

Amendment No.

CHAMBER ACTION

Senate

House

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1 The Conference Committee on HB 5311 offered the following:

2  
3 **Conference Committee Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Paragraph (a) of subsection (1) and paragraph  
6 (a) of subsection (14) of section 20.435, Florida Statutes, are  
7 amended to read:

8 20.435 Department of Health; trust funds.—The following  
9 trust funds shall be administered by the Department of Health:

10 (1) Administrative Trust Fund.

11 (a) Funds to be credited to and uses of the trust fund  
12 shall be administered in accordance with s. 215.32 ~~consist of~~  
13 ~~regulatory fees such as those pertaining to the licensing,~~  
14 ~~permitting, and inspection of septic tanks, food hygiene, onsite~~  
15 ~~sewage, Superfund compliance, solid waste management, tanning~~  
16 ~~facilities, mobile home and recreational vehicle park~~

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17 ~~inspection, other departmental regulatory and health care~~  
18 ~~programs, and indirect earnings from grants. Funds shall be used~~  
19 ~~for the purpose of supporting the regulatory activities of the~~  
20 ~~department and for other such purposes as may be appropriate and~~  
21 ~~shall be expended only pursuant to legislative appropriation or~~  
22 ~~an approved amendment to the department's operating budget~~  
23 ~~pursuant to the provisions of chapter 216.~~

24 (14) Emergency Medical Services Trust Fund.

25 (a) Funds to be credited to and uses of the trust fund  
26 shall be administered in accordance with ss. 318.14, 318.18,  
27 318.21, 395.403, and 395.4036 and ~~the provisions of parts I and~~  
28 ~~II of chapter 401.~~

29 Section 2. Subsection (5) of section 318.14, Florida  
30 Statutes, is amended to read:

31 318.14 Noncriminal traffic infractions; exception;  
32 procedures.-

33 (5) Any person electing to appear before the designated  
34 official or who is required so to appear shall be deemed to have  
35 waived his or her right to the civil penalty provisions of s.  
36 318.18. The official, after a hearing, shall make a  
37 determination as to whether an infraction has been committed. If  
38 the commission of an infraction has been proven, the official  
39 may impose a civil penalty not to exceed \$500, except that in  
40 cases involving unlawful speed in a school zone or involving  
41 unlawful speed in a construction zone, the civil penalty may not  
42 exceed \$1,000; or require attendance at a driver improvement  
43 school, or both. If the person is required to appear before the  
44 designated official pursuant to s. 318.19(1) and is found to  
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45 have committed the infraction, the designated official shall  
46 impose a civil penalty of \$1,000 in addition to any other  
47 penalties and the person's driver's license shall be suspended  
48 for 6 months. If the person is required to appear before the  
49 designated official pursuant to s. 318.19(2) and is found to  
50 have committed the infraction, the designated official shall  
51 impose a civil penalty of \$500 in addition to any other  
52 penalties and the person's driver's license shall be suspended  
53 for 3 months. If the official determines that no infraction has  
54 been committed, no costs or penalties shall be imposed and any  
55 costs or penalties that have been paid shall be returned. Moneys  
56 received from the mandatory civil penalties imposed pursuant to  
57 this subsection upon persons required to appear before a  
58 designated official pursuant to s. 318.19(1) or (2) shall be  
59 remitted to the Department of Revenue and deposited into the  
60 Department of Health Emergency Medical Services Administrative  
61 Trust Fund to provide financial support to certified trauma  
62 centers to assure the availability and accessibility of trauma  
63 services throughout the state. Funds deposited into the  
64 Emergency Medical Services Administrative Trust Fund under this  
65 section shall be allocated as follows:

66 (a) Fifty percent shall be allocated equally among all  
67 Level I, Level II, and pediatric trauma centers in recognition  
68 of readiness costs for maintaining trauma services.

69 (b) Fifty percent shall be allocated among Level I, Level  
70 II, and pediatric trauma centers based on each center's relative  
71 volume of trauma cases as reported in the Department of Health  
72 Trauma Registry.

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73 Section 3. Paragraph (h) of subsection (3), paragraph (c)  
74 of subsection (5), and subsection (20) of section 318.18,  
75 Florida Statutes, are amended to read:

76 318.18 Amount of penalties.—The penalties required for a  
77 noncriminal disposition pursuant to s. 318.14 or a criminal  
78 offense listed in s. 318.17 are as follows:

79 (3)

80 (h) A person cited for a second or subsequent conviction  
81 of speed exceeding the limit by 30 miles per hour and above  
82 within a 12-month period shall pay a fine that is double the  
83 amount listed in paragraph (b). For purposes of this paragraph,  
84 the term "conviction" means a finding of guilt as a result of a  
85 jury verdict, nonjury trial, or entry of a plea of guilty.

86 Moneys received from the increased fine imposed by this  
87 paragraph shall be remitted to the Department of Revenue and  
88 deposited into the Department of Health Emergency Medical  
89 Services Administrative Trust Fund to provide financial support  
90 to certified trauma centers to assure the availability and  
91 accessibility of trauma services throughout the state. Funds  
92 deposited into the Emergency Medical Services Administrative  
93 Trust Fund under this section shall be allocated as follows:

94 1. Fifty percent shall be allocated equally among all  
95 Level I, Level II, and pediatric trauma centers in recognition  
96 of readiness costs for maintaining trauma services.

97 2. Fifty percent shall be allocated among Level I, Level  
98 II, and pediatric trauma centers based on each center's relative  
99 volume of trauma cases as reported in the Department of Health  
100 Trauma Registry.

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(5)

(c) In addition to the penalty under paragraph (a) or paragraph (b), \$65 for a violation of s. 316.172(1)(a) or (b). If the alleged offender is found to have committed the offense, the court shall impose the civil penalty under paragraph (a) or paragraph (b) plus an additional \$65. The additional \$65 collected under this paragraph shall be remitted to the Department of Revenue for deposit into the Emergency Medical Services Administrative Trust Fund of the Department of Health to be used as provided in s. 395.4036.

(20) In addition to any other penalty, \$65 for a violation of s. 316.191, prohibiting racing on highways, or s. 316.192, prohibiting reckless driving. The additional \$65 collected under this subsection shall be remitted to the Department of Revenue for deposit into the Emergency Medical Services Administrative Trust Fund of the Department of Health to be used as provided in s. 395.4036.

Section 4. Paragraph (d) of subsection (2) and subsection (15) of section 318.21, Florida Statutes, are amended to read:

318.21 Disposition of civil penalties by county courts.— All civil penalties received by a county court pursuant to the provisions of this chapter shall be distributed and paid monthly as follows:

(2) Of the remainder:

(d) Eight and two-tenths percent shall be remitted to the Department of Revenue for deposit in the Brain and Spinal Cord Injury Program Rehabilitation Trust Fund for the purposes set forth in s. 381.79.

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129 (15) Of the additional fine assessed under s. 318.18(3)(e)  
130 for a violation of s. 316.1893, 50 percent of the moneys  
131 received from the fines shall be appropriated to the Agency for  
132 Health Care Administration as general revenue to provide an  
133 enhanced Medicaid payment to nursing homes that serve Medicaid  
134 recipients with brain and spinal cord injuries. The remaining 50  
135 percent of the moneys received from the enhanced fine imposed  
136 under s. 318.18(3)(e) shall be remitted to the Department of  
137 Revenue and deposited into the Department of Health Emergency  
138 Medical Services Administrative Trust Fund to provide financial  
139 support to certified trauma centers in the counties where  
140 enhanced penalty zones are established to ensure the  
141 availability and accessibility of trauma services. Funds  
142 deposited into the Emergency Medical Services Administrative  
143 Trust Fund under this subsection shall be allocated as follows:

144 (a) Fifty percent shall be allocated equally among all  
145 Level I, Level II, and pediatric trauma centers in recognition  
146 of readiness costs for maintaining trauma services.

147 (b) Fifty percent shall be allocated among Level I, Level  
148 II, and pediatric trauma centers based on each center's relative  
149 volume of trauma cases as reported in the Department of Health  
150 Trauma Registry.

151 Section 5. Subsection (2) of section 320.131, Florida  
152 Statutes, is amended to read:

153 320.131 Temporary tags.—

154 (2) The department is authorized to sell temporary tags,  
155 in addition to those listed above, to their agents and where  
156 need is demonstrated by a consumer complainant. The fee shall be  
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157 \$2 each. One dollar from each tag sold shall be deposited into  
158 the Brain and Spinal Cord Injury Program Rehabilitation Trust  
159 Fund, with the remaining proceeds being deposited into the  
160 Highway Safety Operating Trust Fund. Agents of the department  
161 shall sell temporary tags for \$2 each and shall charge the  
162 service charge authorized by s. 320.04 per transaction,  
163 regardless of the quantity sold. Requests for purchase of  
164 temporary tags to the department or its agents shall be made,  
165 where applicable, on letterhead stationery and notarized. Except  
166 as specifically provided otherwise, a temporary tag shall be  
167 valid for 30 days, and no more than two shall be issued to the  
168 same person for the same vehicle.

169 Section 6. Subsection (9) of section 327.35, Florida  
170 Statutes, is amended to read:

171 327.35 Boating under the influence; penalties; "designated  
172 drivers".-

173 (9) Notwithstanding any other provision of this section,  
174 for any person convicted of a violation of subsection (1), in  
175 addition to the fines set forth in subsections (2) and (4), an  
176 additional fine of \$60 shall be assessed and collected in the  
177 same manner as the fines set forth in subsections (2) and (4).  
178 All fines collected under this subsection shall be remitted by  
179 the clerk of the court to the Department of Revenue for deposit  
180 into the Brain and Spinal Cord Injury Program Rehabilitation  
181 Trust Fund and used for the purposes set forth in s. 381.79,  
182 after 5 percent is deducted therefrom by the clerk of the court  
183 for administrative costs.

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184 Section 7. Subsection (2) of section 381.765, Florida  
185 Statutes, is amended to read:

186 381.765 Retention of title to and disposal of equipment.-

187 (2) The department may offer for sale any surplus items  
188 acquired in operating the brain and spinal cord injury program  
189 when they are no longer necessary or exchange them for necessary  
190 items that may be used to greater advantage. When any such  
191 surplus equipment is sold or exchanged, a receipt for the  
192 equipment shall be taken from the purchaser showing the  
193 consideration given for such equipment and forwarded to the  
194 Chief Financial Officer, and any funds received by the brain and  
195 spinal cord injury program pursuant to any such transaction  
196 shall be deposited in the Brain and Spinal Cord Injury Program  
197 ~~Rehabilitation~~ Trust Fund and shall be available for expenditure  
198 for any purpose consistent with ss. 381.739-381.79 ~~this part~~.

199 Section 8. Subsection (7) of section 381.78, Florida  
200 Statutes, is amended to read:

201 381.78 Advisory council on brain and spinal cord  
202 injuries.-

203 (7) A member of the advisory council may be removed from  
204 office by the State Surgeon General for malfeasance,  
205 misfeasance, neglect of duty, incompetence, or permanent  
206 inability to perform official duties or for pleading nolo  
207 contendere to, or being found guilty of, a crime. Malfeasance  
208 includes, but is not limited to, a violation of any specific  
209 prohibition within ss. 381.739-381.79 ~~this part~~.

210 Section 9. Subsection (6) of section 381.79, Florida  
211 Statutes, is amended to read:

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212 381.79 Brain and Spinal Cord Injury Program Trust Fund.—

213 (6) The department may accept, deposit into the trust  
214 fund, and use for carrying out the purposes of ss. 381.739-  
215 381.79 ~~this part~~ gifts made unconditionally by will or  
216 otherwise. Any gift made under conditions that, in the judgment  
217 of the department, are proper and consistent with this section,  
218 the laws of the United States, and the laws of this state may be  
219 accepted and shall be held, invested, reinvested, and used in  
220 accordance with the conditions of the gift.

221 Section 10. Subsections (1) and (2) of section 395.403,  
222 Florida Statutes, are amended to read:

223 395.403 Reimbursement of trauma centers.—

224 (1) All ~~provisional trauma centers and~~ trauma centers  
225 shall be considered eligible to receive state funding when state  
226 funds are specifically appropriated for state-sponsored trauma  
227 centers in the General Appropriations Act. Effective July 1,  
228 2010 ~~2004~~, the department shall make ~~one-time~~ payments from the  
229 Emergency Medical Services Administrative ~~Administrative~~ Trust Fund under s.  
230 20.435 to the trauma centers ~~and a hospital with a pending~~  
231 ~~application for a Level I trauma center in recognition of the~~  
232 ~~capital investment made by the hospital to establish the trauma~~  
233 ~~service~~. Payments shall be in equal amounts for the trauma  
234 centers approved by the department as of July 1 of the fiscal  
235 year in which funding is appropriated, ~~with lesser amounts for~~  
236 ~~the hospital with an application pending for a Level I trauma~~  
237 ~~center at the department as of April 1, 2004~~. In the event a  
238 trauma center does not maintain its status as a trauma center  
239 for any state fiscal year in which such funding is appropriated,  
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240 the ~~provisional trauma center or~~ trauma center shall repay the  
241 state for the portion of the year during which it was not a  
242 trauma center.

243 (2) ~~Provisional trauma centers and~~ Trauma centers eligible  
244 to receive distributions from the Emergency Medical Services  
245 ~~Administrative~~ Trust Fund under s. 20.435 in accordance with  
246 subsection (1) may request that such funds be used as  
247 intergovernmental transfer funds in the Medicaid program.

248 Section 11. Subsections (1) and (2) of section 395.4036,  
249 Florida Statutes, are amended to read:

250 395.4036 Trauma payments.—

251 (1) Recognizing the Legislature's stated intent to provide  
252 financial support to the current verified trauma centers and to  
253 provide incentives for the establishment of additional trauma  
254 centers as part of a system of state-sponsored trauma centers,  
255 the department shall utilize funds collected under s. 318.18 and  
256 deposited into the Emergency Medical Services ~~Administrative~~  
257 Trust Fund of the department to ensure the availability and  
258 accessibility of trauma services throughout the state as  
259 provided in this subsection.

260 (a) Funds collected under s. 318.18(15) shall be  
261 distributed as follows:

262 1. Twenty percent of the total funds collected during the  
263 state fiscal year shall be distributed to verified trauma  
264 centers that have a local funding contribution as of December  
265 31. Distribution of funds under this subparagraph shall be based  
266 on trauma caseload volume for the most recent calendar year  
267 available.

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268           2. Forty percent of the total funds collected shall be  
269 distributed to verified trauma centers based on trauma caseload  
270 volume for the most recent calendar year available. The  
271 determination of caseload volume for distribution of funds under  
272 this subparagraph shall be based on the department's Trauma  
273 Registry data.

274           3. Forty percent of the total funds collected shall be  
275 distributed to verified trauma centers based on severity of  
276 trauma patients for the most recent calendar year available. The  
277 determination of severity for distribution of funds under this  
278 subparagraph shall be based on the department's International  
279 Classification Injury Severity Scores or another statistically  
280 valid and scientifically accepted method of stratifying a trauma  
281 patient's severity of injury, risk of mortality, and resource  
282 consumption as adopted by the department by rule, weighted based  
283 on the costs associated with and incurred by the trauma center  
284 in treating trauma patients. The weighting of scores shall be  
285 established by the department by rule.

286           (b) Funds collected under s. 318.18(5)(c) and (19) shall  
287 be distributed as follows:

288           1. Thirty percent of the total funds collected shall be  
289 distributed to Level II trauma centers operated by a public  
290 hospital governed by an elected board of directors as of  
291 December 31, 2008.

292           2. Thirty-five percent of the total funds collected shall  
293 be distributed to verified trauma centers based on trauma  
294 caseload volume for the most recent calendar year available. The  
295 determination of caseload volume for distribution of funds under  
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296 this subparagraph shall be based on the department's Trauma  
297 Registry data.

298 3. Thirty-five percent of the total funds collected shall  
299 be distributed to verified trauma centers based on severity of  
300 trauma patients for the most recent calendar year available. The  
301 determination of severity for distribution of funds under this  
302 subparagraph shall be based on the department's International  
303 Classification Injury Severity Scores or another statistically  
304 valid and scientifically accepted method of stratifying a trauma  
305 patient's severity of injury, risk of mortality, and resource  
306 consumption as adopted by the department by rule, weighted based  
307 on the costs associated with and incurred by the trauma center  
308 in treating trauma patients. The weighting of scores shall be  
309 established by the department by rule.

310 (2) Funds deposited in the department's Emergency Medical  
311 Services Administrative Trust Fund for verified trauma centers  
312 may be used to maximize the receipt of federal funds that may be  
313 available for such trauma centers. Notwithstanding this section  
314 and s. 318.14, distributions to trauma centers may be adjusted  
315 in a manner to ensure that total payments to trauma centers  
316 represent the same proportional allocation as set forth in this  
317 section and s. 318.14. For purposes of this section and s.  
318 318.14, total funds distributed to trauma centers may include  
319 revenue from the Emergency Medical Services Administrative Trust  
320 Fund and federal funds for which revenue from the Administrative  
321 Trust Fund is used to meet state or local matching requirements.  
322 Funds collected under ss. 318.14 and 318.18 and deposited in the  
323 Emergency Medical Services Administrative Trust Fund of the  
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324 department shall be distributed to trauma centers on a quarterly  
325 basis using the most recent calendar year data available. Such  
326 data shall not be used for more than four quarterly  
327 distributions unless there are extenuating circumstances as  
328 determined by the department, in which case the most recent  
329 calendar year data available shall continue to be used and  
330 appropriate adjustments shall be made as soon as the more recent  
331 data becomes available.

332 Section 12. Section 938.07, Florida Statutes, is amended to  
333 read:

334 938.07 Driving or boating under the influence.—  
335 Notwithstanding any other provision of s. 316.193 or s. 327.35,  
336 a court cost of \$135 shall be added to any fine imposed pursuant  
337 to s. 316.193 or s. 327.35. The clerks shall remit the funds to  
338 the Department of Revenue, \$25 of which shall be deposited in  
339 the Emergency Medical Services Trust Fund, \$50 shall be  
340 deposited in the Operating Trust Fund of the Department of Law  
341 Enforcement to be used for operational expenses in conducting  
342 the statewide criminal analysis laboratory system established in  
343 s. 943.32, and \$60 shall be deposited in the Brain and Spinal  
344 Cord Injury Program ~~Rehabilitation~~ Trust Fund created in s.  
345 381.79.

346 Section 13. Section 215.5602, Florida Statutes, is  
347 reenacted and amended to read:

348 215.5602 James and Esther King Biomedical Research  
349 Program.—

350 (1) There is established within the Department of Health  
351 the James and Esther King Biomedical Research Program funded by  
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352 the proceeds of the Lawton Chiles Endowment Fund pursuant to s.  
353 215.5601. The purpose of the James and Esther King Biomedical  
354 Research Program is to provide an annual and perpetual source of  
355 funding in order to support research initiatives that address  
356 the health care problems of Floridians in the areas of tobacco-  
357 related cancer, cardiovascular disease, stroke, and pulmonary  
358 disease. The long-term goals of the program are to:

359 (a) Improve the health of Floridians by researching better  
360 prevention, diagnoses, treatments, and cures for cancer,  
361 cardiovascular disease, stroke, and pulmonary disease.

362 (b) Expand the foundation of biomedical knowledge relating  
363 to the prevention, diagnosis, treatment, and cure of diseases  
364 related to tobacco use, including cancer, cardiovascular  
365 disease, stroke, and pulmonary disease.

366 (c) Improve the quality of the state's academic health  
367 centers by bringing the advances of biomedical research into the  
368 training of physicians and other health care providers.

369 (d) Increase the state's per capita funding for research  
370 by undertaking new initiatives in public health and biomedical  
371 research that will attract additional funding from outside the  
372 state.

373 (e) Stimulate economic activity in the state in areas  
374 related to biomedical research, such as the research and  
375 production of pharmaceuticals, biotechnology, and medical  
376 devices.

377 (2) Funds appropriated for the James and Esther King  
378 Biomedical Research Program shall be used exclusively for the  
379 award of grants and fellowships as established in this section;  
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380 for research relating to the prevention, diagnosis, treatment,  
381 and cure of diseases related to tobacco use, including cancer,  
382 cardiovascular disease, stroke, and pulmonary disease; and for  
383 expenses incurred in the administration of this section.

384 Priority shall be granted to research designed to prevent or  
385 cure disease.

386 (3) There is created within the Department of Health the  
387 Biomedical Research Advisory Council.

388 (a) The council shall consist of 11 members, including:  
389 the chief executive officer of the Florida Division of the  
390 American Cancer Society, or a designee; the chief executive  
391 officer of the Florida/Puerto Rico Affiliate of the American  
392 Heart Association, or a designee; and the chief executive  
393 officer of the American Lung Association of Florida, or a  
394 designee. The remaining 8 members of the council shall be  
395 appointed as follows:

396 1. The Governor shall appoint four members, two members  
397 with expertise in the field of biomedical research, one member  
398 from a research university in the state, and one member  
399 representing the general population of the state.

400 2. The President of the Senate shall appoint two members,  
401 one member with expertise in the field of behavioral or social  
402 research and one representative from a cancer program approved  
403 by the American College of Surgeons.

404 3. The Speaker of the House of Representatives shall  
405 appoint two members, one member from a professional medical  
406 organization and one representative from a cancer program  
407 approved by the American College of Surgeons.

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In making these appointments, the Governor, the President of the Senate, and the Speaker of the House of Representatives shall select primarily, but not exclusively, Floridians with biomedical and lay expertise in the general areas of cancer, cardiovascular disease, stroke, and pulmonary disease. The appointments shall be for a 3-year term and shall reflect the diversity of the state's population. An appointed member may not serve more than two consecutive terms.

(b) The council shall adopt internal organizational procedures as necessary for its efficient organization.

(c) The department shall provide such staff, information, and other assistance as is reasonably necessary to assist the council in carrying out its responsibilities.

(d) Members of the council shall serve without compensation, but may receive reimbursement as provided in s. 112.061 for travel and other necessary expenses incurred in the performance of their official duties.

(4) The council shall advise the State Surgeon General as to the direction and scope of the biomedical research 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) Participating in periodic program evaluation.

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

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436 (e) Assisting in the development of appropriate linkages  
437 to nonacademic entities, such as voluntary organizations, health  
438 care delivery institutions, industry, government agencies, and  
439 public officials.

440 (f) Developing criteria and standards for the award of  
441 research grants.

442 (g) Developing administrative procedures relating to  
443 solicitation, review, and award of research grants and  
444 fellowships, to ensure an impartial, high-quality peer review  
445 system.

446 (h) Developing and supervising research peer review  
447 panels.

448 (i) Reviewing reports of peer review panels and making  
449 recommendations for research grants and fellowships.

450 (j) Developing and providing oversight regarding  
451 mechanisms for the dissemination of research results.

452 (5) (a) Applications for biomedical research funding under  
453 the program may be submitted from any university or established  
454 research institute in the state. All qualified investigators in  
455 the state, regardless of institution affiliation, shall have  
456 equal access and opportunity to compete for the research  
457 funding.

458 (b) Grants and fellowships shall be awarded by the State  
459 Surgeon General, after consultation with the council, on the  
460 basis of scientific merit, as determined by an open competitive  
461 peer review process that ensures objectivity, consistency, and  
462 high quality. The following types of applications shall be  
463 considered for funding:

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- 464 1. Investigator-initiated research grants.
- 465 2. Institutional research grants.
- 466 3. Predoctoral and postdoctoral research fellowships.

467 (6) To ensure that all proposals for research funding are  
468 appropriate and are evaluated fairly on the basis of scientific  
469 merit, the State Surgeon General, in consultation with the  
470 council, shall appoint a peer review panel of independent,  
471 scientifically qualified individuals to review the scientific  
472 content of each proposal and establish its scientific priority  
473 score. The priority scores shall be forwarded to the council and  
474 must be considered in determining which proposals shall be  
475 recommended for funding.

476 (7) The council and the peer review panel shall establish  
477 and follow rigorous guidelines for ethical conduct and adhere to  
478 a strict policy with regard to conflict of interest. A member of  
479 the council or panel may not participate in any discussion or  
480 decision with respect to a research proposal by any firm,  
481 entity, or agency with which the member is associated as a  
482 member of the governing body or as an employee, or with which  
483 the member has entered into a contractual arrangement. Meetings  
484 of the council and the peer review panels shall be subject to  
485 the provisions of chapter 119, s. 286.011, and s. 24, Art. I of  
486 the State Constitution.

487 (8) The department may contract on a competitive-bid basis  
488 with an appropriate entity to administer the program.  
489 Administrative expenses may not exceed 15 percent of the total  
490 funds available to the program in any given year.

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491 (9) The department, after consultation with the council,  
492 may adopt rules as necessary to implement this section.

493 (10) The council shall submit an annual progress report on  
494 the state of biomedical research in this state to the Florida  
495 Center for Universal Research to Eradicate Disease and to the  
496 Governor, the State Surgeon General, the President of the  
497 Senate, and the Speaker of the House of Representatives by  
498 February 1. The report must include:

499 (a) A list of research projects supported by grants or  
500 fellowships awarded under the program.

501 (b) A list of recipients of program grants or fellowships.

502 (c) A list of publications in peer reviewed journals  
503 involving research supported by grants or fellowships awarded  
504 under the program.

505 (d) The total amount of biomedical research funding  
506 currently flowing into the state.

507 (e) New grants for biomedical research which were funded  
508 based on research supported by grants or fellowships awarded  
509 under the program.

510 (f) Progress in the prevention, diagnosis, treatment, and  
511 cure of diseases related to tobacco use, including cancer,  
512 cardiovascular disease, stroke, and pulmonary disease.

513 (11) The council shall award grants for cancer research  
514 through the William G. "Bill" Bankhead, Jr., and David Coley  
515 Cancer Research Program created in s. 381.922.

516 (12) From funds appropriated to accomplish the goals of  
517 this section, up to \$250,000 shall be available for the

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518 operating costs of the Florida Center for Universal Research to  
519 Eradicate Disease.

520 ~~(a)~~ Beginning in the 2010-2011 ~~2009-2010~~ fiscal year and  
521 thereafter, \$50 million from 5 percent of the revenue deposited  
522 into the Health Care Trust Fund pursuant to ss. 210.011(9) and  
523 210.276(7) shall be reserved for research of tobacco-related or  
524 cancer-related illnesses; ~~however, the sum of the revenue~~  
525 ~~reserved pursuant to ss. 210.011(9) and 210.276(7) may not~~  
526 ~~exceed \$50 million in any fiscal year.~~ Of the revenue deposited  
527 in the Health Care Trust Fund pursuant to this section, \$50  
528 million shall be transferred to the Biomedical Research Trust  
529 Fund within the Department of Health. Subject to annual  
530 appropriations in the General Appropriations Act, \$20 million  
531 shall be appropriated to the James and Esther King Biomedical  
532 Research Program, \$20 million shall be appropriated to the  
533 William G. "Bill" Bankhead, Jr., and David Coley Cancer Research  
534 Program created under s. 381.922, and \$10 million shall be  
535 appropriated to the H. Lee Moffitt Cancer Center and Research  
536 Institute established under s. 1004.43.

537 ~~(b)~~ ~~In the 2009-2010 fiscal year, 2.5 percent, not to~~  
538 ~~exceed \$25 million, of the revenue deposited into the Health~~  
539 ~~Care Trust Fund pursuant to this subsection shall be transferred~~  
540 ~~to the Biomedical Research Trust Fund within the Department of~~  
541 ~~Health for the James and Esther King Biomedical Research~~  
542 ~~Program.~~

543 ~~(13)~~ ~~By June 1, 2009, the Division of Statutory Revision~~  
544 ~~of the Office of Legislative Services shall certify to the~~  
545 ~~President of the Senate and the Speaker of the House of~~  
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546 ~~Representatives the language and statutory citation of this~~  
547 ~~section, which is scheduled to expire January 1, 2011.~~

548 ~~(14) The Legislature shall review the performance, the~~  
549 ~~outcomes, and the financial management of the James and Esther~~  
550 ~~King Biomedical Research Program during the 2010 Regular Session~~  
551 ~~of the Legislature and shall determine the most appropriate~~  
552 ~~funding source and means of funding the program based on its~~  
553 ~~review.~~

554 ~~(15) This section expires January 1, 2011, unless reviewed~~  
555 ~~and reenacted by the Legislature before that date.~~

556 Section 14. Section 381.922, Florida Statutes, is  
557 reenacted and amended to read:

558 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
559 Cancer Research Program.—

560 (1) The William G. "Bill" Bankhead, Jr., and David Coley  
561 Cancer Research Program, which may be otherwise cited as the  
562 "Bankhead-Coley Program," is created within the Department of  
563 Health. The purpose of the program shall be to advance progress  
564 towards cures for cancer through grants awarded through a peer-  
565 reviewed, competitive process.

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

568 (a) Emphasis shall be given to the following goals  
569 ~~enumerated in s. 381.921~~, as those goals support the advancement  
570 of such cures:

571 1. Efforts to significantly expand cancer research  
572 capacity in the state by:

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- 573        a. Identifying ways to attract new research talent and  
574 attendant national grant-producing researchers to cancer  
575 research facilities in this state;
- 576        b. Implementing a peer-reviewed, competitive process to  
577 identify and fund the best proposals to expand cancer research  
578 institutes in this state;
- 579        c. Funding through available resources for those proposals  
580 that demonstrate the greatest opportunity to attract federal  
581 research grants and private financial support;
- 582        d. Encouraging the employment of bioinformatics in order  
583 to create a cancer informatics infrastructure that enhances  
584 information and resource exchange and integration through  
585 researchers working in diverse disciplines, to facilitate the  
586 full spectrum of cancer investigations;
- 587        e. Facilitating the technical coordination, business  
588 development, and support of intellectual property as it relates  
589 to the advancement of cancer research; and
- 590        f. Aiding in other multidisciplinary research-support  
591 activities as they inure to the advancement of cancer research.
- 592        2. Efforts to improve both research and treatment through  
593 greater participation in clinical trials networks by:
- 594        a. Identifying ways to increase adult enrollment in cancer  
595 clinical trials;
- 596        b. Supporting public and private professional education  
597 programs designed to increase the awareness and knowledge about  
598 cancer clinical trials;

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599 c. Providing tools to cancer patients and community-based  
600 oncologists to aid in the identification of cancer clinical  
601 trials available in the state; and

602 d. Creating opportunities for the state's academic cancer  
603 centers to collaborate with community-based oncologists in  
604 cancer clinical trials networks.

605 3. Efforts to reduce the impact of cancer on disparate  
606 groups by:

607 a. Identifying those cancers that disproportionately  
608 impact certain demographic groups; and

609 b. Building collaborations designed to reduce health  
610 disparities as they relate to cancer.

611 (b) Preference may be given to grant proposals that foster  
612 collaborations among institutions, researchers, and community  
613 practitioners, as such proposals support the advancement of  
614 cures through basic or applied research, including clinical  
615 trials involving cancer patients and related networks.

616 (3) (a) Applications for funding for cancer research may be  
617 submitted by any university or established research institute in  
618 the state. All qualified investigators in the state, regardless  
619 of institutional affiliation, shall have equal access and  
620 opportunity to compete for the research funding. Collaborative  
621 proposals, including those that advance the program's goals  
622 enumerated in subsection (2), may be given preference. Grants  
623 shall be awarded by the State Surgeon General, after  
624 consultation with the Biomedical Research Advisory Council, on  
625 the basis of scientific merit, as determined by an open,  
626 competitive peer review process that ensures objectivity,

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627 consistency, and high quality. The following types of  
628 applications shall be considered for funding:

- 629 1. Investigator-initiated research grants.
- 630 2. Institutional research grants.
- 631 3. Collaborative research grants, including those that  
632 advance the finding of cures through basic or applied research.

633 (b) In order to ensure that all proposals for research  
634 funding are appropriate and are evaluated fairly on the basis of  
635 scientific merit, the State Surgeon General, in consultation  
636 with the council, shall appoint a peer review panel of  
637 independent, scientifically qualified individuals to review the  
638 scientific content of each proposal and establish its priority  
639 score. The priority scores shall be forwarded to the council and  
640 must be considered in determining which proposals shall be  
641 recommended for funding.

642 (c) The council and the peer review panel shall establish  
643 and follow rigorous guidelines for ethical conduct and adhere to  
644 a strict policy with regard to conflicts of interest. A member  
645 of the council or panel may not participate in any discussion or  
646 decision with respect to a research proposal by any firm,  
647 entity, or agency with which the member is associated as a  
648 member of the governing body or as an employee or with which the  
649 member has entered into a contractual arrangement. Meetings of  
650 the council and the peer review panels are subject to chapter  
651 119, s. 286.011, and s. 24, Art. I of the State Constitution.

652 (4) By December 15 of each year, the Department of Health  
653 shall submit to the Governor, the President of the Senate, and  
654 the Speaker of the House of Representatives a report indicating  
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655 progress towards the program's mission and making  
656 recommendations that further its purpose.

657 (5) The William G. "Bill" Bankhead, Jr., and David Coley  
658 Cancer Research Program is funded pursuant to s. 215.5602(12).  
659 Funds appropriated for the William G. "Bill" Bankhead, Jr., and  
660 David Coley Cancer Research Program shall be distributed  
661 pursuant to this section to provide grants to researchers  
662 seeking cures for cancer and cancer-related illnesses, with  
663 emphasis given to the goals enumerated in this section ~~s.~~  
664 ~~381.921~~. From the total funds appropriated, an amount of up to  
665 10 percent may be used for administrative expenses. From funds  
666 appropriated to accomplish the goals of this section, up to  
667 \$250,000 shall be available for the operating costs of the  
668 Florida Center for Universal Research to Eradicate Disease. ~~In~~  
669 ~~the 2009-2010 fiscal year, 2.5 percent, not to exceed \$25~~  
670 ~~million, of the revenue deposited into the Health Care Trust~~  
671 ~~Fund pursuant to s. 215.5602(12)(a) shall be transferred to the~~  
672 ~~Biomedical Research Trust Fund within the Department of Health~~  
673 ~~for the William G. "Bill" Bankhead, Jr., and David Coley Cancer~~  
674 ~~Research Program.~~

675 ~~(6) By June 1, 2009, the Division of Statutory Revision of~~  
676 ~~the Office of Legislative Services shall certify to the~~  
677 ~~President of the Senate and the Speaker of the House of~~  
678 ~~Representatives the language and statutory citation of this~~  
679 ~~section, which is scheduled to expire January 1, 2011.~~

680 ~~(7) The Legislature shall review the performance, the~~  
681 ~~outcomes, and the financial management of the William G. "Bill"~~  
682 ~~Bankhead, Jr., and David Coley Cancer Research Program during~~  
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683 ~~the 2010 Regular Session of the Legislature and shall determine~~  
684 ~~the most appropriate funding source and means of funding the~~  
685 ~~program based on its review.~~

686 ~~(8) This section expires January 1, 2011, unless reviewed~~  
687 ~~and reenacted by the Legislature before that date.~~

688 Section 15. Subsection (6) of section 20.43, Florida  
689 Statutes, is amended, and subsection (10) is added to that  
690 section, to read:

691 20.43 Department of Health.—There is created a Department  
692 of Health.

693 (6) The State Surgeon General is ~~and division directors~~  
694 ~~are~~ authorized to appoint ad hoc advisory committees as  
695 necessary. The issue or problem that the ad hoc committee shall  
696 address, and the timeframe within which the committee is to  
697 complete its work, shall be specified at the time the committee  
698 is appointed. Ad hoc advisory committees shall include  
699 representatives of groups or entities affected by the issue or  
700 problem that the committee is asked to examine. Members of ad  
701 hoc advisory committees shall receive no compensation, but may,  
702 within existing departmental resources, receive reimbursement  
703 for travel expenses as provided in s. 112.061.

704 (10) (a) Beginning in fiscal year 2010-2011, the department  
705 shall initiate or commence new programs only when the  
706 Legislative Budget Commission or the Legislature expressly  
707 authorizes the department to do so.

708 (b) Beginning in fiscal year 2010-2011, before applying  
709 for any continuation of or new federal or private grants that  
710 are for an amount of \$50,000 or greater, the department shall  
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711 provide written notification to the Governor, the President of  
712 the Senate, and the Speaker of the House of Representatives. The  
713 notification must include detailed information about the purpose  
714 of the grant, the intended use of the funds, and the number of  
715 full-time permanent or temporary employees needed to administer  
716 the program funded by the grant.

717 Section 16. Subsection (14) of section 381.0011, Florida  
718 Statutes, is renumbered as subsection (15), and a new subsection  
719 (14) is added to that section, to read:

720 381.0011 Duties and powers of the Department of Health.—It  
721 is the duty of the Department of Health to:

722 (14) Manage and coordinate emergency preparedness and  
723 disaster response functions to: investigate and control the  
724 spread of disease; coordinate the availability and staffing of  
725 special needs shelters; support patient evacuation; ensure the  
726 safety of food and drugs; provide critical incident stress  
727 debriefing; and provide surveillance and control of  
728 radiological, chemical, biological, and other environmental  
729 hazards.

730 Section 17. Subsection (16) of section 381.006, Florida  
731 Statutes, is amended to read:

732 381.006 Environmental health.—The department shall conduct  
733 an environmental health program as part of fulfilling the  
734 state's public health mission. The purpose of this program is to  
735 detect and prevent disease caused by natural and manmade factors  
736 in the environment. The environmental health program shall  
737 include, but not be limited to:

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738 (16) A group-care-facilities function. As used in this  
739 subsection, the term, ~~where a "group care facility"~~ means any  
740 public or private school, assisted living facility, adult  
741 family-care home, adult day care center, short-term residential  
742 treatment center, residential treatment facility, home for  
743 special services, transitional living facility, crisis  
744 stabilization unit, hospice, prescribed pediatric extended care  
745 center, intermediate care facility for persons with  
746 developmental disabilities, or boarding school housing, ~~building~~  
747 ~~or buildings, section of a building, or distinct part of a~~  
748 ~~building or other place, whether operated for profit or not,~~  
749 ~~which undertakes, through its ownership or management, to~~  
750 ~~provide one or more personal services, care, protection, and~~  
751 ~~supervision to persons who require such services and who are not~~  
752 ~~related to the owner or administrator.~~ The department may adopt  
753 rules necessary to protect the health and safety of residents,  
754 staff, and patrons of group care facilities. Rules related to  
755 public and private schools shall be developed by, ~~such as child~~  
756 ~~care facilities, family day care homes, assisted living~~  
757 ~~facilities, adult day care centers, adult family care homes,~~  
758 ~~hospices, residential treatment facilities, crisis stabilization~~  
759 ~~units, pediatric extended care centers, intermediate care~~  
760 ~~facilities for the developmentally disabled, group care homes,~~  
761 ~~and, jointly with the Department of Education in consultation~~  
762 with the department, ~~private and public schools.~~ These Rules  
763 adopted under this subsection may include definitions of terms;  
764 provisions relating to operation and maintenance of facilities,  
765 buildings, grounds, equipment, furnishings, and occupant-space

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766 requirements; lighting; heating, cooling, and ventilation; food  
767 service; water supply and plumbing; sewage; sanitary facilities;  
768 insect and rodent control; garbage; safety; personnel health,  
769 hygiene, and work practices; and other matters the department  
770 finds are appropriate or necessary to protect the safety and  
771 health of the residents, staff, students, faculty, or patrons.  
772 The department may not adopt rules that conflict with rules  
773 adopted by the licensing or certifying agency. The department  
774 may enter and inspect at reasonable hours to determine  
775 compliance with applicable statutes or rules. In addition to any  
776 sanctions that the department may impose for violations of rules  
777 adopted under this section, the department shall also report  
778 such violations to any agency responsible for licensing or  
779 certifying the group care facility. The licensing or certifying  
780 agency may also impose any sanction based solely on the findings  
781 of the department.

782

783 The department may adopt rules to carry out the provisions of  
784 this section.

785 Section 18. Subsections (1), (2), (3), and (6) of section  
786 381.0072, Florida Statutes, are amended to read:

787 381.0072 Food service protection.—It shall be the duty of  
788 the Department of Health to adopt and enforce sanitation rules  
789 consistent with law to ensure the protection of the public from  
790 food-borne illness. These rules shall provide the standards and  
791 requirements for the storage, preparation, serving, or display  
792 of food in food service establishments as defined in this

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793 section and which are not permitted or licensed under chapter  
794 500 or chapter 509.

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

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

798 (b) "Food service establishment" means detention  
799 facilities, public or private schools, migrant labor camps,  
800 assisted living facilities, adult family-care homes, adult day  
801 care centers, short-term residential treatment centers,  
802 residential treatment facilities, homes for special services,  
803 transitional living facilities, crisis stabilization units,  
804 hospices, prescribed pediatric extended care centers,  
805 intermediate care facilities for persons with developmental  
806 disabilities, boarding schools, civic or fraternal  
807 organizations, bars and lounges, vending machines that dispense  
808 potentially hazardous foods at facilities expressly named in  
809 this paragraph, and facilities used as temporary food events or  
810 mobile food units at any facility expressly named ~~any facility,~~  
811 ~~as described~~ in this paragraph, where food is prepared and  
812 intended for individual portion service, including and includes  
813 the site at which individual portions are provided, ~~The term~~  
814 ~~includes any such facility~~ regardless of whether consumption is  
815 on or off the premises and regardless of whether there is a  
816 charge for the food. ~~The term includes detention facilities,~~  
817 ~~child care facilities, schools, institutions, civic or fraternal~~  
818 ~~organizations, bars and lounges and facilities used at temporary~~  
819 ~~food events, mobile food units, and vending machines at any~~  
820 ~~facility regulated under this section.~~ The term does not include  
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821 ~~any entity not expressly named in this paragraph private homes~~  
822 ~~where food is prepared or served for individual family~~  
823 ~~consumption; nor does the term include churches, synagogues, or~~  
824 ~~other not-for-profit religious organizations as long as these~~  
825 ~~organizations serve only their members and guests and do not~~  
826 ~~advertise food or drink for public consumption, or any facility~~  
827 ~~or establishment permitted or licensed under chapter 500 or~~  
828 ~~chapter 509; nor does the term include any theater, if the~~  
829 ~~primary use is as a theater and if patron service is limited to~~  
830 ~~food items customarily served to the admittees of theaters; nor~~  
831 ~~does the term include a research and development test kitchen~~  
832 ~~limited to the use of employees and which is not open to the~~  
833 ~~general public.~~

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

837 (2) DUTIES.—

838 (a) The department may advise and consult with the Agency  
839 for Health Care Administration, the Department of Business and  
840 Professional Regulation, the Department of Agriculture and  
841 Consumer Services, and the Department of Children and Family  
842 Services concerning procedures related to the storage,  
843 preparation, serving, or display of food at any building,  
844 structure, or facility not expressly included in this section  
845 that is inspected, licensed, or regulated by those agencies.

846 (b) ~~(a)~~ The department shall adopt rules, including  
847 definitions of terms which are consistent with law prescribing  
848 minimum sanitation standards and manager certification

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849 requirements as prescribed in s. 509.039, and which shall be  
850 enforced in food service establishments as defined in this  
851 section. The sanitation standards must address the construction,  
852 operation, and maintenance of the establishment; lighting,  
853 ventilation, laundry rooms, lockers, use and storage of toxic  
854 materials and cleaning compounds, and first-aid supplies; plan  
855 review; design, construction, installation, location,  
856 maintenance, sanitation, and storage of food equipment and  
857 utensils; employee training, health, hygiene, and work  
858 practices; food supplies, preparation, storage, transportation,  
859 and service, including access to the areas where food is stored  
860 or prepared; and sanitary facilities and controls, including  
861 water supply and sewage disposal; plumbing and toilet  
862 facilities; garbage and refuse collection, storage, and  
863 disposal; and vermin control. Public and private schools, if the  
864 food service is operated by school employees, ~~hospitals~~  
865 ~~licensed under chapter 395; nursing homes licensed under part II~~  
866 ~~of chapter 400; child care facilities as defined in s. 402.301;~~  
867 ~~residential facilities colocated with a nursing home or~~  
868 ~~hospital, if all food is prepared in a central kitchen that~~  
869 ~~complies with nursing or hospital regulations; and bars and~~  
870 lounges, civic organizations, and any other facility that is not  
871 regulated under this section as defined by department rule, are  
872 exempt from the rules developed for manager certification. The  
873 department shall administer a comprehensive inspection,  
874 monitoring, and sampling program to ensure such standards are  
875 maintained. With respect to food service establishments  
876 permitted or licensed under chapter 500 or chapter 509, the  
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877 department shall assist the Division of Hotels and Restaurants  
878 of the Department of Business and Professional Regulation and  
879 the Department of Agriculture and Consumer Services with  
880 rulemaking by providing technical information.

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

886 (d) ~~(e)~~ The department shall inspect each food service  
887 establishment as often as necessary to ensure compliance with  
888 applicable laws and rules. The department shall have the right  
889 of entry and access to these food service establishments at any  
890 reasonable time. In inspecting food service establishments as  
891 provided under this section, the department shall provide each  
892 inspected establishment with the food recovery brochure  
893 developed under s. 570.0725.

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

901 (3) LICENSES REQUIRED.—

902 (a) Licenses; annual renewals.—Each food service  
903 establishment regulated under this section shall obtain a  
904 license from the department annually. Food service establishment  
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905 licenses shall expire annually and are not transferable from one  
906 place or individual to another. However, those facilities  
907 licensed by the department's Office of Licensure and  
908 Certification, the Child Care Services Program Office, or the  
909 Agency for Persons with Disabilities are exempt from this  
910 subsection. It shall be a misdemeanor of the second degree,  
911 punishable as provided in s. 381.0061, s. 775.082, or s.  
912 775.083, for such an establishment to operate without this  
913 license. The department may refuse a license, or a renewal  
914 thereof, to any establishment that is not constructed or  
915 maintained in accordance with law and with the rules of the  
916 department. Annual application for renewal is not required.

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

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

922 (a) In the course of epidemiological investigations or for  
923 those establishments regulated by the department under this  
924 chapter, the department, to protect the public from food that is  
925 unwholesome or otherwise unfit for human consumption, may  
926 examine, sample, seize, and stop the sale or use of food to  
927 determine its condition. The department may stop the sale and  
928 supervise the proper destruction of food when the State Health  
929 Officer or his or her designee determines that such food  
930 represents a threat to the public health.

931 (b) The department may determine that a food service  
932 establishment regulated under this section is an imminent danger  
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933 to the public health and require its immediate closure when such  
934 establishment fails to comply with applicable sanitary and  
935 safety standards and, because of such failure, presents an  
936 imminent threat to the public's health, safety, and welfare. The  
937 department may accept inspection results from state and local  
938 building and firesafety officials and other regulatory agencies  
939 as justification for such actions. Any facility so deemed and  
940 closed shall remain closed until allowed by the department or by  
941 judicial order to reopen.

942 Section 19. Sections 411.23, 411.231, and 411.232, Florida  
943 Statutes, are repealed.

944 Section 20. Paragraph (d) of subsection (5) of section  
945 411.01, Florida Statutes, is amended to read:

946 411.01 School readiness programs; early learning  
947 coalitions.—

948 (5) CREATION OF EARLY LEARNING COALITIONS.—

949 (d) Implementation.—

950 1. An early learning coalition may not implement the  
951 school readiness program until the coalition is authorized  
952 through approval of the coalition's school readiness plan by the  
953 Agency for Workforce Innovation.

954 2. Each early learning coalition shall develop a plan for  
955 implementing the school readiness program to meet the  
956 requirements of this section and the performance standards and  
957 outcome measures adopted by the Agency for Workforce Innovation.  
958 The plan must demonstrate how the program will ensure that each  
959 3-year-old and 4-year-old child in a publicly funded school  
960 readiness program receives scheduled activities and instruction  
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961 designed to enhance the age-appropriate progress of the children  
962 in attaining the performance standards adopted by the Agency for  
963 Workforce Innovation under subparagraph (4)(d)8. Before  
964 implementing the school readiness program, the early learning  
965 coalition must submit the plan to the Agency for Workforce  
966 Innovation for approval. The Agency for Workforce Innovation may  
967 approve the plan, reject the plan, or approve the plan with  
968 conditions. The Agency for Workforce Innovation shall review  
969 school readiness plans at least annually.

970 3. If the Agency for Workforce Innovation determines  
971 during the annual review of school readiness plans, or through  
972 monitoring and performance evaluations conducted under paragraph  
973 (4)(1), that an early learning coalition has not substantially  
974 implemented its plan, has not substantially met the performance  
975 standards and outcome measures adopted by the agency, or has not  
976 effectively administered the school readiness program or  
977 Voluntary Prekindergarten Education Program, the Agency for  
978 Workforce Innovation may dissolve the coalition and temporarily  
979 contract with a qualified entity to continue school readiness  
980 and prekindergarten services in the coalition's county or  
981 multicounty region until the coalition is reestablished through  
982 resubmission of a school readiness plan and approval by the  
983 agency.

984 4. The Agency for Workforce Innovation shall adopt  
985 criteria for the approval of school readiness plans. The  
986 criteria must be consistent with the performance standards and  
987 outcome measures adopted by the agency and must require each

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988 approved plan to include the following minimum standards and  
989 provisions:

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

994 b. A choice of settings and locations in licensed,  
995 registered, religious-exempt, or school-based programs to be  
996 provided to parents.

997 c. Instructional staff who have completed the training  
998 course as required in s. 402.305(2)(d)1., as well as staff who  
999 have additional training or credentials as required by the  
1000 Agency for Workforce Innovation. The plan must provide a method  
1001 for assuring the qualifications of all personnel in all program  
1002 settings.

1003 d. Specific eligibility priorities for children within the  
1004 early learning coalition's county or multicounty region in  
1005 accordance with subsection (6).

1006 e. Performance standards and outcome measures adopted by  
1007 the Agency for Workforce Innovation.

1008 f. Payment rates adopted by the early learning coalition  
1009 and approved by the Agency for Workforce Innovation. Payment  
1010 rates may not have the effect of limiting parental choice or  
1011 creating standards or levels of services that have not been  
1012 authorized by the Legislature.

1013 g. Systems support services, including a central agency,  
1014 child care resource and referral, eligibility determinations,  
1015 training of providers, and parent support and involvement.

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1016 h. Direct enhancement services to families and children.  
1017 System support and direct enhancement services shall be in  
1018 addition to payments for the placement of children in school  
1019 readiness programs.

1020 i. The business organization of the early learning  
1021 coalition, which must include the coalition's articles of  
1022 incorporation and bylaws if the coalition is organized as a  
1023 corporation. If the coalition is not organized as a corporation  
1024 or other business entity, the plan must include the contract  
1025 with a fiscal agent. An early learning coalition may contract  
1026 with other coalitions to achieve efficiency in multicounty  
1027 services, and these contracts may be part of the coalition's  
1028 school readiness plan.

1029 j. Strategies to meet the needs of unique populations,  
1030 such as migrant workers.

1031  
1032 As part of the school readiness plan, the early learning  
1033 coalition may request the Governor to apply for a waiver to  
1034 allow the coalition to administer the Head Start Program to  
1035 accomplish the purposes of the school readiness program. If a  
1036 school readiness plan demonstrates that specific statutory goals  
1037 can be achieved more effectively by using procedures that  
1038 require modification of existing rules, policies, or procedures,  
1039 a request for a waiver to the Agency for Workforce Innovation  
1040 may be submitted as part of the plan. Upon review, the Agency  
1041 for Workforce Innovation may grant the proposed modification.

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1042 5. Persons with an early childhood teaching certificate  
1043 may provide support and supervision to other staff in the school  
1044 readiness program.

1045 6. An early learning coalition may not implement its  
1046 school readiness plan until it submits the plan to and receives  
1047 approval from the Agency for Workforce Innovation. Once the plan  
1048 is approved, the plan and the services provided under the plan  
1049 shall be controlled by the early learning coalition. The plan  
1050 shall be reviewed and revised as necessary, but at least  
1051 biennially. An early learning coalition may not implement the  
1052 revisions until the coalition submits the revised plan to and  
1053 receives approval from the Agency for Workforce Innovation. If  
1054 the Agency for Workforce Innovation rejects a revised plan, the  
1055 coalition must continue to operate under its prior approved  
1056 plan.

1057 7. Sections 125.901(2)(a)3. ~~and~~, 411.221, ~~and 411.232~~ do  
1058 not apply to an early learning coalition with an approved school  
1059 readiness plan. To facilitate innovative practices and to allow  
1060 the regional establishment of school readiness programs, an  
1061 early learning coalition may apply to the Governor and Cabinet  
1062 for a waiver of, and the Governor and Cabinet may waive, any of  
1063 the provisions of ss. 411.223, ~~411.232~~, and 1003.54, if the  
1064 waiver is necessary for implementation of the coalition's school  
1065 readiness plan.

1066 8. Two or more counties may join for purposes of planning  
1067 and implementing a school readiness program.

1068 9. An early learning coalition may, subject to approval by  
1069 the Agency for Workforce Innovation as part of the coalition's  
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1070 school readiness plan, receive subsidized child care funds for  
1071 all children eligible for any federal subsidized child care  
1072 program.

1073 10. An early learning coalition may enter into multiparty  
1074 contracts with multicounty service providers in order to meet  
1075 the needs of unique populations such as migrant workers.

1076 Section 21. Subsection (2) of section 411.224, Florida  
1077 Statutes, is amended to read:

1078 411.224 Family support planning process.—The Legislature  
1079 establishes a family support planning process to be used by the  
1080 Department of Children and Family Services as the service  
1081 planning process for targeted individuals, children, and  
1082 families under its purview.

1083 (2) To the extent possible within existing resources, the  
1084 following populations must be included in the family support  
1085 planning process:

1086 (a) Children from birth to age 5 who are served by the  
1087 clinic and programs of the Division of Children's Medical  
1088 Services of the Department of Health.

1089 (b) Children participating in the developmental evaluation  
1090 and intervention program of the Division of Children's Medical  
1091 Services of the Department of Health.

1092 (c) Children from age 3 through age 5 who are served by  
1093 the Agency for Persons with Disabilities.

1094 (d) Children from birth through age 5 who are served by  
1095 the Mental Health Program Office of the Department of Children  
1096 and Family Services.

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1097 ~~(c) Participants who are served by the Children's Early~~  
1098 ~~Investment Program established in s. 411.232.~~

1099 ~~(e)-(f)~~ Healthy Start participants in need of ongoing  
1100 service coordination.

1101 ~~(f)-(g)~~ Children from birth through age 5 who are served by  
1102 the voluntary family services, protective supervision, foster  
1103 care, or adoption and related services programs of the Child  
1104 Care Services Program Office of the Department of Children and  
1105 Family Services, and who are eligible for ongoing services from  
1106 one or more other programs or agencies that participate in  
1107 family support planning; however, children served by the  
1108 voluntary family services program, where the planned length of  
1109 intervention is 30 days or less, are excluded from this  
1110 population.

1111 Section 22. Subsections (32) through (54) of section  
1112 499.003, Florida Statutes, are renumbered as subsections (33)  
1113 through (55), respectively, present subsection (42) is amended,  
1114 and a new subsection (32) is added to that section, to read:

1115 499.003 Definitions of terms used in this part.—As used in  
1116 this part, the term:

1117 (32) "Medical convenience kit" means packages or units  
1118 that contain combination products as defined in 21 C.F.R. s.  
1119 3.2(e) (2).

1120 ~~(43)-(42)~~ "Prescription drug" means a prescription,  
1121 medicinal, or legend drug, including, but not limited to,  
1122 finished dosage forms or active ingredients subject to, defined  
1123 by, or described by s. 503(b) of the Federal Food, Drug, and

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1124 Cosmetic Act or s. 465.003(8), s. 499.007(13), or subsection  
1125 (11), subsection (46) ~~(45)~~, or subsection (53) ~~(52)~~.

1126 Section 23. Paragraph (q) of subsection (2) of section  
1127 499.01, Florida Statutes, is amended to read:

1128 499.01 Permits.—

1129 (2) The following permits are established:

1130 (q) Device manufacturer permit.—

1131 1. A device manufacturer permit is required for any person  
1132 that engages in the manufacture, repackaging, or assembly of  
1133 medical devices for human use in this state, except that a  
1134 permit is not required if:

1135 a. The person is engaged only in manufacturing,  
1136 repackaging, or assembling a medical device pursuant to a  
1137 practitioner's order for a specific patient; or

1138 b. The person does not manufacture, repackage, or assemble  
1139 any medical devices or components for such devices, except those  
1140 devices or components which are exempt from registration  
1141 pursuant to s. 499.015(8).

1142 ~~2.1.~~ A manufacturer or repackager of medical devices in  
1143 this state must comply with all appropriate state and federal  
1144 good manufacturing practices and quality system rules.

1145 ~~3.2.~~ The department shall adopt rules related to storage,  
1146 handling, and recordkeeping requirements for manufacturers of  
1147 medical devices for human use.

1148 Section 24. Paragraph (i) is added to subsection (3) of  
1149 section 499.01212, Florida Statutes, to read:

1150 499.01212 Pedigree paper.—

1151 (3) EXCEPTIONS.—A pedigree paper is not required for:

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1152 (i) The wholesale distribution of prescription drugs  
1153 within a medical convenience kit if:

1154 1. The medical convenience kit is assembled in an  
1155 establishment that is registered with the United States Food and  
1156 Drug Administration as a medical device manufacturer;

1157 2. The medical convenience kit manufacturer purchased the  
1158 prescription drug directly from the manufacturer or from a  
1159 wholesaler that purchased the prescription drug directly from  
1160 the manufacturer;

1161 3. The medical convenience kit manufacturer complies with  
1162 federal law for the distribution of the prescription drugs  
1163 within the kit; and

1164 4. The drugs contained in the medical kit are:

1165 a. Intravenous solutions intended for the replenishment of  
1166 fluids and electrolytes;

1167 b. Products intended to maintain the equilibrium of water  
1168 and minerals in the body;

1169 c. Products intended for irrigation or reconstitution;

1170 d. Anesthetics; or

1171 e. Anticoagulants.

1172  
1173 This exemption does not apply to a convenience kit containing  
1174 any controlled substance that appears in a schedule contained in  
1175 or subject to chapter 893 or the federal Comprehensive Drug  
1176 Abuse Prevention and Control Act of 1970.

1177 Section 25. Subsections (4) and (5) of section 509.013,  
1178 Florida Statutes, are amended to read:

1179 509.013 Definitions.—As used in this chapter, the term:  
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1180 (4) (a) "Public lodging establishment" includes a transient  
1181 public lodging establishment as defined in subparagraph 1. and a  
1182 nontransient public lodging establishment as defined in  
1183 subparagraph 2.

1184 1. "Transient public lodging establishment" means any  
1185 unit, group of units, dwelling, building, or group of buildings  
1186 within a single complex of buildings which is rented to guests  
1187 more than three times in a calendar year for periods of less  
1188 than 30 days or 1 calendar month, whichever is less, or which is  
1189 advertised or held out to the public as a place regularly rented  
1190 to guests.

1191 2. "Nontransient public lodging establishment" means any  
1192 unit, group of units, dwelling, building, or group of buildings  
1193 within a single complex of buildings which is rented to guests  
1194 for periods of at least 30 days or 1 calendar month, whichever  
1195 is less, or which is advertised or held out to the public as a  
1196 place regularly rented to guests for periods of at least 30 days  
1197 or 1 calendar month.

1198  
1199 License classifications of public lodging establishments, and  
1200 the definitions therefor, are set out in s. 509.242. For the  
1201 purpose of licensure, the term does not include condominium  
1202 common elements as defined in s. 718.103.

1203 (b) The following are excluded from the definitions in  
1204 paragraph (a):

1205 1. Any dormitory or other living or sleeping facility  
1206 maintained by a public or private school, college, or university  
1207 for the use of students, faculty, or visitors;

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1208           2. Any facility certified or licensed and regulated by the  
1209 Agency for Health Care Administration or the Department of  
1210 Children and Family Services hospital, nursing home, sanitarium,  
1211 assisted living facility, or other similar place regulated under  
1212 s. 381.0072;

1213           3. Any place renting four rental units or less, unless the  
1214 rental units are advertised or held out to the public to be  
1215 places that are regularly rented to transients;

1216           4. Any unit or group of units in a condominium,  
1217 cooperative, or timeshare plan and any individually or  
1218 collectively owned one-family, two-family, three-family, or  
1219 four-family dwelling house or dwelling unit that is rented for  
1220 periods of at least 30 days or 1 calendar month, whichever is  
1221 less, and that is not advertised or held out to the public as a  
1222 place regularly rented for periods of less than 1 calendar  
1223 month, provided that no more than four rental units within a  
1224 single complex of buildings are available for rent;

1225           5. Any migrant labor camp or residential migrant housing  
1226 permitted by the Department of Health; under ss. 381.008-  
1227 381.00895; and

1228           6. Any establishment inspected by the Department of Health  
1229 and regulated by chapter 513.

1230           (5) (a) "Public food service establishment" means any  
1231 building, vehicle, place, or structure, or any room or division  
1232 in a building, vehicle, place, or structure where food is  
1233 prepared, served, or sold for immediate consumption on or in the  
1234 vicinity of the premises; called for or taken out by customers;

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1235 or prepared prior to being delivered to another location for  
1236 consumption.

1237 (b) The following are excluded from the definition in  
1238 paragraph (a):

1239 1. Any place maintained and operated by a public or  
1240 private school, college, or university:

1241 a. For the use of students and faculty; or

1242 b. Temporarily to serve such events as fairs, carnivals,  
1243 and athletic contests.

1244 2. Any eating place maintained and operated by a church or  
1245 a religious, nonprofit fraternal, or nonprofit civic  
1246 organization:

1247 a. For the use of members and associates; or

1248 b. Temporarily to serve such events as fairs, carnivals,  
1249 or athletic contests.

1250 3. Any eating place located on an airplane, train, bus, or  
1251 watercraft which is a common carrier.

1252 4. Any eating place maintained by a facility certified or  
1253 licensed and regulated by the Agency for Health Care  
1254 Administration or the Department of Children and Family Services  
1255 ~~hospital, nursing home, sanitarium, assisted living facility,~~  
1256 ~~adult day care center,~~ or other similar place that is regulated  
1257 under s. 381.0072.

1258 5. Any place of business issued a permit or inspected by  
1259 the Department of Agriculture and Consumer Services under s.  
1260 500.12.

1261 6. Any place of business where the food available for  
1262 consumption is limited to ice, beverages with or without  
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1263 garnishment, popcorn, or prepackaged items sold without  
1264 additions or preparation.

1265 7. Any theater, if the primary use is as a theater and if  
1266 patron service is limited to food items customarily served to  
1267 the admittees of theaters.

1268 8. Any vending machine that dispenses any food or  
1269 beverages other than potentially hazardous foods, as defined by  
1270 division rule.

1271 9. Any vending machine that dispenses potentially  
1272 hazardous food and which is located in a facility regulated  
1273 under s. 381.0072.

1274 10. Any research and development test kitchen limited to  
1275 the use of employees and which is not open to the general  
1276 public.

1277 Section 26. The Department of Health shall develop a plan  
1278 that exclusively uses private and nonstate public hospitals to  
1279 provide treatment to cure, hospitalization, and isolation for  
1280 persons with contagious cases of tuberculosis who pose a threat  
1281 to the public. The department shall submit the plan to the  
1282 Governor, the President of the Senate, and the Speaker of the  
1283 House of Representatives by November 1, 2010. The plan shall  
1284 include the following elements:

1285 (1) Identification of hospitals functionally capable of  
1286 caring for such patients.

1287 (2) Reimbursement for hospital inpatient services at the  
1288 Medicaid rate and reimbursement for other medically necessary  
1289 services that are not hospital inpatient services at the  
1290 relevant Medicaid rate.

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1291 (3) Projected cost estimates.

1292 (4) A transition plan for closing the A. G. Holley State  
1293 Hospital and transferring patients to private and nonstate  
1294 public hospitals over a 90-day period of time.

1295 Section 27. (1) All of the statutory powers, duties, and  
1296 functions, records, personnel, property, and unexpended balances  
1297 of appropriations, allocations, or other funds for the  
1298 administration of chapter 499, Florida Statutes, relating to  
1299 drugs, devices, cosmetics, and household products shall be  
1300 transferred by a type two transfer, as defined in s. 20.06(2),  
1301 Florida Statutes, from the Department of Health to the  
1302 Department of Business and Professional Regulation.

1303 (2) The transfer of regulatory authority under chapter  
1304 499, Florida Statutes, provided by this section shall not affect  
1305 the validity of any judicial or administrative action pending as  
1306 of 11:59 p.m. on the day before the effective date of this  
1307 section to which the Department of Health is at that time a  
1308 party, and the Department of Business and Professional  
1309 Regulation shall be substituted as a party in interest in any  
1310 such action.

1311 (3) All lawful orders issued by the Department of Health  
1312 implementing or enforcing or otherwise in regard to any  
1313 provision of chapter 499, Florida Statutes, issued prior to the  
1314 effective date of this section shall remain in effect and be  
1315 enforceable after the effective date of this section unless  
1316 thereafter modified in accordance with law.

1317 (4) The rules of the Department of Health relating to the  
1318 implementation of chapter 499, Florida Statutes, that were in  
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1319 effect at 11:59 p.m. on the day prior to the effective date of  
1320 this section shall become the rules of the Department of  
1321 Business and Professional Regulation and shall remain in effect  
1322 until amended or repealed in the manner provided by law.

1323 (5) Notwithstanding the transfer of regulatory authority  
1324 under chapter 499, Florida Statutes, provided by this section,  
1325 persons and entities holding in good standing any permit under  
1326 chapter 499, Florida Statutes, as of 11:59 p.m. on the day prior  
1327 to the effective date of this section shall, as of the effective  
1328 date of this section, be deemed to hold in good standing a  
1329 permit in the same capacity as that for which the permit was  
1330 formerly issued.

1331 (6) Notwithstanding the transfer of regulatory authority  
1332 under chapter 499, Florida Statutes, provided by this section,  
1333 persons holding in good standing any certification under chapter  
1334 499, Florida Statutes, as of 11:59 p.m. on the day prior to the  
1335 effective date of this section shall, as of the effective date  
1336 of this section, be deemed to be certified in the same capacity  
1337 in which they were formerly certified.

1338 (7) This section shall take effect October 1, 2011.

1339 Section 28. Paragraph (a) of subsection (3) and  
1340 subsections (9) and (10) of section 381.0403, Florida Statutes,  
1341 are amended to read:

1342 381.0403 The Community Hospital Education Act.—

1343 (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND  
1344 LOCAL PLANNING.—

1345 (a) There is established under the Department of Health a  
1346 program for statewide graduate medical education. It is intended  
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1347 that continuing graduate medical education programs for interns  
1348 and residents be established on a statewide basis. The program  
1349 shall provide financial support for primary care specialty  
1350 interns and residents based on policies recommended and approved  
1351 by the Community Hospital Education Council, herein established,  
1352 and the Department of Health. Only those programs with at least  
1353 three residents or interns in each year of the training program  
1354 are qualified to apply for financial support. Programs with  
1355 fewer than three residents or interns per training year are  
1356 qualified to apply for financial support, but only if the  
1357 appropriate accrediting entity for the particular specialty has  
1358 approved the program for fewer positions. Programs added after  
1359 fiscal year 1997-1998 shall have 5 years to attain the requisite  
1360 number of residents or interns. When feasible and to the extent  
1361 allowed through the General Appropriations Act, state funds  
1362 shall be used to generate federal matching funds under Medicaid,  
1363 or other federal programs, and the resulting combined state and  
1364 federal funds shall be allocated to participating hospitals for  
1365 the support of graduate medical education. ~~The department may  
1366 spend up to \$75,000 of the state appropriation for  
1367 administrative costs associated with the production of the  
1368 annual report as specified in subsection (9), and for  
1369 administration of the program.~~

1370 ~~(9) ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION;  
1371 COMMITTEE. The Executive Office of the Governor, the Department  
1372 of Health, and the Agency for Health Care Administration shall  
1373 collaborate to establish a committee that shall produce an  
1374 annual report on graduate medical education. The committee shall~~  
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1375 ~~be comprised of 11 members: five members shall be deans of the~~  
1376 ~~medical schools or their designees; the Governor shall appoint~~  
1377 ~~two members, one of whom must be a representative of the Florida~~  
1378 ~~Medical Association who has supervised or currently supervises~~  
1379 ~~residents or interns and one of whom must be a representative of~~  
1380 ~~the Florida Hospital Association; the Secretary of Health Care~~  
1381 ~~Administration shall appoint two members, one of whom must be a~~  
1382 ~~representative of a statutory teaching hospital and one of whom~~  
1383 ~~must be a physician who has supervised or is currently~~  
1384 ~~supervising residents or interns; and the State Surgeon General~~  
1385 ~~shall appoint two members, one of whom must be a representative~~  
1386 ~~of a statutory family practice teaching hospital and one of whom~~  
1387 ~~must be a physician who has supervised or is currently~~  
1388 ~~supervising residents or interns. With the exception of the~~  
1389 ~~deans, members shall serve 4-year terms. In order to stagger the~~  
1390 ~~terms, the Governor's appointees shall serve initial terms of 4~~  
1391 ~~years, the State Surgeon General's appointees shall serve~~  
1392 ~~initial terms of 3 years, and the Secretary of Health Care~~  
1393 ~~Administration's appointees shall serve initial terms of 2~~  
1394 ~~years. A member's term shall be deemed terminated when the~~  
1395 ~~member's representative status no longer exists. Once the~~  
1396 ~~committee is appointed, it shall elect a chair to serve for a 1-~~  
1397 ~~year term. The report shall be provided to the Governor, the~~  
1398 ~~President of the Senate, and the Speaker of the House of~~  
1399 ~~Representatives by January 15 annually. Committee members shall~~  
1400 ~~serve without compensation. The report shall address the~~  
1401 ~~following:~~

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1402 ~~(a) The role of residents and medical faculty in the~~  
1403 ~~provision of health care.~~

1404 ~~(b) The relationship of graduate medical education to the~~  
1405 ~~state's physician workforce.~~

1406 ~~(c) The costs of training medical residents for hospitals,~~  
1407 ~~medical schools, teaching hospitals, including all hospital-~~  
1408 ~~medical affiliations, practice plans at all of the medical~~  
1409 ~~schools, and municipalities.~~

1410 ~~(d) The availability and adequacy of all sources of~~  
1411 ~~revenue to support graduate medical education and recommend~~  
1412 ~~alternative sources of funding for graduate medical education.~~

1413 ~~(e) The use of state and federal appropriated funds for~~  
1414 ~~graduate medical education by hospitals receiving such funds.~~

1415 (9) ~~(10)~~ RULEMAKING.—The department has authority to adopt  
1416 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
1417 provisions of this section.

1418 Section 29. Section 381.4018, Florida Statutes, is amended  
1419 to read:

1420 381.4018 Physician workforce assessment and development.—

1421 (1) DEFINITIONS.—As used in this section, the term:

1422 (a) "Consortium" or "consortia" means a combination of  
1423 statutory teaching hospitals, specialty children's hospitals,  
1424 statutory rural hospitals, other hospitals, accredited medical  
1425 schools, clinics operated by the Department of Health, clinics  
1426 operated by the Department of Veterans' Affairs, area health  
1427 education centers, community health centers, federally qualified  
1428 health centers, prison clinics, local community clinics, or  
1429 other programs. At least one member of the consortium shall be a  
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1430 sponsoring institution accredited or currently seeking  
1431 accreditation by the Accreditation Council for Graduate Medical  
1432 Education or the American Osteopathic Association.

1433 (b) "Council" means the Physician Workforce Advisory  
1434 Council.

1435 (c) "Department" means the Department of Health.

1436 (d) "Graduate medical education program" means a program  
1437 accredited by the Accreditation Council for Graduate Medical  
1438 Education or the American Osteopathic Association.

1439 (e) "Primary care specialty" means emergency medicine,  
1440 family practice, internal medicine, pediatrics, psychiatry,  
1441 geriatrics, general surgery, obstetrics and gynecology, and  
1442 combined pediatrics and internal medicine and other specialties  
1443 as determined by the Physician Workforce Advisory Council or the  
1444 Department of Health.

1445 (2) ~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that  
1446 physician workforce planning is an essential component of  
1447 ensuring that there is an adequate and appropriate supply of  
1448 well-trained physicians to meet this state's future health care  
1449 service needs as the general population and elderly population  
1450 of the state increase. The Legislature finds that items to  
1451 consider relative to assessing the physician workforce may  
1452 include physician practice status; specialty mix; geographic  
1453 distribution; demographic information, including, but not  
1454 limited to, age, gender, race, and cultural considerations; and  
1455 needs of current or projected medically underserved areas in the  
1456 state. Long-term strategic planning is essential as the period  
1457 from the time a medical student enters medical school to

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1458 completion of graduate medical education may range from 7 to 10  
1459 years or longer. The Legislature recognizes that strategies to  
1460 provide for a well-trained supply of physicians must include  
1461 ensuring the availability and capacity of quality ~~graduate~~  
1462 medical schools and graduate medical education programs in this  
1463 state, as well as using new or existing state and federal  
1464 programs providing incentives for physicians to practice in  
1465 needed specialties and in underserved areas in a manner that  
1466 addresses projected needs for physician manpower.

1467 (3) ~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a  
1468 coordinating and strategic planning body to actively assess the  
1469 state's current and future physician workforce needs and work  
1470 with multiple stakeholders to develop strategies and  
1471 alternatives to address current and projected physician  
1472 workforce needs.

1473 (4) ~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize  
1474 the use of existing programs under the jurisdiction of the  
1475 department and other state agencies and coordinate governmental  
1476 and nongovernmental stakeholders and resources in order to  
1477 develop a state strategic plan and assess the implementation of  
1478 such strategic plan. In developing the state strategic plan, the  
1479 department shall:

1480 (a) Monitor, evaluate, and report on the supply and  
1481 distribution of physicians licensed under chapter 458 or chapter  
1482 459. The department shall maintain a database to serve as a  
1483 statewide source of data concerning the physician workforce.

1484 (b) Develop a model and quantify, on an ongoing basis, the  
1485 adequacy of the state's current and future physician workforce  
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1486 as reliable data becomes available. Such model must take into  
1487 account demographics, physician practice status, place of  
1488 education and training, generational changes, population growth,  
1489 economic indicators, and issues concerning the "pipeline" into  
1490 medical education.

1491 (c) Develop and recommend strategies to determine whether  
1492 the number of qualified medical school applicants who might  
1493 become competent, practicing physicians in this state will be  
1494 sufficient to meet the capacity of the state's medical schools.  
1495 If appropriate, the department shall, working with  
1496 representatives of appropriate governmental and nongovernmental  
1497 entities, develop strategies and recommendations and identify  
1498 best practice programs that introduce health care as a  
1499 profession and strengthen skills needed for medical school  
1500 admission for elementary, middle, and high school students, and  
1501 improve premedical education at the precollege and college level  
1502 in order to increase this state's potential pool of medical  
1503 students.

1504 (d) Develop strategies to ensure that the number of  
1505 graduates from the state's public and private allopathic and  
1506 osteopathic medical schools is ~~are~~ adequate to meet physician  
1507 workforce needs, based on the analysis of the physician  
1508 workforce data, so as to provide a high-quality medical  
1509 education to students in a manner that recognizes the uniqueness  
1510 of each new and existing medical school in this state.

1511 (e) Pursue strategies and policies to create, expand, and  
1512 maintain graduate medical education positions in the state based  
1513 on the analysis of the physician workforce data. Such strategies  
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1514 and policies must take into account the effect of federal  
1515 funding limitations on the expansion and creation of positions  
1516 in graduate medical education. The department shall develop  
1517 options to address such federal funding limitations. The  
1518 department shall consider options to provide direct state  
1519 funding for graduate medical education positions in a manner  
1520 that addresses requirements and needs relative to accreditation  
1521 of graduate medical education programs. The department shall  
1522 consider funding residency positions as a means of addressing  
1523 needed physician specialty areas, rural areas having a shortage  
1524 of physicians, and areas of ongoing critical need, and as a  
1525 means of addressing the state's physician workforce needs based  
1526 on an ongoing analysis of physician workforce data.

1527 (f) Develop strategies to maximize federal and state  
1528 programs that provide for the use of incentives to attract  
1529 physicians to this state or retain physicians within the state.  
1530 Such strategies should explore and maximize federal-state  
1531 partnerships that provide incentives for physicians to practice  
1532 in federally designated shortage areas. Strategies shall also  
1533 consider the use of state programs, such as the Florida Health  
1534 Service Corps established pursuant to s. 381.0302 and the  
1535 Medical Education Reimbursement and Loan Repayment Program  
1536 pursuant to s. 1009.65, which provide for education loan  
1537 repayment or loan forgiveness and provide monetary incentives  
1538 for physicians to relocate to underserved areas of the state.

1539 (g) Coordinate and enhance activities relative to  
1540 physician workforce needs, undergraduate medical education, ~~and~~  
1541 graduate medical education, and reentry of retired military and  
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1542 other physicians into the physician workforce provided by the  
1543 Division of Medical Quality Assurance, ~~the Community Hospital~~  
1544 ~~Education Program and the Graduate Medical Education Committee~~  
1545 ~~established pursuant to s. 381.0403,~~ area health education  
1546 center networks established pursuant to s. 381.0402, and other  
1547 offices and programs within the department ~~of Health~~ as  
1548 designated by the State Surgeon General.

1549 (h) Work in conjunction with and act as a coordinating  
1550 body for governmental and nongovernmental stakeholders to  
1551 address matters relating to the state's physician workforce  
1552 assessment and development for the purpose of ensuring an  
1553 adequate supply of well-trained physicians to meet the state's  
1554 future needs. Such governmental stakeholders shall include, but  
1555 need not be limited to, the State Surgeon General or his or her  
1556 designee, the Commissioner of Education or his or her designee,  
1557 the Secretary of Health Care Administration or his or her  
1558 designee, and the Chancellor of the State University System or  
1559 his or her designee ~~from the Board of Governors of the State~~  
1560 ~~University System,~~ and, at the discretion of the department,  
1561 other representatives of state and local agencies that are  
1562 involved in assessing, educating, or training the state's  
1563 current or future physicians. Other stakeholders shall include,  
1564 but need not be limited to, organizations representing the  
1565 state's public and private allopathic and osteopathic medical  
1566 schools; organizations representing hospitals and other  
1567 institutions providing health care, particularly those that  
1568 currently provide or have an interest in providing accredited  
1569 medical education and graduate medical education to medical

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1570 students and medical residents; organizations representing  
1571 allopathic and osteopathic practicing physicians; and, at the  
1572 discretion of the department, representatives of other  
1573 organizations or entities involved in assessing, educating, or  
1574 training the state's current or future physicians.

1575 (i) Serve as a liaison with other states and federal  
1576 agencies and programs in order to enhance resources available to  
1577 the state's physician workforce and medical education continuum.

1578 (j) Act as a clearinghouse for collecting and  
1579 disseminating information concerning the physician workforce and  
1580 medical education continuum in this state.

1581 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
1582 in the department the Physician Workforce Advisory Council, an  
1583 advisory council as defined in s. 20.03. The council shall  
1584 comply with the requirements of s. 20.052, except as otherwise  
1585 provided in this section.

1586 (a) The council shall consist of 19 members. Members  
1587 appointed by the State Surgeon General shall include:

1588 1. A designee from the department who is a physician  
1589 licensed under chapter 458 or chapter 459 and recommended by the  
1590 State Surgeon General.

1591 2. An individual who is affiliated with the Science  
1592 Students Together Reaching Instructional Diversity and  
1593 Excellence program and recommended by the area health education  
1594 center network.

1595 3. Two individuals recommended by the Council of Florida  
1596 Medical School Deans, one representing a college of allopathic  
1597 medicine and one representing a college of osteopathic medicine.

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1598       4. One individual recommended by the Florida Hospital  
1599 Association, representing a hospital that is licensed under  
1600 chapter 395, has an accredited graduate medical education  
1601 program, and is not a statutory teaching hospital.

1602       5. One individual representing a statutory teaching  
1603 hospital as defined in s. 408.07 and recommended by the Safety  
1604 Net Hospital Alliance.

1605       6. One individual representing a family practice teaching  
1606 hospital as defined in s. 395.805 and recommended by the Council  
1607 of Family Medicine and Community Teaching Hospitals.

1608       7. Two individuals recommended by the Florida Medical  
1609 Association, one representing a primary care specialty and one  
1610 representing a nonprimary care specialty.

1611       8. Two individuals recommended by the Florida Osteopathic  
1612 Medical Association, one representing a primary care specialty  
1613 and one representing a nonprimary care specialty.

1614       9. Two individuals who are program directors of accredited  
1615 graduate medical education programs, one representing a program  
1616 that is accredited by the Accreditation Council for Graduate  
1617 Medical Education and one representing a program that is  
1618 accredited by the American Osteopathic Association.

1619       10. An individual recommended by the Florida Association  
1620 of Community Health Centers representing a federally qualified  
1621 health center located in a rural area as defined in s.  
1622 381.0406(2)(a).

1623       11. An individual recommended by the Florida Academy of  
1624 Family Physicians.

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1625 12. An individual recommended by the Florida Alliance for  
1626 Health Professions Diversity.

1627 13. The Chancellor of the State University System or his  
1628 or her designee.

1629 14. A layperson member as determined by the State Surgeon  
1630 General.

1631  
1632 Appointments to the council shall be made by the State Surgeon  
1633 General. Each entity authorized to make recommendations under  
1634 this subsection shall make at least two recommendations to the  
1635 State Surgeon General for each appointment to the council. The  
1636 State Surgeon General shall name one appointee for each position  
1637 from the recommendations made by each authorized entity.

1638 (b) Each council member shall be appointed to a 4-year  
1639 term. An individual may not serve more than two terms. Any  
1640 council member may be removed from office for malfeasance;  
1641 misfeasance; neglect of duty; incompetence; permanent inability  
1642 to perform official duties; or pleading guilty or nolo  
1643 contendere to, or being found guilty of, a felony. Any council  
1644 member who meets the criteria for removal, or who is otherwise  
1645 unwilling or unable to properly fulfill the duties of the  
1646 office, shall be succeeded by an individual chosen by the State  
1647 Surgeon General to serve out the remainder of the council  
1648 member's term. If the remainder of the replaced council member's  
1649 term is less than 18 months, notwithstanding the provisions of  
1650 this paragraph, the succeeding council member may be reappointed  
1651 twice by the State Surgeon General.

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1652       (c) The chair of the council is the State Surgeon General,  
1653 who shall designate a vice chair from the membership of the  
1654 council to serve in the absence of the State Surgeon General. A  
1655 vacancy shall be filled for the remainder of the unexpired term  
1656 in the same manner as the original appointment.

1657       (d) Council members are not entitled to receive  
1658 compensation or reimbursement for per diem or travel expenses.

1659       (e) The council shall meet at least twice a year in person  
1660 or by teleconference.

1661       (f) The council shall:

1662           1. Advise the State Surgeon General and the department on  
1663 matters concerning current and future physician workforce needs  
1664 in this state;

1665           2. Review survey materials and the compilation of survey  
1666 information;

1667           3. Annually review the number, location, cost, and  
1668 reimbursement of graduate medical education programs and  
1669 positions;

1670           4. Provide recommendations to the department regarding the  
1671 survey completed by physicians licensed under chapter 458 or  
1672 chapter 459;

1673           5. Assist the department in preparing the annual report to  
1674 the Legislature pursuant to ss. 458.3192 and 459.0082;

1675           6. Assist the department in preparing an initial strategic  
1676 plan, conduct ongoing strategic planning in accordance with this  
1677 section, and provide ongoing advice on implementing the  
1678 recommendations;

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1679        7. Monitor and provide recommendations regarding the need  
1680 for an increased number of primary care or other physician  
1681 specialties to provide the necessary current and projected  
1682 health and medical services for the state; and

1683        8. Monitor and make recommendations regarding the status  
1684 of the needs relating to graduate medical education in this  
1685 state.

1686        Section 30. Section 458.3192, Florida Statutes, is amended  
1687 to read:

1688        458.3192 Analysis of survey results; report.—

1689        (1) Each year, the Department of Health shall analyze the  
1690 results of the physician survey required by s. 458.3191 and  
1691 determine by geographic area and specialty the number of  
1692 physicians who:

1693        (a) Perform deliveries of children in this state ~~Florida~~.

1694        (b) Read mammograms and perform breast-imaging-guided  
1695 procedures in this state ~~Florida~~.

1696        (c) Perform emergency care on an on-call basis for a  
1697 hospital emergency department.

1698        (d) Plan to reduce or increase emergency on-call hours in  
1699 a hospital emergency department.

1700        (e) Plan to relocate ~~their allopathic or osteopathic~~  
1701 ~~practice~~ outside the state.

1702        (f) Practice medicine in this state.

1703        (g) Plan to reduce or modify the scope of their practice.

1704        (2) The Department of Health must report its findings to  
1705 the Governor, the President of the Senate, and the Speaker of  
1706 the House of Representatives by November 1 each year. The  
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1707 department shall also include in its report findings,  
1708 recommendations, and strategic planning activities as provided  
1709 in s. 381.4018. The department may also include other  
1710 information requested by the Physician Workforce Advisory  
1711 Council.

1712 Section 31. Section 459.0082, Florida Statutes, is amended  
1713 to read:

1714 459.0082 Analysis of survey results; report.—

1715 (1) Each year, the Department of Health shall analyze the  
1716 results of the physician survey required by s. 459.0081 and  
1717 determine by geographic area and specialty the number of  
1718 physicians who:

1719 (a) Perform deliveries of children in this state ~~Florida~~.

1720 (b) Read mammograms and perform breast-imaging-guided  
1721 procedures in this state ~~Florida~~.

1722 (c) Perform emergency care on an on-call basis for a  
1723 hospital emergency department.

1724 (d) Plan to reduce or increase emergency on-call hours in  
1725 a hospital emergency department.

1726 (e) Plan to relocate ~~their allopathic or osteopathic~~  
1727 ~~practice~~ outside the state.

1728 (f) Practice medicine in this state.

1729 (g) Plan to reduce or modify the scope of their practice.

1730 (2) The Department of Health must report its findings to  
1731 the Governor, the President of the Senate, and the Speaker of  
1732 the House of Representatives by November 1 each year. The  
1733 department shall also include in its report findings,  
1734 recommendations, and strategic planning activities as provided

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1735 in s. 381.4018. The department may also include other  
1736 information requested by the Physician Workforce Advisory  
1737 Council.

1738 Section 32. Section 458.315, Florida Statutes, is amended  
1739 to read:

1740 458.315 Temporary certificate for practice in areas of  
1741 critical need.—

1742 (1) Any physician who:

1743 (a) Is licensed to practice in any jurisdiction in the  
1744 United States and ~~other state,~~ whose license is currently valid;  
1745 or,

1746 (b) Has served as a physician in the United States Armed  
1747 Forces for at least 10 years and received an honorable discharge  
1748 from the military;

1749  
1750 and who pays an application fee of \$300 may be issued a  
1751 temporary certificate for to practice in areas of ~~communities of~~  
1752 Florida where there is a critical need for physicians.

1753 (2) A certificate may be issued to a physician who:

1754 (a) Will practice in an area of critical need;

1755 (b) Will be employed by or practice in a county health  
1756 department, correctional facility, Department of Veterans'  
1757 Affairs clinic, community health center funded by s. 329, s.  
1758 330, or s. 340 of the United States Public Health Services Act,  
1759 or other agency or institution that is approved by the State  
1760 Surgeon General and provides health care to meet the needs of  
1761 underserved populations in this state; or

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1762       (c) Will practice for a limited time to address critical  
1763 physician-specialty, demographic, or geographic needs for this  
1764 state's physician workforce as determined by the State Surgeon  
1765 General entity that provides health care to indigents and that  
1766 is approved by the State Health Officer.

1767       (3) The Board of Medicine may issue this temporary  
1768 certificate with the following restrictions:

1769       (a) ~~(1)~~ The State Surgeon General board shall determine the  
1770 areas of critical need, ~~and the physician so certified may~~  
1771 ~~practice in any of those areas for a time to be determined by~~  
1772 ~~the board.~~ Such areas shall include, but are not ~~be~~ limited to,  
1773 health professional shortage areas designated by the United  
1774 States Department of Health and Human Services.

1775       1. ~~(a)~~ A recipient of a temporary certificate for practice  
1776 in areas of critical need may use the certificate license to  
1777 work for any approved entity employer in any area of critical  
1778 need or as authorized by the State Surgeon General approved by  
1779 ~~the board.~~

1780       2. ~~(b)~~ The recipient of a temporary certificate for  
1781 practice in areas of critical need shall, within 30 days after  
1782 accepting employment, notify the board of all approved  
1783 institutions in which the licensee practices and of all approved  
1784 institutions where practice privileges have been denied.

1785       (b) ~~(2)~~ The board may administer an abbreviated oral  
1786 examination to determine the physician's competency, but a ~~no~~  
1787 written regular examination is not required ~~necessary~~. Within 60  
1788 days after receipt of an application for a temporary  
1789 certificate, the board shall review the application and issue

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1790 the temporary certificate, ~~or~~ notify the applicant of denial, or  
1791 notify the applicant that the board recommends additional  
1792 assessment, training, education, or other requirements as a  
1793 condition of certification. If the applicant has not actively  
1794 practiced during the prior 3 years and the board determines that  
1795 the applicant may lack clinical competency, possess diminished  
1796 or inadequate skills, lack necessary medical knowledge, or  
1797 exhibit patterns of deficits in clinical decisionmaking, the  
1798 board may:

1799 1. Deny the application;

1800 2. Issue a temporary certificate having reasonable  
1801 restrictions that may include, but are not limited to, a  
1802 requirement for the applicant to practice under the supervision  
1803 of a physician approved by the board; or

1804 3. Issue a temporary certificate upon receipt of  
1805 documentation confirming that the applicant has met any  
1806 reasonable conditions of the board which may include, but are  
1807 not limited to, completing continuing education or undergoing an  
1808 assessment of skills and training.

1809 (c)(3) Any certificate issued under this section is ~~shall~~  
1810 be valid only so long as the State Surgeon General determines  
1811 that the reason area for which it was ~~is~~ issued remains a ~~an~~  
1812 area of critical need to the state. The Board of Medicine shall  
1813 review each temporary certificateholder not ~~the service within~~  
1814 said area not less than annually to ascertain that the minimum  
1815 requirements of the Medical Practice Act and its adopted ~~the~~  
1816 rules and regulations promulgated thereunder are being complied  
1817 with. If it is determined that such minimum requirements are not

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1818 being met, the board shall ~~forthwith~~ revoke such certificate or  
1819 shall impose restrictions or conditions, or both, as a condition  
1820 of continued practice under the certificate.

1821 (d) (4) The board may ~~shall~~ not issue a temporary  
1822 certificate for practice in an area of critical need to any  
1823 physician who is under investigation in any jurisdiction in the  
1824 United States ~~another state~~ for an act that ~~which~~ would  
1825 constitute a violation of this chapter until such time as the  
1826 investigation is complete, at which time the provisions of s.  
1827 458.331 ~~shall~~ apply.

1828 (4) (5) The application fee and all licensure fees,  
1829 including neurological injury compensation assessments, shall be  
1830 waived for those persons obtaining a temporary certificate to  
1831 practice in areas of critical need for the purpose of providing  
1832 volunteer, uncompensated care for low-income residents  
1833 ~~Floridians~~. The applicant must submit an affidavit from the  
1834 employing agency or institution stating that the physician will  
1835 not receive any compensation for any service involving the  
1836 practice of medicine.

1837 Section 33. Section 459.0076, Florida Statutes, is created  
1838 to read:

1839 459.0076 Temporary certificate for practice in areas of  
1840 critical need.-

1841 (1) Any physician who:

1842 (a) Is licensed to practice in any jurisdiction in the  
1843 United States and whose license is currently valid; or

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1844 (b) Has served as a physician in the United States Armed  
1845 Forces for at least 10 years and received an honorable discharge  
1846 from the military;

1847  
1848 and who pays an application fee of \$300 may be issued a  
1849 temporary certificate for practice in areas of critical need.

1850 (2) A certificate may be issued to a physician who:

1851 (a) Will practice in an area of critical need;

1852 (b) Will be employed by or practice in a county health  
1853 department, correctional facility, Department of Veterans'  
1854 Affairs clinic, community health center funded by s. 329, s.  
1855 330, or s. 340 of the United States Public Health Services Act,  
1856 or other agency or institution that is approved by the State  
1857 Surgeon General and provides health care to meet the needs of  
1858 underserved populations in this state; or

1859 (c) Will practice for a limited time to address critical  
1860 physician-specialty, demographic, or geographic needs for this  
1861 state's physician workforce as determined by the State Surgeon  
1862 General.

1863 (3) The Board of Osteopathic Medicine may issue this  
1864 temporary certificate with the following restrictions:

1865 (a) The State Surgeon General shall determine the areas of  
1866 critical need. Such areas include, but are not limited to,  
1867 health professional shortage areas designated by the United  
1868 States Department of Health and Human Services.

1869 1. A recipient of a temporary certificate for practice in  
1870 areas of critical need may use the certificate to work for any

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1871 approved entity in any area of critical need or as authorized by  
1872 the State Surgeon General.

1873 2. The recipient of a temporary certificate for practice  
1874 in areas of critical need shall, within 30 days after accepting  
1875 employment, notify the board of all approved institutions in  
1876 which the licensee practices and of all approved institutions  
1877 where practice privileges have been denied.

1878 (b) The board may administer an abbreviated oral  
1879 examination to determine the physician's competency, but a  
1880 written regular examination is not required. Within 60 days  
1881 after receipt of an application for a temporary certificate, the  
1882 board shall review the application and issue the temporary  
1883 certificate, notify the applicant of denial, or notify the  
1884 applicant that the board recommends additional assessment,  
1885 training, education, or other requirements as a condition of  
1886 certification. If the applicant has not actively practiced  
1887 during the prior 3 years and the board determines that the  
1888 applicant may lack clinical competency, possess diminished or  
1889 inadequate skills, lack necessary medical knowledge, or exhibit  
1890 patterns of deficits in clinical decisionmaking, the board may:

1891 1. Deny the application;

1892 2. Issue a temporary certificate having reasonable  
1893 restrictions that may include, but are not limited to, a  
1894 requirement for the applicant to practice under the supervision  
1895 of a physician approved by the board; or

1896 3. Issue a temporary certificate upon receipt of  
1897 documentation confirming that the applicant has met any  
1898 reasonable conditions of the board which may include, but are

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1899 not limited to, completing continuing education or undergoing an  
1900 assessment of skills and training.

1901 (c) Any certificate issued under this section is valid  
1902 only so long as the State Surgeon General determines that the  
1903 reason for which it was issued remains a critical need to the  
1904 state. The Board of Osteopathic Medicine shall review each  
1905 temporary certificateholder not less than annually to ascertain  
1906 that the minimum requirements of the Osteopathic Medical  
1907 Practice Act and its adopted rules are being complied with. If  
1908 it is determined that such minimum requirements are not being  
1909 met, the board shall revoke such certificate or shall impose  
1910 restrictions or conditions, or both, as a condition of continued  
1911 practice under the certificate.

1912 (d) The board may not issue a temporary certificate for  
1913 practice in an area of critical need to any physician who is  
1914 under investigation in any jurisdiction in the United States for  
1915 an act that would constitute a violation of this chapter until  
1916 such time as the investigation is complete, at which time the  
1917 provisions of s. 459.015 apply.

1918 (4) The application fee and all licensure fees, including  
1919 neurological injury compensation assessments, shall be waived  
1920 for those persons obtaining a temporary certificate to practice  
1921 in areas of critical need for the purpose of providing  
1922 volunteer, uncompensated care for low-income residents. The  
1923 applicant must submit an affidavit from the employing agency or  
1924 institution stating that the physician will not receive any  
1925 compensation for any service involving the practice of medicine.

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1926       Section 34. (1) The Department of Health shall conduct an  
1927 evaluation and justification review of each division established  
1928 under s. 20.43, Florida Statutes. The review shall be  
1929 comprehensive in its scope and, at a minimum, must be conducted  
1930 in such a manner as to specifically determine the following, and  
1931 to consider and determine what changes, if any, are needed with  
1932 respect thereto:

1933       (a) The identifiable cost of each division and programs  
1934 within the division.

1935       (b) The specific purpose of each division and programs  
1936 within the division, and the specific public health benefit  
1937 derived therefrom.

1938       (c) Progress toward achieving the outputs and outcomes  
1939 associated with each division and programs within the division.

1940       (d) An explanation of circumstances contributing to the  
1941 department's ability to achieve, not achieve, or exceed its  
1942 projected outputs and outcomes, as defined in s. 216.011,  
1943 associated with each division and programs within the division.

1944       (e) Alternate courses of action that would result in  
1945 administration of the same program in a more efficient or  
1946 effective manner. The courses of action to be considered must  
1947 include, but are not limited to:

1948       1. Whether the department could be organized in a more  
1949 efficient and effective manner, including whether each  
1950 division's mission, goals, or objectives should be redefined.  
1951 The report must include a rationale for each department division  
1952 and programs within the division, the return on investment of  
1953 each division and programs within the division, the relatedness

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1954 of the division and programs within the division to a public  
1955 health function, and any federal funding support for each  
1956 division and programs within the division. The review should  
1957 recommend the reduction and restructuring of department bureaus  
1958 and divisions.

1959 2. Whether the division and programs within the division  
1960 could be administered more efficiently or effectively to avoid  
1961 duplication of activities and ensure that activities are  
1962 adequately coordinated.

1963 3. Whether the division and programs within that division  
1964 could be performed more efficiently or more effectively by  
1965 another unit of government or a private entity.

1966 4. When compared to costs, whether effectiveness warrants  
1967 elimination of the division or programs within the division or,  
1968 if the division or a program within the division serves a  
1969 limited interest, whether the division or program should be  
1970 redesigned to require users to finance program costs.

1971 5. Whether the cost to administer the division or program  
1972 within the division exceeds license and other fee revenues paid  
1973 by those being regulated.

1974 6. Whether other changes could improve the efficiency and  
1975 effectiveness of the division or program within the division.

1976 (f) The consequences of discontinuing such division or  
1977 programs within the division. If any discontinuation is  
1978 recommended, such recommendation must be accompanied by a  
1979 description of alternatives to implement such recommendation,  
1980 including an implementation schedule for discontinuation and

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1981 recommended procedures for assisting state agency employees  
1982 affected by the discontinuation.

1983 (g) Whether current performance measures and standards  
1984 should be reviewed or amended to assist department efforts in  
1985 achieving outputs and outcome measures.

1986 (h) Whether the information reported as part of the  
1987 state's performance-based program budgeting system has relevance  
1988 and utility for the evaluation of each division and programs  
1989 within the division.

1990 (i) Whether department management has established control  
1991 systems sufficient to ensure that performance data are  
1992 maintained and supported by department records and accurately  
1993 presented in department performance reports.

1994 (3) No later than March 1, 2011, the department shall  
1995 submit a report on its evaluation and justification review  
1996 findings and recommendations to the President of the Senate, the  
1997 Speaker of the House of Representatives, the chairs of the  
1998 appropriate substantive committees, the chairs of the  
1999 appropriations committees, the Legislative Auditing Committee,  
2000 the Governor, and the State Surgeon General.

2001 Section 35. Subsection (3) is added to section 381.00315,  
2002 Florida Statutes, to read:

2003 381.00315 Public health advisories; public health  
2004 emergencies.—The State Health Officer is responsible for  
2005 declaring public health emergencies and issuing public health  
2006 advisories.

2007 (3) To facilitate effective emergency management, when the  
2008 United States Department of Health and Human Services contracts  
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2009 for the manufacture and delivery of licensable products in  
 2010 response to a public health emergency and the terms of those  
 2011 contracts are made available to the states, the department shall  
 2012 accept funds provided by counties, municipalities, and other  
 2013 entities designated in the state emergency management plan  
 2014 required under s. 252.35(2) (a) for the purpose of participation  
 2015 in those contracts. The department shall deposit those funds in  
 2016 the Grants and Donations Trust Fund and expend those funds on  
 2017 behalf of the donor county, municipality, or other entity for  
 2018 the purchase of the licensable products made available under the  
 2019 contract.

2020 Section 36. For fiscal year 2010-2011 only, and  
 2021 notwithstanding s. 216.181, Florida Statutes, the Department of  
 2022 Health is authorized to submit a budget amendment requesting  
 2023 additional Grants and Donations Trust Fund budget authority for  
 2024 the Florida Center for Nursing to make expenditures supported by  
 2025 grants and donations.

2026 Section 37. Paragraph (a) of subsection (1) of section  
 2027 409.9201, Florida Statutes, is amended to read:

2028 409.9201 Medicaid fraud.—

2029 (1) As used in this section, the term:

2030 (a) "Prescription drug" means any drug, including, but not  
 2031 limited to, finished dosage forms or active ingredients that are  
 2032 subject to, defined by, or described by s. 503(b) of the Federal  
 2033 Food, Drug, and Cosmetic Act or by s. 465.003(8), s.  
 2034 499.003 ~~(46)~~ ~~(45)~~ or ~~(53)~~ ~~(52)~~, or s. 499.007(13).

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2036 The value of individual items of the legend drugs or goods or  
2037 services involved in distinct transactions committed during a  
2038 single scheme or course of conduct, whether involving a single  
2039 person or several persons, may be aggregated when determining  
2040 the punishment for the offense.

2041 Section 38. Subsection (3) of section 465.0265, Florida  
2042 Statutes, is amended to read:

2043 465.0265 Centralized prescription filling.—

2044 (3) The filling, delivery, and return of a prescription by  
2045 one pharmacy for another pursuant to this section shall not be  
2046 construed as the filling of a transferred prescription as set  
2047 forth in s. 465.026 or as a wholesale distribution as set forth  
2048 in s. 499.003(54)~~(53)~~.

2049 Section 39. Paragraph (g) of subsection (2) of section  
2050 499.01, Florida Statutes, are amended to read:

2051 499.01 Permits.—

2052 (2) The following permits are established:

2053 (g) Restricted prescription drug distributor permit.—A  
2054 restricted prescription drug distributor permit is required for  
2055 any person that engages in the distribution of a prescription  
2056 drug, which distribution is not considered "wholesale  
2057 distribution" under s. 499.003(54)~~(53)~~(a).

2058 1. A person who engages in the receipt or distribution of  
2059 a prescription drug in this state for the purpose of processing  
2060 its return or its destruction must obtain a permit as a  
2061 restricted prescription drug distributor if such person is not  
2062 the person initiating the return, the prescription drug

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2063 wholesale supplier of the person initiating the return, or the  
2064 manufacturer of the drug.

2065 2. Storage, handling, and recordkeeping of these  
2066 distributions must comply with the requirements for wholesale  
2067 distributors under s. 499.0121, but not those set forth in s.  
2068 499.01212.

2069 3. A person who applies for a permit as a restricted  
2070 prescription drug distributor, or for the renewal of such a  
2071 permit, must provide to the department the information required  
2072 under s. 499.012.

2073 4. The department may adopt rules regarding the  
2074 distribution of prescription drugs by hospitals, health care  
2075 entities, charitable organizations, or other persons not  
2076 involved in wholesale distribution, which rules are necessary  
2077 for the protection of the public health, safety, and welfare.

2078 Section 40. Paragraph (d) of subsection (4) of section  
2079 499.0121, Florida Statutes, is amended to read:

2080 499.0121 Storage and handling of prescription drugs;  
2081 recordkeeping.—The department shall adopt rules to implement  
2082 this section as necessary to protect the public health, safety,  
2083 and welfare. Such rules shall include, but not be limited to,  
2084 requirements for the storage and handling of prescription drugs  
2085 and for the establishment and maintenance of prescription drug  
2086 distribution records.

2087 (4) EXAMINATION OF MATERIALS AND RECORDS.—

2088 (d) Upon receipt, a wholesale distributor must review  
2089 records required under this section for the acquisition of  
2090 prescription drugs for accuracy and completeness, considering  
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2091 the total facts and circumstances surrounding the transactions  
2092 and the wholesale distributors involved. This includes  
2093 authenticating each transaction listed on a pedigree paper, as  
2094 defined in s. 499.003 (37) ~~(36)~~.

2095 Section 41. Paragraphs (a) and (b) of subsection (2) of  
2096 section 499.01211, Florida Statutes, are amended to read:

2097 499.01211 Drug Wholesale Distributor Advisory Council.—

2098 (2) The State Surgeon General, or his or her designee, and  
2099 the Secretary of Health Care Administration, or her or his  
2100 designee, shall be members of the council. The State Surgeon  
2101 General shall appoint nine additional members to the council who  
2102 shall be appointed to a term of 4 years each, as follows:

2103 (a) Three different persons each of whom is employed by a  
2104 different prescription drug wholesale distributor licensed under  
2105 this part which operates nationally and is a primary wholesale  
2106 distributor, as defined in s. 499.003 (47) ~~(46)~~.

2107 (b) One person employed by a prescription drug wholesale  
2108 distributor licensed under this part which is a secondary  
2109 wholesale distributor, as defined in s. 499.003 (52) ~~(51)~~.

2110 Section 42. Subsection (1) of section 499.03, Florida  
2111 Statutes, is amended to read:

2112 499.03 Possession of certain drugs without prescriptions  
2113 unlawful; exemptions and exceptions.—

2114 (1) A person may not possess, or possess with intent to  
2115 sell, dispense, or deliver, any habit-forming, toxic, harmful,  
2116 or new drug subject to s. 499.003 (33) ~~(32)~~, or prescription drug  
2117 as defined in s. 499.003 (43) ~~(42)~~, unless the possession of the  
2118 drug has been obtained by a valid prescription of a practitioner  
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2119 licensed by law to prescribe the drug. However, this section  
2120 does not apply to the delivery of such drugs to persons included  
2121 in any of the classes named in this subsection, or to the agents  
2122 or employees of such persons, for use in the usual course of  
2123 their businesses or practices or in the performance of their  
2124 official duties, as the case may be; nor does this section apply  
2125 to the possession of such drugs by those persons or their agents  
2126 or employees for such use:

2127 (a) A licensed pharmacist or any person under the licensed  
2128 pharmacist's supervision while acting within the scope of the  
2129 licensed pharmacist's practice;

2130 (b) A licensed practitioner authorized by law to prescribe  
2131 prescription drugs or any person under the licensed  
2132 practitioner's supervision while acting within the scope of the  
2133 licensed practitioner's practice;

2134 (c) A qualified person who uses prescription drugs for  
2135 lawful research, teaching, or testing, and not for resale;

2136 (d) A licensed hospital or other institution that procures  
2137 such drugs for lawful administration or dispensing by  
2138 practitioners;

2139 (e) An officer or employee of a federal, state, or local  
2140 government; or

2141 (f) A person that holds a valid permit issued by the  
2142 department pursuant to this part which authorizes that person to  
2143 possess prescription drugs.

2144 Section 43. Paragraphs (i) and (m) of subsection (1) of  
2145 section 499.05, Florida Statutes, are amended to read:

2146 499.05 Rules.—

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2147 (1) The department shall adopt rules to implement and  
2148 enforce this part with respect to:

2149 (i) Additional conditions that qualify as an emergency  
2150 medical reason under s. 499.003 (54) ~~(53)~~ (b)2.

2151 (m) The recordkeeping, storage, and handling with respect  
2152 to each of the distributions of prescription drugs specified in  
2153 s. 499.003 (54) ~~(53)~~ (a) - (d).

2154 Section 44. Subsection (1) of section 794.075, Florida  
2155 Statutes, is amended to read:

2156 794.075 Sexual predators; erectile dysfunction drugs.—

2157 (1) A person may not possess a prescription drug, as  
2158 defined in s. 499.003 (43) ~~(42)~~, for the purpose of treating  
2159 erectile dysfunction if the person is designated as a sexual  
2160 predator under s. 775.21.

2161 Section 45. Except as otherwise expressly provided in this  
2162 act, this act shall take effect July 1, 2010.

2163  
2164  
2165 -----

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

2166 Remove the entire title and insert:

2167 A bill to be entitled

2168 An act relating to the Department of Health; amending s.  
2169 20.435, F.S.; revising provisions for administration and  
2170 use of funds in the Administrative Trust Fund and the  
2171 Emergency Medical Services Trust Fund; providing for such  
2172 administration and use under specified provisions;  
2173 amending ss. 318.14, 318.18, and 318.21, F.S.; providing  
2174

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2175 that funds collected from disposition of certain motor  
2176 vehicle infractions shall be deposited into the Emergency  
2177 Medical Services Trust Fund; removing provisions for  
2178 deposit of such funds into the Administrative Trust Fund;  
2179 providing for use of the funds; correcting a reference;  
2180 amending ss. 320.131, 327.35, 381.765, and 938.07, F.S.;  
2181 correcting references to the Brain and Spinal Cord Injury  
2182 Program Trust Fund; amending ss. 381.78 and 381.79, F.S.;  
2183 correcting references; amending s. 395.403, F.S.,  
2184 relating to reimbursement of trauma centers; revising  
2185 eligibility provisions to remove provisional trauma  
2186 centers and certain hospitals; providing for payments to  
2187 be made from the Emergency Medical Services Trust Fund;  
2188 removing provisions for one-time payments from the  
2189 Administrative Trust Fund; amending s. 395.4036, F.S.;  
2190 providing for use of funds in the Emergency Medical  
2191 Services Trust Fund for verified trauma centers; removing  
2192 provisions for such use of funds in the Administrative  
2193 Trust Fund; reenacting and amending s. 215.5602, F.S.,  
2194 relating to James and Esther King Biomedical Research  
2195 Program; specifying that a certain amount of the revenue  
2196 deposited into the Health Care Trust Fund be reserved for  
2197 tobacco-related and cancer-related research; providing  
2198 for specified amounts of revenue to be appropriated to  
2199 the James and Esther King Biomedical Research Program,  
2200 the William G. "Bill" Bankhead, Jr., and David Coley  
2201 Cancer Research Program, and the H. Lee Moffitt Cancer  
2202 Center and Research Institute; deleting obsolete

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2203 language; reenacting and amending s. 381.922, F.S.,  
2204 relating to William G. "Bill" Bankhead, Jr., and David  
2205 Coley Cancer Research Program; providing that the program  
2206 give emphasis to certain goals; specifying sources of  
2207 funding for the program; providing for a portion of the  
2208 funds to be made available to the Florida Center for  
2209 Universal Research to Eradicate Disease; deleting  
2210 obsolete language; amending s. 20.43, F.S.; removing a  
2211 provision authorizing division directors in the  
2212 Department of Health to appoint certain committees;  
2213 prohibiting the department from establishing new programs  
2214 or modifying current programs without legislative  
2215 approval; requiring the department to notify the Governor  
2216 and the Legislature before applying for continuation of  
2217 or new federal or private grants over a specified amount;  
2218 providing for content of the notification; amending s.  
2219 381.0011, F.S.; requiring the department to manage  
2220 emergency preparedness and disaster response functions;  
2221 amending s. 381.006, F.S.; revising the definition of the  
2222 term "group care facility"; revising rulemaking  
2223 authority; amending s. 381.0072, F.S.; revising the  
2224 definition of the term "food service establishment";  
2225 authorizing the department to advise and consult with  
2226 other agencies concerning the provision of food services;  
2227 revising entities that are exempt from rules developed  
2228 for manager certification; repealing ss. 411.23, 411.231,  
2229 and 411.232, F.S., relating to the Children's Early  
2230 Investment Program; amending ss. 411.01 and 411.224,

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2231 F.S.; conforming provisions to changes made by the act;  
2232 amending s. 499.003, F.S.; defining the term "medical  
2233 convenience kit" for purposes of the Florida Drug and  
2234 Cosmetic Act; correcting cross-references; amending s.  
2235 499.01, F.S.; providing exceptions from requirements for  
2236 a device manufacturer permit; amending s. 499.01212,  
2237 F.S.; exempting wholesale distribution of prescription  
2238 drugs within a medical convenience kit from requirements  
2239 for the wholesaler to provide a pedigree paper if certain  
2240 conditions are met; providing that the exemption does not  
2241 apply to a kit containing certain controlled substances;  
2242 amending s. 509.013, F.S.; revising exclusions to the  
2243 definition of the terms "public lodging establishment"  
2244 and "public food service establishment" to provide for  
2245 certain facilities certified or licensed by the Agency  
2246 for Health Care Administration or the Department of  
2247 Children and Family Services; requiring the department to  
2248 develop a plan to provide tuberculosis services;  
2249 requiring the department to submit the plan to the  
2250 Governor and Legislature by a specified date; providing  
2251 plan elements; transferring and reassigning certain  
2252 functions and responsibilities, including records,  
2253 personnel, property, and unexpended balances of  
2254 appropriations and other resources, from the Department  
2255 of Health to the Department of Business and Professional  
2256 Regulation by a type two transfer; providing for the  
2257 continued validity of pending judicial or administrative  
2258 actions to which the Department of Health is a party;

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2259 providing for the continued validity of lawful orders  
2260 issued by the Department of Health; transferring rules  
2261 created by the Department of Health to the Department of  
2262 Business and Professional Regulation; providing for the  
2263 continued validity of permits and certifications issued  
2264 by the Department of Health; amending s. 381.0403, F.S.,  
2265 deleting provisions relating to the program for graduate  
2266 medical education innovations and the graduate medical  
2267 education committee and report; conforming a cross-  
2268 reference; amending s. 381.4018, F.S.; revising  
2269 provisions for physician workforce assessment and  
2270 development; providing definitions; creating the  
2271 Physician Workforce Advisory Council; providing for  
2272 membership and organization; providing duties of the  
2273 council; amending ss. 458.3192 and 459.0082, F.S.;  
2274 revising provisions for analysis by the department of  
2275 physician surveys under specified provisions; amending s.  
2276 458.315; revising provisions for issuance by the Board of  
2277 Medicine of a temporary certificate to practice medicine  
2278 in certain areas; creating s. 459.0076, F.S.; providing  
2279 for issuance by the Board of Osteopathic Medicine of a  
2280 temporary certificate to practice osteopathic medicine in  
2281 certain areas; directing the department to conduct an  
2282 evaluation and justification review of its divisions;  
2283 providing review requirements; requiring the department  
2284 to submit a report to the Governor, the Legislature, and  
2285 the State Surgeon General by a specified date; amending  
2286 s. 381.00315, F.S.; directing the Department of Health to

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2287 accept funds from counties, municipalities, and certain  
2288 other entities for the purchase of certain products made  
2289 available under a contract with the United States  
2290 Department of Health and Human Services for the  
2291 manufacture and delivery of such products in response to  
2292 a public health emergency; authorizing the department to  
2293 submit a budget amendment requesting additional budget  
2294 authority for the Florida Center for Nursing to make  
2295 certain expenditures; amending ss. 409.9201, 465.0265,  
2296 499.01, 499.01211, 499.01212, 499.03, 499.05, and  
2297 794.075, F.S.; correcting cross-references; providing  
2298 effective dates.