of the bill, adds new penalties of felony of the third degree relating to vital statistics under s. 382.026, F.S. A person who commits a third degree felony is punishable by the imposition of imprisonment for up to 5 years and a fine up to \$5,000.

Section 921.001, F.S., provides that any legislation that creates a felony offense, enhances a misdemeanor offense to a felony or reclassifies an existing felony offense to a greater felony classification result in a net zero sum impact in the overall prison population as determined by the Criminal Justice Estimating Conference, unless the legislation contains a sufficient funding source to accommodate the change, or the Legislature abrogates the application of s. 921.001, F.S. To the extent the bill creates a new felony offense, it may have a fiscal impact based on its impact on the overall prison population as determined by the Criminal Justice Estimating Conference under procedures established in s. 216.136(5), F.S.

This bill generally reflects the recommendations of the Department of Health Technical Advisory Committee and the recommendations of the Task Force to Study the Organization and Structure of State Health Programs.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
