A bill to be entitled
An act relating to the Healthy and Fit Florida Act;
amending s. 154.503, F.S.; conforming a cross-reference;
repealing s. 381.0053, F.S., relating to a comprehensive
nutrition program; repealing s. 381.0054, F.S., relating
to healthy lifestyles promotion; repealing ss. 381.732,
381.733, and 381.734, F.S., relating to the Healthy
Communities, Healthy People Act; transferring,
renumbering, and amending s. 381.84, F.S., relating to the
Comprehensive Statewide Tobacco Education and Use
Prevention Program; revising definitions; revising program
components; requiring program components to include
efforts to educate youth and their parents about tobacco
use; requiring a youth-directed focus in each program
component; requiring the Tobacco Education and Use
Prevention Advisory Council to adhere to state ethics
laws; providing that meetings of the council are subject
to public-records and public-meetings requirements;
revising the duties of the council; deleting a provision
that prohibits a member of the council from participating
in a discussion or decision with respect to a research
proposal by a firm, entity, or agency with which the
member is associated as a member of the governing body or
as an employee or with which the member has entered into a
contractual arrangement; revising the submission date of
an annual report; deleting an expired provision relating
to rulemaking authority of the department; transferring
and renumbering s. 381.91, F.S., relating to the Jessie

CODING: Words *stricken* are deletions; words *underlined* are additions.
Trice Cancer Prevention Program; transferring, renumbering, and amending s. 381.911, F.S., relating to the Prostate Cancer Awareness Program; revising the criteria for members of the prostate cancer advisory committee; repealing s. 381.912, F.S., relating to the Cervical Cancer Elimination Task Force; transferring and renumbering s. 381.92, F.S., relating to the Florida Cancer Council; transferring and renumbering s. 381.921, F.S., relating to the mission and duties of the Florida Cancer Council; amending s. 381.922, F.S.; conforming cross-references; transferring and renumbering s. 381.93 F.S., relating to a breast and cervical cancer early detection program; transferring and renumbering s. 381.931, F.S., relating to an annual report on Medicaid expenditures; renaming ch. 385, F.S., as the "Healthy and Fit Florida Act"; amending s. 385.101, F.S.; renaming the "Chronic Diseases Act" as the "Healthy and Fit Florida Act"; amending s. 385.102, F.S.; revising legislative intent; creating s. 385.1021, F.S.; providing definitions; creating s. 385.1022, F.S.; requiring the Department of Health to support public health programs to reduce the incidence of mortality and morbidity from chronic diseases; creating s. 385.1023, F.S.; requiring the department to create state-level programs that address the risk factors of certain chronic diseases; providing required activities of the state-level programs; amending s. 385.103, F.S.; providing for community-level programs for the prevention of chronic diseases; revising
definitions; requiring the department to develop and implement a community-based chronic disease prevention and health promotion program; providing the purpose of the program; providing requirements for the program; creating s. 385.105, F.S.; requiring the department to develop programs to increase physical fitness, to work with school districts, to develop partnerships that allow the public to access recreational facilities and public land areas suitable for physical activity, to work with the Executive Office of the Governor and Volunteer Florida, Inc., to promote school initiatives, and to collaborate with the Department of Education in recognizing nationally accepted best practices for improving physical education in schools; requiring the Department of Health to promote healthy lifestyles to reduce obesity; requiring the department to promote optimal nutritional status in all stages of people's lives, personal responsibility to prevent chronic disease or slow its progression, and regular health visits during a person's life span; authorizing state agencies to conduct employee wellness programs; requiring the department to serve as a model to develop and implement employee wellness programs; requiring the department to assist state agencies to develop the employee wellness programs; providing equal access to the programs by agency employees; requiring the department to coordinate efforts with the Department of Management Services and other state agencies; authorizing each state agency to establish an employee wellness work
group to design the wellness program; requiring the
department to provide requirements for participation fees,
collaborations with businesses, and procurement of
equipment and incentives; amending s. 385.202, F.S.;
requiring facilities, laboratories, and practitioners to
report information; authorizing the department to adopt
rules regarding reporting requirements for the cancer
registry; providing immunity from liability for facilities
and practitioners reporting certain information; requiring
the department to adopt rules regarding the establishment
and operation of a statewide cancer registry program;
requiring the department or contractual designee operating
the statewide cancer registry program to use or publish
material only for the purpose of public health
surveillance and advancing medical research or medical
education in the interest of reducing morbidity or
mortality; authorizing the department to exchange personal
data with any agency or contractual designee for the
purpose of public health surveillance and medical or
scientific research under certain circumstances;
clarifying that the department may adopt rules regarding
the classifications of facilities related to reports made
to the cancer registry; requiring each facility and
practitioner that reports cancer cases to the department
to make their records available for onsite review;
amending s. 385.206, F.S.; renaming the "hematology-
oncology care center program" as the "Pediatric
Hematology-Oncology Center Program"; revising definitions;
authorizing the department to designate centers and
provide funding to maintain programs for the care of
patients with hematologic and oncologic disorders;
clarifying provisions related to grant-funding agreements
and grant disbursements; revising the department's
requirement to evaluate services rendered by the centers;
requiring data from the centers and other sources relating
to pediatric cancer to be available to the department for
program planning and quality assurance initiatives;
amending s. 385.207, F.S.; clarifying provisions that
require the department to collect information regarding
the number of clients served, the outcomes reached, the
expense incurred, and fees collected by providers of
epilepsy services; deleting the provision that requires
the department to limit administrative expenses from the
Epilepsy Services Trust Fund to a certain percentage of
annual receipts; amending s. 385.210, F.S.; revising
legislative findings regarding the economic costs of
treating arthritis and its complications; authorizing the
State Surgeon General to seek any federal waivers that may
be necessary to maximize funds from the Federal Government
to implement the Arthritis Prevention and Education
Program; creating s. 385.301, F.S.; authorizing the
department to adopt rules to administer the act; amending
s. 409.904, F.S.; conforming a cross-reference; providing
an effective date.

Be It Enacted by the Legislature of the State of Florida:
Section 1. Paragraph (e) of subsection (2) of section 154.503, Florida Statutes, is amended to read:

154.503 Primary Care for Children and Families Challenge Grant Program; creation; administration.--
(2) The department shall:
(e) Coordinate with the primary care program developed pursuant to s. 154.011, the Florida Healthy Kids Corporation program created in s. 624.91, the school health services program created in ss. 381.0056 and 381.0057, the Healthy Communities, Healthy People Program created in s. 381.734, and the volunteer health care provider program developed pursuant to s. 766.1115.

Section 2. Sections 381.0053, 381.0054, 381.732, 381.733, and 381.734, Florida Statutes, are repealed.

Section 3. Section 381.84, Florida Statutes, is transferred, renumbered as section 385.106, Florida Statutes, and amended to read:
385.106 381.84 Comprehensive Statewide Tobacco Education and Use Prevention Program.--
(1) DEFINITIONS.--As used in this section and for purposes of the provisions of s. 27, Art. X of the State Constitution, the term:
(a) "AHEC network" means an area health education center network established under s. 381.0402.
(b) "Best practices" means the Best Practices for Comprehensive Tobacco Control Programs as established by the CDC, as amended.
(c) "CDC" means the United States Centers for Disease
Control and Prevention.

(d) "Council" means the Tobacco Education and Use Prevention Advisory Council.

(e) "Department" means the Department of Health.

(f) "Tobacco" means, without limitation, tobacco itself and tobacco products that include tobacco and are intended or expected for human use or consumption, including, but not limited to, cigarettes, cigars, pipe tobacco, and smokeless tobacco.

(f) "Youth" means minors and young adults.

(2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of this section to implement s. 27, Art. X of the State Constitution. The Legislature finds that s. 27, Art. X of the State Constitution requires the funding of a statewide tobacco education and use prevention program that focuses on tobacco use by youth. The Legislature further finds that the primary goals of the program are to reduce the prevalence of tobacco use among youth, adults, and pregnant women; reduce per capita tobacco consumption; and reduce exposure to environmental tobacco smoke. Further, it is the intent of the Legislature to base increases in funding for individual components of the program on the results of assessments and evaluations. Recognizing that some components will need to grow faster than inflation, it is the intent of the Legislature to fund portions of the program on a nonrecurring basis in the early years so that those components that are most effective can be supported as the program matures.

(3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department shall conduct a comprehensive, statewide tobacco education and
use prevention program consistent with the recommendations for
effective program components contained in the 1999 Best
Practices for Comprehensive Tobacco Control Programs of the CDC, as amended by the CDC. The program shall include the following
components, each of which shall focus on educating people—particularly youth and their parents, about the health hazards
of tobacco and discouraging the use of tobacco. All program
components shall include efforts to educate youth and their
parents about tobacco use, and a youth-directed focus shall
exist in all components outlined in this subsection.†

(a) State and community interventions.--These
interventions shall include, but not be limited to, a statewide
tobacco control program that combines and coordinates community-
based interventions that focus on preventing initiation of
tobacco use among youth and young adults; promoting quitting
among adults, youth, and pregnant women; eliminating exposure to
secondhand smoke; identifying and eliminating tobacco-related
disparities among population groups; and promoting a range of
collaborations to prevent and alleviate the effects of chronic
diseases. Counter-marketing and advertising; cyberspace resource
center.--The counter-marketing and advertising campaign shall
include, at a minimum, Internet, print, radio, and television
advertising and shall be funded with a minimum of one-third of
the total annual appropriation required by s. 27, Art. X of the
State Constitution. A cyberspace resource center for copyrighted
materials and information concerning tobacco education and use
prevention, including cessation, shall be maintained by the
program. Such resource center must be accessible to the public,
including parents, teachers, and students, at each level of public and private schools, universities, and colleges in the state and shall provide links to other relevant resources. The Internet address for the resource center must be incorporated in all advertising. The information maintained in the resource center shall be used by the other components of the program.

(b) Health communication interventions.—Effective media and health communication intervention efforts include, but are not limited to, audience research to define themes and execute messages for influential, high impact, and specifically targeted campaigns; market research to identify the target market and the behavioral theory motivating change; counter-marketing surveillance; community tie-ins to support and reinforce the statewide campaign; technologies such as viral marketing, social networks, personal web pages, and web logs; traditional media; process and outcome evaluation of the communication efforts; and promotion of available services, including the state telephone cessation quitline. Cessation programs, counseling, and treatment.—This program component shall include two subcomponents:

1. A statewide toll-free cessation service, which may include counseling, referrals to other local resources and support services, and treatment to the extent funds are available for treatment services; and

2. A local community-based program to disseminate information about smoking cessation, how smoking cessation relates to prenatal care and obesity prevention, and other chronic tobacco-related diseases.
(c) Cessation interventions.--Cessation interventions include, but are not limited to, sustaining, expanding, and promoting the service through population-based counseling and treatment programs; encouraging public and private insurance coverage for counseling and FDA-approved medication treatments for tobacco-use cessation; eliminating cost and other barriers to treatment for underserved populations; and making health care system changes. Youth interventions to prevent tobacco-use initiation and encourage cessation among young people are needed in order to reshape the environment so that it supports tobacco-free norms. Because most people who start smoking are younger than 18 years of age, intervening during adolescence is critical. Community programs and school-based policies and interventions should be a part of a comprehensive effort that is implemented in coordination with community and school environments and in conjunction with increasing the unit price of tobacco products, sustaining anti-tobacco media campaigns, making environments tobacco free, and engaging in other efforts to create tobacco-free social norms. Surveillance and evaluation.--The program shall conduct ongoing epidemiological surveillance and shall contract for annual independent evaluations of the effectiveness of the various components of the program in meeting the goals as set forth in subsection (2).

(d) Surveillance and evaluation.--The surveillance and evaluation of all program components shall monitor and document short-term, intermediate, and long-term intervention outcomes to inform program and policy direction and ensure accountability. The surveillance and evaluation must be conducted objectively.
through scientifically sound methodology. Youth school
programs.--School and after-school programs shall use current
evidence-based curricula and programs that involve youth to
educate youth about the health hazards of tobacco, help youth
develop skills to refuse tobacco, and demonstrate to youth how
to stop using tobacco.

(e) **Administration and management.**--Administration and
management activities include, but are not limited to, strategic
planning to guide program efforts and resources in order to
accomplish goals; recruiting and developing qualified and
diverse technical, program, and administrative staff; awarding
and monitoring program contracts and grants to coordinate
implementation across program areas; developing and maintaining
a fiscal-management system to track allocations and the
expenditure of funds; increasing capacity at the community level
through ongoing training and technical assistance; creating
effective communications internally among chronic disease
prevention programs and local coalitions and partners; and
educating the public and decisionmakers on the health effects of
tobacco and evidence-based effective program and policy
interventions. **Community programs and chronic disease
prevention.**--The department shall promote and support local
community-based partnerships that emphasize programs involving
youth, including programs for the prevention, detection, and
early intervention of smoking-related chronic diseases.

(f) **Training.**--The program shall include the training of
health care practitioners, smoking-cessation counselors, and
teachers by health professional students and other tobacco-use
prevention specialists who are trained in preventing tobacco use and health education. Smoking-cessation counselors shall be trained by specialists who are certified in tobacco-cessation.

(g) **County health departments** Administration, statewide programs, and county health departments. --Each county health department is eligible to receive a portion of the annual appropriation, on a per capita basis, for coordinating tobacco education and use prevention programs within that county. Appropriated funds may be used to improve the infrastructure of the county health department to implement the comprehensive, statewide tobacco education and use prevention program. Each county health department shall prominently display in all treatment rooms and waiting rooms, counter-marketing and advertisement materials in the form of wall posters, brochures, television advertising if televisions are used in the lobby or waiting room, and screensavers and Internet advertising if computer kiosks are available for use or viewing by people at the county health department.

(h) **Enforcement and awareness of related laws.** --In coordination with the Department of Business and Professional Regulation, the program shall monitor the enforcement of laws, rules, and policies prohibiting the sale or other provision of tobacco to minors, as well as the continued enforcement of the Clean Indoor Air Act prescribed in chapter 386. The advertisements produced in accordance with paragraph (b) paragraph (a) may also include information designed to make the public aware of these related laws and rules. The departments
may enter into interagency agreements to carry out this program component.

(i) AHEC smoking-cessation initiative. For the 2007-2008 and 2008-2009 fiscal years only, the AHEC network shall expand the AHEC smoking-cessation initiative to each county within the state and perform other activities as determined by the department.

(4) ADVISORY COUNCIL; MEMBERS, APPOINTMENTS, AND MEETINGS.--The Tobacco Education and Use Prevention Advisory Council is created within the department.

(a) The council shall consist of 23 members, including:

1. The State Surgeon General, who shall serve as the chairperson.

2. One county health department director, appointed by the State Surgeon General.

3. Two members appointed by the Commissioner of Education, of whom one must be a school district superintendent.

4. The chief executive officer of the Florida Division of the American Cancer Society, or his or her designee.

5. The chief executive officer of the Greater Southeast Affiliate of the American Heart Association, or his or her designee.

6. The chief executive officer of the American Lung Association of Florida, or his or her designee.

7. The dean of the University of Miami School of Medicine, or his or her designee.

8. The dean of the University of Florida College of Medicine, or his or her designee.
9. The dean of the University of South Florida College of Medicine, or his or her designee.

10. The dean of the Florida State University College of Medicine, or his or her designee.

11. The dean of Nova Southeastern College of Osteopathic Medicine, or his or her designee.

12. The dean of the Lake Erie College of Osteopathic Medicine in Bradenton, Florida, or his or her designee.

13. The chief executive officer of the Campaign for Tobacco Free Kids, or his or her designee.

14. The chief executive officer of the Legacy Foundation, or his or her designee.

15. Four members appointed by the Governor, of whom two must have expertise in the field of tobacco-use prevention and education or smoking cessation and one individual who shall be between the ages of 16 and 21 at the time of his or her appointment.

16. Two members appointed by the President of the Senate, of whom one must have expertise in the field of tobacco-use prevention and education or smoking cessation.

17. Two members appointed by the Speaker of the House of Representatives, of whom one must have expertise in the field of tobacco-use prevention and education or smoking cessation.

(b) The appointments shall be for 3-year terms and shall reflect the diversity of the state's population. A vacancy shall be filled by appointment by the original appointing authority for the unexpired portion of the term.

(c) An appointed member may not serve more than two
consecutive terms.

(d) The council shall meet at least quarterly and upon the call of the chairperson. Meetings may be held via teleconference or other electronic means.

(e) Members of the council shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061. Members who are state officers or employees or who are appointed by state officers or employees shall be reimbursed for per diem and travel expenses pursuant to s. 112.061 from the state agency through which they serve.

(f) The council shall adhere to all state ethics laws. Meetings of the council and the review panels are subject to chapter 119, s. 286.011, and s. 24, Art. I of the State Constitution. The department shall provide council members with information and other assistance as is reasonably necessary to assist the council in carrying out its responsibilities.

(5) COUNCIL DUTIES AND RESPONSIBILITIES.--The council shall advise the State Surgeon General as to the direction and scope of the Comprehensive Statewide Tobacco Education and Use Prevention Program. The responsibilities of the council may include, but are not limited to:

(a) Providing advice on program priorities and emphases.

(b) Providing advice on the overall program budget.

(c) Providing advice on copyrighted material, trademark, and future transactions as they pertain to the tobacco education and use prevention program.

(d) Reviewing, as requested by the department, broadcast
material prepared for the Internet, portable media players, radio, and television advertisement as it relates to the advertising component of the tobacco education and use prevention program.

(e) Participating in periodic program evaluation, as requested by the department.

(f) Assisting the department in developing the development of guidelines to ensure fairness, neutrality, and adherence to the principles of merit and quality in the conduct of the program.

(g) Assisting the department in developing the development of administrative procedures relating to solicitation, review, and award of contracts and grants in order to ensure an impartial, high-quality peer review system.

(h) Assisting the department in developing panels to review and evaluate potential fund recipients and supervision of peer review panels.

(i) Assisting the department in reviewing reports of peer review panels and making recommendations for funding allocations.

(j) Assisting the department in reviewing the activities and evaluating the performance of the AHEC network to avoid duplicative efforts using state funds.

(k) Recommending specific measurable outcomes meaningful outcome measures through a regular review of evidence-based and promising tobacco-use prevention and education strategies and programs of other states and the Federal Government.

(l) Recommending policies to encourage a coordinated
response to tobacco use in this state, focusing specifically on creating partnerships within and between the public and private sectors.

(6) CONTRACT REQUIREMENTS.--Contracts or grants for the program components or subcomponents described in paragraphs (3)(a)-(f) shall be awarded by the State Surgeon General, after consultation with the council, on the basis of merit, as determined by an open, competitive, peer-reviewed process that ensures objectivity, consistency, and high quality. The department shall award such grants or contracts no later than October 1 for each fiscal year. A recipient of a contract or grant for the program component described in paragraph (3)(d) (3)(e) is not eligible for a contract or grant award for any other program component described in subsection (3) in the same state fiscal year. A school or college of medicine that is represented on the council is not eligible to receive a contract or grant under this section. For the 2007-2008 and 2008-2009 fiscal years only, the department shall award a contract or grant in the amount of $10 million to the AHEC network for the purpose of developing the components described in paragraph (3)(i). The AHEC network may apply for a competitive contract or grant after the 2008-2009 fiscal year.

(a) In order to ensure that all proposals for funding are appropriate and are evaluated fairly on the basis of merit, the State Surgeon General, in consultation with the council, shall appoint a peer review panel of independent, qualified experts in the field of tobacco control to review the content of each proposal and establish its priority score. The priority scores
shall be forwarded to the council and must be considered in
determining which proposals will be recommended for funding.

(b) The council and the peer review panel shall establish
and follow rigorous guidelines for ethical conduct and adhere to
a strict policy with regard to conflicts of interest. Council
members are subject to the applicable provisions of chapter 112.
A member of the council or panel may not participate in any
discussion or decision with respect to a research proposal by
any firm, entity, or agency with which the member is associated
as a member of the governing body or as an employee or with
which the member has entered into a contractual arrangement.
Meetings of the council and the peer review panels are subject
to chapter 119, s. 286.011, and s. 24, Art. I of the State
Constitution.

(c) In each contract or grant agreement, the department
shall limit the use of food and promotional items to no more
than 2.5 percent of the total amount of the contract or grant
and limit overhead or indirect costs to no more than 7.5 percent
of the total amount of the contract or grant. The department, in
consultation with the Department of Financial Services, shall
publish guidelines for appropriate food and promotional items.

(d) In each advertising contract, the department shall
limit the total of production fees, buyer commissions, and
related costs to no more than 10 percent of the total contract
amount.

(e) Notwithstanding the competitive process for contracts
prescribed in this subsection, each county health department is
eligible for core funding, on a per capita basis, to implement
tobacco education and use prevention activities within that county.

(7) ANNUAL REPORT REQUIRED.--By February 28 January 31 of each year, the department shall provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report that evaluates the program's effectiveness in reducing and preventing tobacco use and that recommends improvements to enhance the program's effectiveness. The report must contain, at a minimum, an annual survey of youth attitudes and behavior toward tobacco, as well as a description of the progress in reducing the prevalence of tobacco use among youth, adults, and pregnant women; reducing per capita tobacco consumption; and reducing exposure to environmental tobacco smoke.

(8) LIMITATION ON ADMINISTRATIVE EXPENSES.--From the total funds appropriated for the Comprehensive Statewide Tobacco Education and Use Prevention Program in the General Appropriations Act, an amount of up to 5 percent may be used by the department for administrative expenses.

(9) RULEMAKING AUTHORIZED.--By January 1, 2008, the department shall adopt rules pursuant to ss. 120.536(1) and 120.54 to administer this section.

Section 4. Section 381.91, Florida Statutes, is transferred and renumbered as section 385.2024, Florida Statutes, to read:

385.2024 381.91 Jessie Trice Cancer Prevention Program.--

(1) It is the intent of the Legislature to:

(a) Reduce the rates of illness and death from lung cancer
and other cancers and improve the quality of life among low-
income African-American and Hispanic populations through
increased access to early, effective screening and diagnosis,
education, and treatment programs.

(b) Create a community faith-based disease-prevention
program in conjunction with the Health Choice Network and other
community health centers to build upon the natural referral and
education networks in place within minority communities and to
increase access to health service delivery in Florida.

(c) Establish a funding source to build upon local private
participation to sustain the operation of the program.

(2)(a) There is created the Jessie Trice Cancer Prevention
Program, to be located, for administrative purposes, within the
Department of Health, and operated from the community health
centers within the Health Choice Network in Florida.

(b) Funding may be provided to develop contracts with
community health centers and local community faith-based
education programs to provide cancer screening, diagnosis,
education, and treatment services to low-income populations
throughout the state.

Section 5. Section 381.911, Florida Statutes, is
transferred, renumbered as section 385.2023, Florida Statutes,
and amended to read:

385.2023 381.911 Prostate Cancer Awareness Program.--

(1) To the extent that funds are specifically made
available for this purpose, the Prostate Cancer Awareness
Program is established within the Department of Health. The
purpose of this program is to implement the recommendations of
January 2000 of the Florida Prostate Cancer Task Force to provide for statewide outreach and health education activities to ensure that men are aware of and appropriately seek medical counseling for prostate cancer as an early-detection health care measure.

(2) For purposes of implementing the program, the Department of Health and the Florida Public Health Foundation, Inc., may:

(a) Conduct activities directly or enter into a contract with a qualified nonprofit community education entity.

(b) Seek any available gifts, grants, or funds from the state, the Federal Government, philanthropic foundations, and industry or business groups.

(3) A prostate cancer advisory committee is created to advise and assist the Department of Health and the Florida Public Health Foundation, Inc., in implementing the program.

(a) The State Surgeon General shall appoint the advisory committee members, who shall consist of:

1. Three persons from prostate cancer survivor groups or cancer-related advocacy groups.

2. Three persons who are scientists or clinicians from public or nonpublic universities or research organizations.

3. Three persons who are engaged in the practice of a cancer-related medical specialty from health organizations committed to cancer research and control.

(b) Members shall serve without compensation but are entitled to reimbursement, pursuant to s. 112.061, for per diem and travel expenses incurred in the performance of their
official duties.

(4) The program shall coordinate its efforts with those of the Florida Public Health Foundation, Inc.

Section 6. Section 381.912, Florida Statutes, is repealed.

Section 7. Section 381.92, Florida Statutes, is transferred and renumbered as section 385.2025, Florida Statutes, to read:

385.2025 381.92 Florida Cancer Council.--

(1) Effective July 1, 2004, the Florida Cancer Council within the Department of Health is established for the purpose of making the state a center of excellence for cancer research.

(2) (a) The council shall be representative of the state's cancer centers, hospitals, and patient groups and shall be organized and shall operate in accordance with this act.

(b) The Florida Cancer Council may create not-for-profit corporate subsidiaries to fulfill its mission. The council and its subsidiaries are authorized to receive, hold, invest, and administer property and any moneys acquired from private, local, state, and federal sources, as well as technical and professional income generated or derived from the mission-related activities of the council.

(c) The members of the council shall consist of:

1. The chair of the Florida Dialogue on Cancer, who shall serve as the chair of the council;

2. The State Surgeon General or his or her designee;

3. The chief executive officer of the H. Lee Moffitt Cancer Center or his or her designee;

4. The director of the University of Florida Shands Cancer...
Center or his or her designee;

5. The chief executive officer of the University of Miami Sylvester Comprehensive Cancer Center or his or her designee;

6. The chief executive officer of the Mayo Clinic, Jacksonville, or his or her designee;

7. The chief executive officer of the American Cancer Society, Florida Division, Inc., or his or her designee;

8. The president of the American Cancer Society, Florida Division, Inc., Board of Directors or his or her designee;

9. The president of the Florida Society of Clinical Oncology or his or her designee;

10. The president of the American College of Surgeons, Florida Chapter, or his or her designee;

11. The chief executive officer of Enterprise Florida, Inc., or his or her designee;

12. Five representatives from cancer programs approved by the American College of Surgeons. Three shall be appointed by the Governor, one shall be appointed by the Speaker of the House of Representatives, and one shall be appointed by the President of the Senate;

13. One member of the House of Representatives, to be appointed by the Speaker of the House of Representatives; and

14. One member of the Senate, to be appointed by the President of the Senate.

(d) Appointments made by the Speaker of the House of Representatives and the President of the Senate pursuant to paragraph (c) shall be for 2-year terms, concurrent with the bienniums in which they serve as presiding officers.
(e) Appointments made by the Governor pursuant to paragraph (c) shall be for 2-year terms, although the Governor may reappoint members.

(f) Members of the council or any subsidiaries shall serve without compensation, and each organization represented on the council shall cover the expenses of its representatives.

(3) The council shall issue an annual report to the Center for Universal Research to Eradicate Disease, the Governor, the Speaker of the House of Representatives, and the President of the Senate by December 15 of each year, with policy and funding recommendations regarding cancer research capacity in Florida and related issues.

Section 8. Section 381.921, Florida Statutes, is transferred and renumbered as section 385.20251, Florida Statutes, to read:

385.20251 Florida Cancer Council mission and duties.--The council, which shall work in concert with the Florida Center for Universal Research to Eradicate Disease to ensure that the goals of the center are advanced, shall endeavor to dramatically improve cancer research and treatment in this state through:

(1) Efforts to significantly expand cancer research capacity in the state by:

(a) Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;

(b) Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research
institutes in this state;
(c) Funding through available resources for those proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;
(d) Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines, to facilitate the full spectrum of cancer investigations;
(e) Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research; and
(f) Aiding in other multidisciplinary research-support activities as they inure to the advancement of cancer research.

(2) Efforts to improve both research and treatment through greater participation in clinical trials networks by:
(a) Identifying ways to increase adult enrollment in cancer clinical trials;
(b) Supporting public and private professional education programs designed to increase the awareness and knowledge about cancer clinical trials;
(c) Providing tools to cancer patients and community-based oncologists to aid in the identification of cancer clinical trials available in the state; and
(d) Creating opportunities for the state's academic cancer centers to collaborate with community-based oncologists in cancer clinical trials networks.

(3) Efforts to reduce the impact of cancer on disparate
groups by:

(a) Identifying those cancers that disproportionately impact certain demographic groups; and

(b) Building collaborations designed to reduce health disparities as they relate to cancer.

Section 9. Paragraph (a) of subsection (2) and subsection (5) of section 381.922, Florida Statutes, as amended by section 2 of chapter 2009-5, Laws of Florida, is amended to read:

381.922 William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.--

(2) The program shall provide grants for cancer research to further the search for cures for cancer.

(a) Emphasis shall be given to the goals enumerated in s. 385.20251 s. 381.921, as those goals support the advancement of such cures.

(5) For the 2008-2009 fiscal year and each fiscal year thereafter, the sum of $6.75 million is appropriated annually from recurring funds in the General Revenue Fund to the Biomedical Research Trust Fund within the Department of Health for purposes of the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program and shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer, with emphasis given to the goals enumerated in s. 385.20251 s. 381.921. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses.

Section 10. Section 381.93, Florida Statutes, is transferred and renumbered as section 385.2021, Florida Statutes.
Statutes, to read:

385.2021 381.93 Breast and cervical cancer early detection program.--This section may be cited as the "Mary Brogan Breast and Cervical Cancer Early Detection Program Act."

(1) It is the intent of the Legislature to reduce the rates of death due to breast and cervical cancer through early diagnosis and increased access to early screening, diagnosis, and treatment programs.

(2) The Department of Health, using available federal funds and state funds appropriated for that purpose, is authorized to establish the Mary Brogan Breast and Cervical Cancer Screening and Early Detection Program to provide screening, diagnosis, evaluation, treatment, case management, and followup and referral to the Agency for Health Care Administration for coverage of treatment services.

(3) The Mary Brogan Breast and Cervical Cancer Early Detection Program shall be funded through grants for such screening and early detection purposes from the federal Centers for Disease Control and Prevention under Title XV of the Public Health Service Act, 42 U.S.C. ss. 300k et seq.

(4) The department shall limit enrollment in the program to persons with incomes up to and including 200 percent of the federal poverty level. The department shall establish an eligibility process that includes an income-verification process to ensure that persons served under the program meet income guidelines.

(5) The department may provide other breast and cervical cancer screening and diagnostic services; however, such services
shall be funded separately through other sources than this act.

Section 11. Section 381.931, Florida Statutes, is transferred and renumbered as section 385.20211, Florida Statutes, to read:

385.20211 381.931 Annual report on Medicaid expenditures.--The Department of Health and the Agency for Health Care Administration shall monitor the total Medicaid expenditures for services made under this act. If Medicaid expenditures are projected to exceed the amount appropriated by the Legislature, the Department of Health shall limit the number of screenings to ensure Medicaid expenditures do not exceed the amount appropriated. The Department of Health, in cooperation with the Agency for Health Care Administration, shall prepare an annual report that must include the number of women screened; the percentage of positive and negative outcomes; the number of referrals to Medicaid and other providers for treatment services; the estimated number of women who are not screened or not served by Medicaid due to funding limitations, if any; the cost of Medicaid treatment services; and the estimated cost of treatment services for women who were not screened or referred for treatment due to funding limitations. The report shall be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor by March 1 of each year.

Section 12. Chapter 385, Florida Statutes, entitled "Chronic Diseases," is renamed the "Healthy and Fit Florida Act."

Section 13. Section 385.101, Florida Statutes, is amended
to read:

385.101 Short title.—This chapter Sections 385.101–385.103 may be cited as the "Healthy and Fit Florida Chronic Diseases Act."

Section 14. Section 385.102, Florida Statutes, is amended to read:

385.102 Legislative intent.—It is the finding of the Legislature that:

(1) Chronic diseases continue to be the leading cause of death and disability in this state and the country exist in high proportions among the people of this state. These Chronic diseases include, but are not limited to, arthritis, cardiovascular disease, heart disease, hypertension, diabetes, renal disease, cancer, and chronic obstructive lung disease. These diseases are often have the same preventable risk factors interrelated, and they directly and indirectly account for a high rate of death, disability, and underlying costs to the state's health care system illness.

(2) Chronic diseases have a significant impact on quality of life, not only for the individuals who experience their painful symptoms and resulting disabilities, but also for family members and caregivers.

(3) Racial and ethnic minorities and other underserved populations are disproportionately affected by chronic diseases.

(4) There are enormous medical costs and lost wages associated with chronic diseases and their complications.

(5) Advances in medical knowledge and technology assist have assisted in the prevention, detection, and management of
chronic diseases. Comprehensive approaches that stress the application of current medical treatment, continuing research, professional training, and patient education, and community-level policy and environmental changes should be implemented encouraged.

(6) A comprehensive program dealing with the early detection and prevention of chronic diseases is required to make knowledge and therapy available to all people of this state. The mobilization of scientific, medical, and educational resources, along with the implementation of community-based policy under one comprehensive chronic disease law, act will facilitate the prevention, early intervention, and management treatment of chronic these diseases and their symptoms. This integration of resources and policy will and result in a decline in death and disability illness among the people of this state.

(7) Chronic diseases account for 70 percent of all deaths in the United States. The following chronic diseases are the leading causes of death and disability:

(a) Heart disease and stroke, which have remained the first and third leading causes of death for both men and women in the United States for over seven decades and account for approximately one-third of total deaths each year in this state.

(b) Cancer, which is the second leading cause of death and is responsible for one in four deaths in this state.

(c) Lung disease, which is the third leading cause of death and accounts for one in every six deaths in this state.

(d) Diabetes, which is the sixth leading cause of death in this state.
(e) Arthritis, which is the leading cause of disability in the United States, limiting daily activities for more than 19 million citizens. In this state, arthritis limits daily activities for an estimated 1.3 million people.

(8) The department shall establish, promote, and maintain state-level and local-level programs for chronic disease prevention and health promotion to the extent that funds are specifically made available for this purpose.

Section 15. Section 385.1021, Florida Statutes, is created to read:

385.1021 Definitions.--As used in this chapter, the term:
(1) "CDC" means the United States Centers for Disease Control and Prevention.
(2) "Chronic disease" means an illness that is prolonged, does not resolve spontaneously, and is rarely cured completely.
(3) "Department" means the Department of Health.
(4) "Environmental changes" means changes to the economic, social, or physical natural or built environments which encourage or enable behaviors.
(5) "Policy change" means altering an informal or formal agreement between public or private sectors which sets forth values, behaviors, or resource allocation in order to improve health.
(6) "Primary prevention" means an intervention that is directed toward healthy populations and focuses on avoiding disease before it occurs.
(7) "Risk factor" means a characteristic or condition identified during the course of an epidemiological study of a
disease that appears to be statistically associated with a high incidence of that disease.

(8) "Secondary prevention" means an intervention that is designed to promote the early detection and management of diseases and reduce the risks experienced by at-risk populations.

(9) "System changes" means altering standard activities, protocols, policies, processes, and structures carried out in population-based settings, such as schools, worksites, health care facilities, faith-based organizations, and the overall community, which promote and support new behaviors.

(10) "Tertiary prevention" means an intervention that is directed at rehabilitating and minimizing the effects of disease in a chronically ill population.

(11) "Tobacco" means, without limitation, tobacco itself and tobacco products that include tobacco and are intended or expected for human use or consumption, including, but not limited to, cigarettes, cigars, pipe tobacco, and smokeless tobacco.

(12) "Wellness program" means a structured program that is designed or approved by the department to offer intervention activities on or off the worksite which help state employees change certain behaviors or adopt healthy lifestyles.

(13) "Youth" means children and young adults, up through 24 years of age, inclusive.

Section 16. Section 385.1022, Florida Statutes, is created to read:

385.1022 Chronic disease prevention program.--The
department shall support public health programs to reduce the incidence of mortality and morbidity from diseases for which risk factors can be identified. Such risk factors include, but are not limited to, being overweight or obese, physical inactivity, poor nutrition and diet, tobacco use, sun exposure, and other practices that are detrimental to health. The programs shall educate and screen the general public as well as groups at particularly high risk of chronic diseases.

Section 17. Section 385.1023, Florida Statutes, is created to read:

385.1023  State-level prevention programs for chronic disease.--

(1) The department shall create state-level programs that address the leading, preventable chronic disease risk factors of poor nutrition and obesity, tobacco use, sun exposure, and physical inactivity in order to decrease the incidence of arthritis, cancer, diabetes, heart disease, lung disease, stroke, and other chronic diseases.

(2) State-level programs shall address, but need not be limited to, the following activities:

(a) Monitoring specific causal and behavioral risk factors that affect the health of residents in the state.

(b) Analyzing data regarding chronic disease mortality and morbidity to track changes over time.

(c) Promoting public awareness and increasing knowledge concerning the causes of chronic diseases, the importance of early detection, diagnosis, and appropriate evidence-based prevention, management, and treatment strategies.
(d) Disseminating educational materials and information concerning evidence-based results, available services, and pertinent new research findings and prevention strategies to patients, health insurers, health professionals, and the public.

(e) Using education and training resources and services developed by organizations having appropriate expertise and knowledge of chronic diseases for technical assistance.

(f) Evaluating the quality and accessibility of existing community-based services for chronic disease.

(g) Increasing awareness among state and local officials involved in health and human services, health professionals and providers, and policymakers about evidence-based chronic-disease prevention, tobacco cessation, and treatment strategies and their benefits for people who have chronic diseases.

(h) Developing a partnership with state and local governments, voluntary health organizations, hospitals, health insurers, universities, medical centers, employer groups, private companies, and health care providers to address the burden of chronic disease in this state.

(i) Implementing and coordinating state-level policies in order to reduce the burden of chronic disease.

(j) Providing lasting improvements in the delivery of health care for individuals who have chronic disease and their families, thus improving their quality of life while also containing health care costs.

Section 18. Section 385.103, Florida Statutes, is amended to read:

385.103 Community-level Community intervention programs
for chronic disease prevention and health promotion.--

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

(a) "Chronic disease prevention and health promotion control program" means a program that may include, but is not limited to, including a combination of the following elements:

1. Staff who are sufficiently trained and skilled in public health, community health, or school health education to facilitate the operation of the program Health screening;

2. Community input into the planning, implementation, and evaluation processes Risk factor detection;

3. Use of public health data to make decisions and to develop and prioritize community-based interventions focusing on chronic diseases and their risk factors; Appropriate intervention to enable and encourage changes in behaviors that create health risks; and

4. Adherence to a population-based approach by using a socioecological model that addresses the influence on individual behavior, interpersonal behavior, organizational behavior, the community, and public policy; Counseling in nutrition, physical activity, the effects of tobacco use, hypertension, blood pressure control, and diabetes control and the provision of other clinical prevention services.

5. Focus on at least the common preventable risk factors for chronic disease, such as physical inactivity, obesity, poor nutrition, and tobacco use;

6. Focus on developing and implementing interventions and activities through communities, schools, worksites, faith-based organizations, and health-care settings;
7. Use of evidence-based interventions as well as best and promising practices to guide specific activities and effect change, which may include guidelines developed by organizations, volunteer scientists, and health care professionals who write published medical, scientific statements on various chronic disease topics. The statements shall be supported by scientific studies published in recognized journals that have a rigorous review and approval process. Scientific statements generally include a review of data available on a specific subject and an evaluation of its relationship to overall chronic disease science;

8. Use of policy, system, and environmental changes that support healthy behaviors so as to affect large segments of the population and encourage healthy choices;

9. Development of extensive and comprehensive evaluation that is linked to program planning at the state level and the community level in order to determine the program's effectiveness or necessary program modifications; and

10. Reduction of duplication of efforts through coordination among appropriate entities for the efficient use of resources.

(b) "Community Health education program" means a program involving the planned and coordinated use of the educational standards and teaching methods resources available in a community in an effort to provide:

1. Appropriate medical, research-based interventions to enable and encourage changes in behaviors which reduce or eliminate health risks;
2. Counseling in nutrition, weight management, physical inactivity, and tobacco-use prevention and cessation strategies; hypertension, blood pressure, high cholesterol, and diabetes control; and other clinical prevention services;

3.1 Motivation and assistance to individuals or groups in adopting and maintaining Motivate and assist citizens to adopt and maintain healthful practices and lifestyles; and

4.2 Make available Learning opportunities that will increase the ability of people to make informed decisions affecting their personal, family, and community well-being and that are designed to facilitate voluntary adoption of behavior that will improve or maintain health.

3. Reduce, through coordination among appropriate agencies, duplication of health education efforts; and

4. Facilitate collaboration among appropriate agencies for efficient use of scarce resources.

(c) "Community intervention program" means a program combining the required elements of a chronic disease prevention and health promotion control program and the principles of a community health education program that addresses system, policy, and environmental changes that ensure that communities provide support for healthy lifestyles into a unified program over which a single administrative entity has authority and responsibility.

(d) "Department" means the Department of Health.

(e) "Risk factor" means a factor identified during the course of an epidemiological study of a disease, which factor appears to be statistically associated with a high incidence of
that disease.

(2) OPERATION OF COMMUNITY-LEVEL COMMUNITY INTERVENTION PROGRAMS FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION.---

(a) The department shall develop and implement a comprehensive, community-based program for chronic disease prevention and health promotion. The program shall be designed to reduce major behavioral risk factors that are associated with chronic diseases by enhancing the knowledge, skills, motivation, and opportunities for individuals, organizations, health care providers, small businesses, health insurers, and communities to develop and maintain healthy lifestyles. The department shall assist the county health departments in developing and operating community intervention programs throughout the state. At a minimum, the community intervention programs shall address one to three of the following chronic diseases: cancer, diabetes, heart disease, stroke, hypertension, renal disease, and chronic obstructive lung disease.

(b) The program shall include:

1. Countywide assessments of specific, causal, and behavioral risk factors that affect the health of residents;

2. The development of community-based programs for chronic disease prevention and health promotion which incorporate health promotion and preventive care practices that are supported in scientific and medical literature;

3. The development and implementation of statewide age-specific, disease-specific, and community-specific health promotion and preventive care strategies using primary, secondary, and tertiary prevention interventions;
4. The promotion of community, research-based health-promotion model programs that meet specific criteria, address major risk factors, and motivate individuals to permanently adopt healthy behaviors and increase social and personal responsibilities;

5. The development of policies that encourage the use of alternative community delivery sites for health promotion, disease prevention, and preventive care programs and promote the use of neighborhood delivery sites that are close to work, home, and school; and

6. An emphasis on the importance of healthy and physically active lifestyles to build self-esteem and reduce morbidity and mortality associated with chronic disease and being overweight or obese. Existing community resources, when available, shall be used to support the programs. The department shall seek funding for the programs from federal and state financial assistance programs which presently exist or which may be hereafter created. Additional services, as appropriate, may be incorporated into a program to the extent that resources are available. The department may accept gifts and grants in order to carry out a program.

(c) Volunteers shall be used to the maximum extent possible in carrying out the programs. The department shall contract for the necessary insurance coverage to protect volunteers from personal liability while acting within the scope of their volunteer assignments under a program.

(d) The department may contract for the provision of all or any portion of the services required by a program, and shall
so contract whenever the services so provided are more cost-efficient than those provided by the department.

(e) If the department determines that it is necessary for clients to help pay for services provided by a program, the department may require clients to make contribution therefor in either money or personal services. The amount of money or value of the personal services shall be fixed according to a fee schedule established by the department or by the entity developing the program. In establishing the fee schedule, the department or the entity developing the program shall take into account the expenses and resources of a client and his or her overall ability to pay for the services.

Section 19. Section 385.105, Florida Statutes, is created to read:

385.105 Physical activity, obesity prevention, nutrition, other health-promotion services, and wellness programs.--

(1) PHYSICAL ACTIVITY.--

(a) The department shall develop programs for people at every stage of their lives to increase physical fitness and promote behavior changes.

(b) The department shall work with school health advisory or wellness committees in each school district as established in s. 381.0056.

(c) The department shall develop public and private partnerships that allow the public to easily access recreational facilities and public land areas that are suitable for physical activity.

(d) The department shall work in collaboration with the
Executive Office of the Governor and Volunteer Florida, Inc., to promote school initiatives, such as the Governor's Fitness Challenge.

(e) The department shall collaborate with the Department of Education in recognizing nationally accepted best practices for improving physical education in schools.

(2) OBESITY PREVENTION.--The department shall promote healthy lifestyles to reduce the prevalence of excess weight gain and being overweight or obese through programs that are directed towards all residents of this state by:

(a) Using all appropriate media to promote maximum public awareness of the latest research on healthy lifestyles and chronic diseases and disseminating relevant information through a statewide clearinghouse relating to wellness, physical activity, and nutrition and the effect of these factors on chronic diseases and disabling conditions.

(b) Providing technical assistance, training, and resources on healthy lifestyles and chronic diseases to the public, health care providers, school districts, and other persons or entities, including faith-based organizations that request such assistance to promote physical activity, nutrition, and healthy lifestyle programs.

(c) Developing, implementing, and using all available research methods to collect data, including, but not limited to, population-specific data, and tracking the incidence and effects of weight gain, obesity, and related chronic diseases. The department shall include an evaluation and data-collection component in all programs as appropriate. All research conducted...
under this paragraph is subject to review and approval as
required by the department's institutional review board under s. 381.86.

(d) Entering into partnerships with the Department of Education, local communities, school districts, and other entities to encourage schools in this state to promote activities during and after school to help students meet a minimum goal of 30 minutes of physical activity or physical fitness per day.

(e) Entering into partnerships with the Department of Education, school districts, and the Florida Sports Foundation to develop programs recognizing the schools at which students demonstrate excellent physical fitness or fitness improvement.

(f) Collaborating with other state agencies to develop policies and strategies for preventing and treating obesity, which shall be incorporated into programs administered by each agency and shall include promoting healthy lifestyles of employees of each agency.

(g) Advising, in accordance with s. 456.081, health care practitioners about the morbidity, mortality, and costs associated with being overweight or obese, informing such practitioners of promising clinical practices for preventing and treating obesity, and encouraging practitioners to counsel their patients regarding the adoption of healthy lifestyles.

(h) Maximizing all local, state, and federal funding sources, including grants, public-private partnerships, and other mechanisms to strengthen the department's programs promoting physical activity and nutrition.
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(3) NUTRITION.--The department shall promote optimal nutritional status in all stages of people's lives by developing strategies to:

   (a) Promote and maintain optimal nutritional status in the population through activities, including, but not limited to:

   1. Nutrition screening and assessment and nutrition counseling, including nutrition therapy, followup, case management, and referrals for persons who have medical conditions or nutrition-risk factors and who are provided health services through public health programs or through referrals from private health care providers or facilities;

   2. Nutrition education to assist residents of the state in achieving optimal health and preventing chronic disease; and

   3. Consultative nutrition services to group facilities which promote the provision of safe and nutritionally adequate diets.

   (b) Monitor and conduct surveillance of the nutritional status of this state's population.

   (c) Conduct or support research or evaluations related to public health nutrition. All research conducted under this paragraph is subject to review and approval as required by the department's institutional review board under s. 381.86.

   (d) Establish policies and standards for public health nutrition practices.

   (e) Promote interagency cooperation, professional education, and consultation.

   (f) Provide technical assistance and advise state agencies, private institutions, and local organizations
regarding public health nutrition standards.

(g) Work with the Department of Agriculture and Consumer Services, the Department of Education, and the Department of Management Services to further the use of fresh produce from this state in schools and encourage the development of community gardens. Nutritional services shall be available to eligible persons in accordance with eligibility criteria adopted by the department. The department shall provide by rule requirements for the service fees, when applicable, which may not exceed the department's actual costs.

The department may adopt rules to administer this subsection.

(4) OTHER HEALTH-PROMOTION SERVICES.--

(a) The department shall promote personal responsibility by encouraging residents of this state to be informed, follow health recommendations, seek medical consultations and health assessments, take healthy precautions, and comply with medical guidelines, including those that lead to earlier detection of chronic diseases in order to prevent chronic diseases or slow the progression of established chronic diseases.

(b) The department shall promote regular health visits during a person's lifetime, including annual physical examinations that include measuring body mass index and vital signs, blood work, immunizations, screenings, and dental examinations in order to reduce the financial, social, and personal burden of chronic disease.

(5) WELLNESS PROGRAMS.--

(a) Each state agency may conduct employee wellness
programs in buildings and lands owned or leased by the state. The department shall serve as a model to develop and implement employee wellness programs that may include physical fitness, healthy nutrition, self-management of disease, education, and behavioral change. The department shall assist other state agencies to develop and implement employee wellness programs. These programs shall use existing resources, facilities, and programs or resources procured through grant funding and donations that are obtained in accordance with state ethics and procurement policies, and shall provide equal access to any such programs, resources, and facilities to all state employees.

(b) The department shall coordinate its efforts with the Department of Management Services and other state agencies.

(c) Each agency may establish an employee wellness work group to design the program. The department shall be available to provide policy guidance and assist in identifying effective wellness program strategies.

(d) The department shall provide by rule requirements for nominal participation fees, when applicable, which may not exceed the department's actual costs; collaborations with businesses; and the procurement of equipment and incentives.

Section 20. Section 385.202, Florida Statutes, is amended to read:

385.202 Statewide cancer registry.--

(1) Each facility, laboratory, or practitioner licensed under chapter 395, chapter 459, chapter 464, chapter 483, chapter 485, and each freestanding radiation therapy center as defined in s. 408.07, shall report to the department of Health...
such information, specified by the department, by rule. The department may adopt rules regarding reporting requirements for the cancer registry, which shall include the data required, the timeframe for reporting, and those professionals who are responsible for ensuring compliance with reporting requirements, which indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by the facility or center. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation.

(2) The department shall establish, or cause to have established, by contract with a recognized medical organization in this state and its affiliated institutions, a statewide cancer registry program to ensure that cancer reports required under this section shall be maintained and available for use in the course of public health surveillance and any study for the purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or be enforced against any facility or practitioner by reason of having provided such information or material to the department.

(3) The department may adopt rules regarding the establishment and operation of a statewide cancer registry program.

(4) The department or a contractual designee operating the statewide cancer registry program required by this section shall use or publish said material only for the purpose of

CODING: Words **stricken** are deletions; words _underlined_ are additions.
public health surveillance and advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released for general publication. Information which discloses or could lead to the disclosure of the identity of any person whose condition or treatment has been reported and studied shall be confidential and exempt from the provisions of s. 119.07(1), except that:

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

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

(c) The department may exchange personal data with any other governmental agency or a contractual designee for the purpose of public health surveillance and medical or scientific research, if provided such governmental agency or contractual designee does not further disclose information that is confidential under this section.

(5) Funds appropriated for this section shall be used for establishing, administering, compiling, processing, and providing biometric and statistical analyses to the reporting facilities and practitioners. Funds may also be used to ensure the quality and accuracy of the information reported and to provide management information to the reporting facilities and practitioners.

(6) The department may adopt rules regarding the
classifications of, by rule, classify facilities that are responsible for making reports to the cancer registry, the content and frequency of the reports, and the penalty for failure to comply with these requirements for purposes of reports made to the cancer registry and specify the content and frequency of the reports. In classifying facilities, the department shall exempt certain facilities from reporting cancer information that was previously reported to the department or retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of this section shall not apply to any facility whose primary function is to provide psychiatric care to its patients.

(7) Notwithstanding subsection (1), each facility and practitioner that reports cancer cases to the department shall make their records available for onsite review by the department or its authorized representative.

Section 21. Section 385.206, Florida Statutes, is amended to read:

385.206 Pediatric Hematology-Oncology care Center Program.--

(1) DEFINITIONS.--As used in this section, the term:
(a) "Department" means the Department of Health.
(b) "Hematology" means the study, diagnosis, and treatment of blood and blood-forming tissues.
(c) "Oncology" means the study, diagnosis, and treatment of malignant neoplasms or cancer.
(d) "Hemophilia" or "other hemostatic disorder" means a bleeding disorder resulting from a genetic abnormality of
mechanisms related to the control of bleeding.

(e) "Sickle-cell anemia or other hemoglobinopathy" means an hereditary, chronic disease caused by an abnormal type of hemoglobin.

(f) "Patient" means a person under the age of 21 who is in need of hematologic-oncologic services and who is enrolled in the Children's Medical Services Network declared medically and financially eligible by the department, or a person who received such services prior to age 21 and who requires long-term monitoring and evaluation to ascertain the sequelae and the effectiveness of treatment.

(g) "Center" means a facility designated by the department as having a program specifically designed to provide a full range of medical and specialty services to patients with hematologic and oncologic disorders.

(2) PEDIATRIC HEMATOLOGY-ONCOLOGY CARE CENTER PROGRAM; AUTHORITY.--The department may designate is authorized to make grants and reimbursements to designated centers and provide funding to establish and maintain programs for the care of patients with hematologic and oncologic disorders. Program administration costs shall be paid by the department from funds appropriated for this purpose.

(3) GRANT FUNDING CONTRACTS GRANT AGREEMENTS; CONDITIONS.--

(a) Funding provided A grant made under this section shall be pursuant to a contract made between a center and the department. Each contract shall provide that patients will receive specified types of treatment.
and care from the center without additional charge to the patients or their parents or guardians. Grants shall be disbursed in accordance with conditions set forth in the disbursement guidelines.

(4) GRANT DISBURSEMENTS AND SPECIAL DISBURSEMENTS FOR LOCAL PROGRAMS.

(b) Funding may be provided Grant disbursements may be made to centers that meet the following criteria:

1. The personnel shall include at least one board-certified pediatric hematologist-oncologist, at least one board-certified pediatric surgeon, at least one board-certified radiotherapist, and at least one board-certified pathologist.

2. As approved by the department, The center shall actively participate in a national children's cancer study group, maintain a pediatric tumor registry, have a multidisciplinary pediatric tumor board, and meet other guidelines for development, including, but not limited to, guidelines from such organizations as the American Academy of Pediatrics and the American Pediatric Surgical Association.

(b) Programs shall also be established to provide care to hematology-oncology patients within each district of the department. The guidelines for local programs shall be formulated by the department. Special disbursements may be made by the program office to centers for educational programs designed for the districts of the department. These programs may include teaching total supportive care of the dying patient and his or her family, home therapy to hemophiliacs and patients with other hemostatic disorders, and screening and counseling.
for patients with sickle-cell anemia or other hemoglobinopathies.

(4)(5) PROGRAM AND PEER REVIEW.--The department shall evaluate at least annually during the grant period the services rendered by the centers and the districts of the department. Data from the centers and other sources relating to pediatric cancer shall be reviewed annually by the Florida Association of Pediatric Tumor Programs, Inc.; and a written report with recommendations shall be made to the department. This database will be available to the department for program planning and quality assurance initiatives formulation of its annual program and financial evaluation report. A portion of the funds appropriated for this section may be used to provide statewide consultation, supervision, and evaluation of the programs of the centers, as well as central program office support personnel.

Section 22. Paragraph (g) of subsection (2) and subsection (7) of section 385.207, Florida Statutes, are amended to read:

385.207 Care and assistance of persons with epilepsy; establishment of programs in epilepsy control.--

(2) The Department of Health shall:

(g) Continue current programs and develop cooperative programs and services designed to enhance the vocational rehabilitation of epilepsy clients, including the current jobs programs. The department shall, as part of its contract with a provider of epilepsy services, collect information regarding the number of clients served, the outcomes reached, the expenses incurred, and the fees collected by such providers for the provision of services keep and make this information available.
to the Governor and the Legislature upon request information
regarding the number of clients served, the outcome reached, and
the expense incurred by such programs and services.

(7) The department shall limit total administrative
expenditures from the Epilepsy Services Trust Fund to 5 percent
of annual receipts.

Section 23. Paragraphs (b), (d), and (g) of subsection (2)
and paragraph (b) of subsection (5) of section 385.210, Florida
Statutes, are amended to read:

385.210 Arthritis prevention and education.--

(2) LEGISLATIVE FINDINGS.--The Legislature finds the
following:

(b) Arthritis is the leading cause of disability in the
United States, limiting daily activities for more than 19 7
million citizens.

(d) There are enormous economic and social costs
associated with treating arthritis and its complications; the
economic costs are estimated at over $128 billion (2003) $116

(g) The National Arthritis Foundation, the CDC Centers for
Disease Control and Prevention, and the Association of State and
Territorial Health Officials have led the development of a
public health strategy, the National Arthritis Action Plan, to
respond to this challenge.

(5) FUNDING.--

(b) The State Surgeon General may shall seek any federal
waiver or waivers that may be necessary to maximize funds from
the Federal Government to implement this program.
Section 24. Section 385.301, Florida Statutes, is created to read:

385.301 Rulemaking authority.--The department may adopt rules pursuant to chapter 120 to administer this chapter.

Section 25. Subsection (9) of section 409.904, Florida Statutes, is amended to read:

409.904 Optional payments for eligible persons.--The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(9) Eligible women with incomes at or below 200 percent of the federal poverty level and under age 65, for cancer treatment pursuant to the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, screened through the Mary Brogan Breast and Cervical Cancer Early Detection Program established under s. 385.2021 s. 381.93.

Section 26. This act shall take effect July 1, 2009.