CHAPTER 97-101

Senate Bill No. 436

An act relating to the Florida Statutes; amending ss. 39.012, 39.014, 39.046(1), (2), 39.055(1), 39.0573(2), 39.059(7)(c), 39.39, 39.41(2)(a), 39.449, 39.459, 63.032(1), 63.202(1), 63.212(1)(c), (d), (g), (h), 63.301(1), (2)(c), (4), 153.19(2), 154.001, 154.01, 154.011(1), (3), 154.013(1), 154.03, 154.05, 154.06, 154.304(5), 216.341, 232.032(1), (7), (8), 240.4075(7)(a), 240.4076(4)(a), 381.001(1), (4), 381.0011, 381.0019, 381.0034(1), 381.0035(1), 381.0036, 381.0038, 381.0039, 381.0042, 381.0051(4), (5)(a), 381.0063, 381.0072, 381.008(2), 381.0084(2), 381.009, 381.0101(2)(b), 381.0201, 381.0203(2)(a), (d), 381.0302(2)(a), (c), (e), 381.0402(1)(d), 381.0406(8), (13), 381.045, 381.0602(1), (3), 381.698(2)(l), (3)(a), (b), (6), (8), 382.002(5), 382.0135, 383.011, 383.013, 383.016, 383.04, 383.05, 383.11, 383.13, 383.16(1), 383.216(1), (2), (4), (5)(b), (6), (7), (10), 383.2161, 383.302(4), 383.3362(5)(a), (6)(a), (7)(h), 384.23(1), (2), 384.27(2), 385.103(1)(d), (2)(a), 385.203(1), (2), 385.204(1), 385.205(1), 385.206(1)(a), 385.207(2), (3), 385.209(2), 386.02, 386.03(1), 386.041(2), 386.203(7), 386.205(2)(a), 387.02, 387.03(1), 387.05, 387.08, 387.10(1), 388.45, 388.46(2)(a), 391.021(1), 391.091(1)(a), 391.214(1), 391.304, 391.305, 391.306, 391.307(1), 392.51, 392.52(2), (4), 392.55(2), 392.62(3)(e), 395.603(1), 400.441(1)(d), 400.464(4), 402.32(3)(d), (5), (6)(a), 402.321(4), (5)(b), 403.853(6), 403.860(4), (5), (6), 403.862(1), (6), (7), 404.056(6), 408.601(2), 408.701(13), 408.901(9), 409.016(1), (2), 409.141(1), (4), 409.146(1), (5), (6), (9), 409.166(2)(b), 409.167(1), 409.1685, 409.1755(3)(a), (b), (4)(a), 409.2599, 409.2675, 409.285, 409.403(1), (2), 409.404(1), 409.9112(3)(g), 410.032(1), 410.602, 410.603(1), 415.102(9), 415.501(2)(b), (3), 415.5015(5)(a), 415.5016(1), 415.50165(1), (2), (5), 415.502, 415.507(4), 415.5075, 415.5095(2), 415.515, 415.602(1), 415.604, 419.002(1), 420.623(1)(b), 458.315, 458.317(1)(c), (2), 459.0075(2), (4), 467.019(2), 509.232, 513.01(1), 513.045(2), (3), as amended by s. 16, ch. 93-120, Laws of Florida, 513.045(3), as amended by s. 6, ch. 93-150, Laws of Florida, 513.055(2)(a), as amended by s. 17, ch. 93-120, Laws of Florida, 513.055(2)(a), as amended by s. 12, ch. 93-150, Laws of Florida, 514.025, 514.028(1)(b), 514.05(4), 514.06, and 743.0645(5), Florida Statutes, and ss. 39.001(2), 39.003(5), 39.01(7), (8), (12), (14)(b), (c), (20), (30), (38), (39), (54), (55), (56), (57), (66), (67), 39.021(5), 39.025(2), (4)(d), (f), (5)(a), (c), (6)(d), (7), (8)(a), (b), 39.0361(5)(c), 39.039(3), 39.047(1)(a), 39.0517(1)(b), (c), (2), (3), (5), (7), 39.052(2)(c), (4)(d), 39.0585(1)(b), 39.418, 39.423(1), 39.442(3), (4), 39.446(3), 39.457, 63.022(2)(d), 110.205(2)(p), 230.2305(11)(b), 381.0031(1), 381.004(4), (5), (8), (10), (11)(a), (b), 381.0041(1), (3), (4), (8), (10), 381.0055, 381.0062(2)(b), (5)(c), 381.0064(1), 381.0065(3), (4), (5)(b), 381.0068, 381.0087(7), 381.0098(1), (2)(c), 381.0407(3)(b), (5), (7), 381.815, 382.356, 383.14(1), (3), (5), 384.25(7), 385.202(1), 390.002(1), (4), 402.45(3), (10), 409.1671(1), (4)(a), (5), 409.175(5)(e), (14)(a), 409.178(6), 409.2355, 409.2572(3), 409.2673(4)(b), (8)(c),

(9)(a), (10)(c), 409.441(2)(a), 409.803(2), 409.9116(5)(c), 409.912(3)(a), 409.9122(7)(b), 411.232(4)(a), 411.242(4)(a), 414.0252(3), 414.026(2)(a), 414.028(4)(e), 414.095(4)(a), 414.13, 414.175(1), 414.25, 414.27(1), 414.28(8), 414.36(1), 414.37, 414.38(1), (9), (10)(a), (c), (11), (12), 414.39(6), (9), 414.40(2)(d), 414.42, 415.503(6), 419.001(1)(a), (b), 458.347(4)(d), 459.022(4)(d), 514.033(1), (4), and 817.505(2)(a), Florida Statutes (1996 Supplement), pursuant to the directive of the Legislature in s. 26, ch. 96-403, Laws of Florida, to conform the Florida Statutes to the organizational changes made by ch. 96-403, Laws of Florida. References to the "Department of Children and Family Services" are substituted for references to the "Department of Health and Rehabilitative Services," and the title of the secretary of the department is conformed to the change in provisions within chapters 39, 63, 410, 411, 414, 415, and 419, and ss. 409.016-409.803, Florida Statutes. References to the "Department of Health" are substituted for references to the "Department of Health and Rehabilitative Services," and the title of the secretary of the department is conformed to the change in provisions within chapters 153, 154, 381, 382, 383, 384, 385, 386, 387, 388, 390, 391, and 392, Florida Statutes. The term "county health department" is substituted for the term "county public health unit" and for references to "public health unit" or "unit" where clearly in reference to county public health units. References to the "County Health Department Trust Fund" are substituted for references to the "County Public Health Unit Trust Fund" to reflect the change of name of the fund.

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

Section 1. Section 39.012, Florida Statutes, is amended to read:

39.012 Rules for implementation.—The Department of Juvenile Justice shall adopt rules for the efficient and effective management of all programs, services, facilities, and functions necessary for implementing parts II and IV of this chapter, and the Department of Children and Family ~~Health and Rehabilitative~~ Services shall adopt rules for the efficient and effective management of all programs, services, facilities, and functions necessary for implementing parts III, V, and VI of this chapter. Such rules may not conflict with the Florida Rules of Juvenile Procedure. All rules and policies must conform to accepted standards of care and treatment.

Section 2. Section 39.014, Florida Statutes, is amended to read:

39.014 Legal representation for cases under this chapter.—For cases arising under part II of this chapter, the state attorney shall represent the state. For cases arising under parts III, V, and VI of this chapter, an attorney for the Department of Children and Family ~~Health and Rehabilitative~~ Services shall represent the state. For cases arising under part IV of this chapter, an attorney for the Department of Juvenile Justice shall represent the state. The Department of Children and Family ~~Health and Rehabilitative~~ Services may contract with outside counsel or the state attorney, pursuant to s. 287.059, for legal representation for cases arising under parts III,

V, and VI of this chapter, and the Department of Juvenile Justice may contract with outside counsel or the state attorney, pursuant to s. 287.059, for legal representation for cases arising under part IV of this chapter. The Attorney General shall exercise general oversight of legal services provided to the Department of Juvenile Justice and the Department of Children and Family ~~Health and Rehabilitative~~ Services under this chapter. This oversight responsibility shall require the Attorney General to assess, on a periodic basis, the extent to which the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services, as appropriate, is complying with the mandates of the Florida Supreme Court in cases arising under parts III, IV, V, and VI of this chapter. If at any time the Attorney General determines that the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services is not complying with the mandates of the Supreme Court, the Attorney General shall notify the Legislature. Notwithstanding the provisions of this chapter or chapter 415 to the contrary, the Attorney General shall have access to confidential information necessary to carry out the oversight responsibility. However, public disclosure of information by the Attorney General may not contain information that identifies a client of the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 3. Subsections (1) and (2) of section 39.046, Florida Statutes, are amended to read:

39.046 Medical, psychiatric, psychological, substance abuse, and educational examination and treatment.—

(1) After a detention petition or a petition for delinquency has been filed, the court may order the child named in the petition to be examined by a physician. The court may also order the child to be evaluated by a psychiatrist or a psychologist, by a district school board educational needs assessment team, or, if a developmental disability is suspected or alleged, by the developmental disabilities diagnostic and evaluation team of the Department of Children and Family ~~Health and Rehabilitative~~ Services. If it is necessary to place a child in a residential facility for such evaluation, the criteria and procedures established in chapter 393, chapter 394, or chapter 397, whichever is applicable, shall be used.

(2) Whenever a child has been found to have committed a delinquent act, or before such finding with the consent of any parent or legal custodian of the child, the court may order the child to be treated by a physician. The court may also order the child to receive mental health, substance abuse, or retardation services from a psychiatrist, psychologist, or other appropriate service provider. If it is necessary to place the child in a residential facility for such services, the procedures and criteria established in chapter 393, chapter 394, or chapter 397, whichever is applicable, shall be used. After a child has been adjudicated delinquent, if an educational needs assessment by the district school board or the Department of Children and Family ~~Health and Rehabilitative~~ Services has been previously conducted, the court shall order the report of such needs assessment included in the child's court record in lieu of a new assessment. For purposes of this section, an educa-

tional needs assessment includes, but is not limited to, reports of intelligence and achievement tests, screening for learning disabilities and other handicaps, and screening for the need for alternative education.

Section 4. Subsection (1) of section 39.055, Florida Statutes, is amended to read:

39.055 Early delinquency intervention program.—

(1) The Department of Juvenile Justice shall, contingent upon specific appropriation and with the cooperation of local law enforcement agencies, the judiciary, district school board personnel, the office of the state attorney, the office of the public defender, the Department of Children and Family ~~Health and Rehabilitative~~ Services, and community service agencies that work with children, establish an early delinquency intervention program, the components of which shall include, but not be limited to:

(a) Case management services.

(b) Treatment modalities, including substance abuse treatment services, mental health services, and retardation services.

(c) Prevocational education and career education services.

(d) Diagnostic evaluation services.

(e) Educational services.

(f) Self-sufficiency planning.

(g) Independent living skills.

(h) Parenting skills.

(i) Recreational and leisure time activities.

(j) Program evaluation.

(k) Medical screening.

Section 5. Subsection (2) of section 39.0573, Florida Statutes, is amended to read:

39.0573 Statewide information sharing system; interagency workgroup.—

(2) The interagency workgroup shall be coordinated through the Department of Education and shall include representatives from the state agencies specified in subsection (1), school superintendents, school district information system directors, principals, teachers, juvenile court judges, police chiefs, county sheriffs, clerks of the circuit court, the Department of Children and Family ~~Health and Rehabilitative~~ Services, providers of juvenile services including a provider from a juvenile substance abuse program, and district juvenile justice managers.

Section 6. Paragraph (c) of subsection (7) of section 39.059, Florida Statutes, is amended to read:

39.059 Community control or commitment of children prosecuted as adults.—

(7)

(c) In determining whether to impose youthful offender or juvenile sanctions instead of adult sanctions, the court shall consider the following criteria:

1. The seriousness of the offense to the community and whether the community would best be protected by juvenile, youthful offender, or adult sanctions.

2. Whether the offense was committed in an aggressive, violent, premeditated, or willful manner.

3. Whether the offense was against persons or against property, with greater weight being given to offenses against persons, especially if personal injury resulted.

4. The sophistication and maturity of the offender.

5. The record and previous history of the offender, including:

a. Previous contacts with the Department of Corrections, the Department of Juvenile Justice, the Department of Children and Family ~~Health and Rehabilitative~~ Services, other law enforcement agencies, and the courts.

b. Prior periods of probation or community control.

c. Prior adjudications that the offender committed a delinquent act or violation of law as a child.

d. Prior commitments to the Department of Juvenile Justice, the Department of Children and Family ~~Health and Rehabilitative~~ Services, or other facilities or institutions.

6. The prospects for adequate protection of the public and the likelihood of deterrence and reasonable rehabilitation of the offender if assigned to services and facilities of the Department of Juvenile Justice.

7. Whether the Department of Juvenile Justice has appropriate programs, facilities, and services immediately available.

8. Whether youthful offender or adult sanctions would provide more appropriate punishment and deterrence to further violations of law than the imposition of juvenile sanctions.

It is the intent of the Legislature that the criteria and guidelines in this subsection are mandatory and that a determination of disposition under this

subsection is subject to the right of the child to appellate review under s. 39.069.

Section 7. Section 39.39, Florida Statutes, is amended to read:

39.39 Definition.—As used in ss. 39.40-39.418, the term "department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 8. Paragraph (a) of subsection (2) of section 39.41, Florida Statutes, is amended to read:

39.41 Powers of disposition.—

(2)(a) When any child is adjudicated by a court to be dependent, the court having jurisdiction of the child has the power, by order, to:

1. Require the parent, guardian, or custodian, and the child when appropriate to participate in treatment and services identified as necessary.

2. Require the parent, guardian, or custodian, and the child when appropriate to participate in mediation if the parent, guardian, or custodian refused to participate in mediation under s. 39.4033.

3. Place the child under the protective supervision of an authorized agent of the department, either in the child's own home or, the prospective custodian being willing, in the home of a relative of the child or of an adult nonrelative approved by the court, or in some other suitable place under such reasonable conditions as the court may direct. Whenever the child is placed under protective supervision pursuant to this section, the department shall prepare a case plan and shall file it with the court. Protective supervision continues until the court terminates it or until the child reaches the age of 18, whichever date is first. Protective supervision may be terminated by the court whenever the court determines that the child's placement, whether with a parent, another relative, or a nonrelative, is stable and that protective supervision is no longer needed. The termination of supervision may be with or without retaining jurisdiction, at the court's discretion, and shall in either case be considered a permanency option for the child. The order terminating supervision by the Department of Children and Family ~~Health and Rehabilitative~~ Services shall set forth the powers of the custodian of the child and shall include the powers ordinarily granted to a guardian of the person of a minor unless otherwise specified.

4. Place the child in the temporary legal custody of an adult relative or an adult nonrelative approved by the court who is willing to care for the child.

5.a. When the parents have failed to comply with a case plan and the court determines at a judicial review hearing held pursuant to s. 39.453, or at a hearing held pursuant to subparagraph (1)(a)7. of this section, that neither reunification, termination of parental rights, nor adoption is in the best interest of the child, the court may place the child in the long-term custody of an adult relative or adult nonrelative approved by the court willing to care for the child, if the following conditions are met:

(I) A case plan describing the responsibilities of the relative or nonrelative, the department, and any other party must have been submitted to the court.

(II) The case plan for the child does not include reunification with the parents or adoption by the relative.

(III) The child and the relative or nonrelative custodian are determined not to need protective supervision or preventive services to ensure the stability of the long-term custodial relationship, or the department assures the court that protective supervision or preventive services will be provided in order to ensure the stability of the long-term custodial relationship.

(IV) Each party to the proceeding agrees that a long-term custodial relationship does not preclude the possibility of the child returning to the custody of the parent at a later date.

(V) The court has considered the reasonable preference of the child if the court has found the child to be of sufficient intelligence, understanding, and experience to express a preference.

b. The court shall retain jurisdiction over the case, and the child shall remain in the long-term custody of the relative or nonrelative approved by the court until the order creating the long-term custodial relationship is modified by the court. The court may relieve the department of the responsibility for supervising the placement of the child whenever the court determines that the placement is stable and that such supervision is no longer needed. Notwithstanding the retention of jurisdiction, the placement shall be considered a permanency option for the child when the court relieves the department of the responsibility for supervising the placement. The order terminating supervision by the Department of Children and Family ~~Health and Rehabilitative~~ Services shall set forth the powers of the custodian of the child and shall include the powers ordinarily granted to a guardian of the person of a minor unless otherwise specified. The court may modify the order terminating supervision of the long-term relative or nonrelative placement if it finds that a party to the proceeding has shown a material change in circumstances which causes the long-term relative or nonrelative placement to be no longer in the best interest of the child.

6.a. Approve placement of the child in long-term foster care, when the following conditions are met:

(I) The foster child is 16 years of age or older, unless the court determines that the history or condition of a younger child makes long-term foster care the most appropriate placement.

(II) The child demonstrates no desire to be placed in an independent living arrangement pursuant to this subsection.

(III) The department's social services study pursuant to s. 39.453(6)(a) recommends long-term foster care.

b. Long-term foster care under the above conditions shall not be considered a permanency option.

c. The court may approve placement of the child in long-term foster care, as a permanency option, when all of the following conditions are met:

(I) The child is 14 years of age or older,

(II) The child is living in a licensed home and the foster parents desire to provide care for the child on a permanent basis and the foster parents and the child do not desire adoption,

(III) The foster family has made a commitment to provide for the child until he reaches the age of majority and to prepare the child for adulthood and independence, and

(IV) The child has remained in the home for a continuous period of no less than 12 months.

(V) The foster parents and the child view one another as family and consider living together as the best place for the child to be on a permanent basis.

(VI) The department's social services study recommends such placement and finds the child's well-being has been promoted through living with the foster parents.

d. Notwithstanding the retention of jurisdiction and supervision by the department, long-term foster care placements made pursuant to sub-subparagraph (2)(a)6.c. of this section shall be considered a permanency option for the child. For purposes of this subsection, supervision by the department shall be defined as a minimum of semiannual visits. The order placing the child in long-term foster care as a permanency option shall set forth the powers of the custodian of the child and shall include the powers ordinarily granted to a guardian of the person of a minor unless otherwise specified. The court may modify the permanency option of long-term foster care if it finds that a party to the proceeding has shown a material change in circumstances which causes the placement to be no longer in the best interests of the child.

7. Commit the child to a licensed child-caring agency willing to receive the child. Continued commitment to the licensed child-caring agency, as well as all other proceedings under this section pertaining to the child, are also governed by part V of this chapter.

8. Commit the child to the temporary legal custody of the department. Such commitment invests in the department all rights and responsibilities of a legal custodian. The department shall not return any child to the physical care and custody of the person from whom the child was removed, except for short visitation periods, without the approval of the court. The term of such commitment continues until terminated by the court or until the child reaches the age of 18. After the child is committed to the temporary custody of the department, all further proceedings under this section are also governed by part V of this chapter.

9.a. Change the temporary legal custody or the conditions of protective supervision at a postdisposition hearing subsequent to the initial detention

hearing, without the necessity of another adjudicatory hearing. A child who has been placed in the child's own home under the protective supervision of an authorized agent of the department, in the home of a relative, in the home of a nonrelative, or in some other place may be brought before the court by the agent of the department who is supervising the placement or by any other interested person, upon the filing of a petition alleging a need for a change in the conditions of protective supervision or the placement. If the parents or other custodians deny the need for a change, the court shall hear all parties in person or by counsel, or both. Upon the admission of a need for a change or after such hearing, the court shall enter an order changing the placement, modifying the conditions of protective supervision, or continuing the conditions of protective supervision as ordered.

b. In cases where the issue before the court is whether a child should be reunited with a parent, the court shall determine whether the parent has substantially complied with the terms of the case plan to the extent that the well-being and safety of the child is not endangered by the return of the child to the home.

10. Approve placement of the child in an independent living arrangement for any foster child 16 years of age or older, if it can be clearly established that this type of alternate care arrangement is the most appropriate plan and that the safety and welfare of the child will not be jeopardized by such an arrangement. While in independent living situations, children whose legal custody has been awarded to the department or a licensed child-caring or child-placing agency, or who have been voluntarily placed with such an agency by a parent, guardian, relative, or adult nonrelative approved by the court, continue to be subject to the court review provisions of s. 39.453.

Section 9. Section 39.449, Florida Statutes, is amended to read:

39.449 Definition.—As used in ss. 39.45-39.456, the term "department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 10. Section 39.459, Florida Statutes, is amended to read:

39.459 Definition.—As used in ss. 39.46-39.474, the term "department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 11. Subsection (1) of section 63.032, Florida Statutes, is amended to read:

63.032 Definitions.—As used in this act, unless the context otherwise requires, the term:

(1) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 12. Subsection (1) of section 63.202, Florida Statutes, is amended to read:

63.202 Authority to license; adoption of rules.—

(1) The Department of Children and Family ~~Health and Rehabilitative~~ Services is authorized and empowered to license child welfare agencies that it determines to be qualified to place minors for adoption.

Section 13. Paragraphs (c), (d), (g), and (h) of subsection (1) of section 63.212, Florida Statutes, are amended to read:

63.212 Prohibited acts; penalties for violation.—

(1) It is unlawful for any person:

(c) Except the Department of Children and Family ~~Health and Rehabilitative~~ Services, an agency, or an intermediary, to place or attempt to place within the state a child for adoption unless the child is placed with a relative within the third degree or with a stepparent. This prohibition, however, does not apply to a person who is placing or attempting to place a child for the purpose of adoption with the Department of Children and Family ~~Health and Rehabilitative~~ Services or an agency or through an intermediary.

(d) To sell or surrender, or to arrange for the sale or surrender of, a child to another person for money or anything of value or to receive such minor child for such payment or thing of value. If a child is being adopted by a relative within the third degree or by a stepparent, or is being adopted through the Department of Children and Family ~~Health and Rehabilitative~~ Services, an agency, or an intermediary, nothing herein shall be construed as prohibiting the person who is contemplating adopting the child from paying the actual prenatal care and living expenses of the mother of the child to be adopted, nor from paying the actual living and medical expenses of such mother for a reasonable time, not to exceed 6 weeks, if medical needs require such support, after the birth of the child.

(g) Except the Department of Children and Family ~~Health and Rehabilitative~~ Services or an agency, to charge or accept any fee or compensation of any nature from anyone for making a referral in connection with an adoption.

(h) Except the Department of Children and Family ~~Health and Rehabilitative~~ Services, an agency, or an intermediary, to advertise or offer to the public, in any way, by any medium whatever that a child is available for adoption or that a child is sought for adoption; and further, it is unlawful for any person to publish or broadcast any such advertisement without including a Florida license number of the agency, attorney, or physician placing the advertisement.

Section 14. Subsection (1), paragraph (c) of subsection (2), and subsection (4) of section 63.301, Florida Statutes, are amended to read:

63.301 Advisory council on adoption.—

(1) There is created within the Department of Children and Family ~~Health and Rehabilitative~~ Services an advisory council on adoption. The

council shall consist of 17 members to be appointed by the Secretary of Children and Family ~~Health and Rehabilitative~~ Services as follows:

(a) Five members shall be representatives from licensed child-placing agencies in Florida. No agency may have more than one representative as a member.

(b) Two members shall be attorneys licensed to practice in Florida who, as intermediaries, place children for adoption.

(c) One member shall be a physician licensed to practice in Florida who, as an intermediary, places or has placed children for adoption.

(d) One member shall be a representative from the judiciary.

(e) One member shall be a representative from the family law section of The Florida Bar.

(f) One member shall be the president of the Florida Association of Licensed Adoption Agencies.

(g) One member shall be an adoptive parent.

(h) One member shall be a birth parent.

(i) One member shall be an adult adoptee.

(j) One member shall be a Children, Youth and Families Counselor II with responsibilities for adoption and related services casework in one of the districts of the Department of Children and Family ~~Health and Rehabilitative~~ Services.

(k) Two members shall be lay citizens who do not meet the qualifications for membership under paragraphs (a)-(j).

All members shall be appointed to serve 2-year terms.

(2) The functions of the council shall be to:

(c) Review and evaluate law, procedures, policies, and practice regarding the protection of children placed for adoption, birth parents, adoptive parents utilizing the services of the Department of Children and Family ~~Health and Rehabilitative~~ Services, licensed child-placing agencies, and intermediaries, to determine areas needing legislative, administrative, or other interventions.

(4) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall provide staff for the council.

Section 15. Subsection (2) of section 153.19, Florida Statutes, is amended to read:

153.19 Private water supplies.—No jurisdiction hereunder shall be exercised by the board of county commissioners over any privately owned industrial water supply system or the disposition of industrial or manufacturing

wastes nor shall any rule or regulation be adopted or suit instituted or prosecuted hereunder designed or intended to control or regulate the same, unless one of the following conditions exists:

(2) In the case of an industrial or manufacturing plant that is connected with and using any facility authorized by this chapter; but any such rule, regulation or suit shall be limited to the particular waters or the particular industrial or manufacturing plant affected by one of the above conditions; provided, however, this shall not restrain or prevent the Department of Health ~~and Rehabilitative Services~~ in anywise from instituting a suit or taking other action in event said plant or manufacturing company shall pollute the waters in the state as defined in s. 387.08.

Section 16. Section 154.001, Florida Statutes, is amended to read:

154.001 System of coordinated county health department ~~public health unit~~ services; legislative intent.—It is the intent of the Legislature to promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department ~~public health unit~~ services. The Legislature recognizes the unique partnership which necessarily exists between the state and its counties in meeting the public health needs of the state. To strengthen this partnership, the Legislature intends that the public health needs of the several counties be provided through contractual arrangements between the state and each county. The Legislature also recognizes the importance of meeting the educational needs of Florida's public health professionals.

Section 17. Section 154.01, Florida Statutes, is amended to read:

154.01 County health department ~~Public health unit~~ delivery system.—

(1) The several counties of the state may cooperate with the Department of Health ~~and Rehabilitative Services~~ in the establishment and maintenance of full-time county health departments ~~public health units~~ in such counties for the promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations.

(2) A functional system of county health department ~~public health unit~~ services shall be established which shall include the following three levels of service and be funded as follows:

(a) "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health, and entomology.

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

(c) "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

(3) The Department of Health ~~and Rehabilitative Services~~ shall enter into contracts with the several counties for the purposes of this part. All contracts shall be negotiated and approved by the appropriate local governing bodies and the appropriate district administrators on behalf of the department. In accordance with federal guidelines, the state may utilize federal funds for county health department ~~public health unit~~ services. A standard contract format shall be developed and used by the department in contract negotiations. The contract shall include the three levels of county health department ~~public health unit~~ services outlined in subsection (2) above and shall contain a section which stipulates, for the contract year:

(a) All revenue sources, including federal, state, and local general revenue, fees, and other cash contributions, which shall be used by the county health department ~~public health unit~~ for county health department ~~public health unit~~ services;

(b) The types of services to be provided in each level of service;

(c) The estimated number of clients, where applicable, who will be served, by type of service;

(d) The estimated number of services, where applicable, that will be provided, by type of service;

(e) The estimated number of staff positions (full-time equivalent positions) who will work in each type of service area; and

(f) The estimated expenditures for each type of service and for each level of service.

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

(4) The use and maintenance of county health department ~~public health unit~~ facilities and equipment shall be subject to the provisions of the contract between the Department of Health ~~and Rehabilitative Services~~ and each county. However, the counties may retain ownership of such facilities and equipment and the right to use such facilities and equipment as the need arises, to the extent that such use would not impose an unwarranted interference with the operation of the county health department ~~public health unit~~ pursuant to the provisions of the contract. In all cases, such facilities shall be used primarily for purposes related to public health. Ownership of county health department ~~public health unit~~ facilities and equipment may be relinquished by a county to the Department of Health ~~and Rehabilitative Services~~ by mutual consent of the parties in the contract.

(5) In order to provide for the effective delivery of health services in keeping with expanding needs or modernization, the Legislature may authorize funding for construction or expansion projects to county health departments ~~public health units~~ or other nonprofit primary health care providers who are under contract with the department. The department shall submit a list of construction or expansion needs arranged in order of priority to the Legislature in conjunction with each annual budget request. The priority list shall be based on the following criteria:

(a) The capacity of the health facility to efficiently provide the full set of authorized services for the number of patients who can be served with available funds;

(b) The capacity of the health facility to meet the anticipated growth in demand for service over the next 10 years; and

(c) The adequacy of the facility to ensure patient and staff safety, provide privacy during eligibility determination and examination, and enable an efficient movement of patients through service areas.

(6)(a) The department shall include the estimated cost of the construction or renovation of each county health department ~~health unit~~ on the list. This cost must be based on a professional assessment of the square footage needed to meet the demand for service and the prevailing cost of construction in the county in which the county health department ~~unit~~ is to be built, including the cost of land, the cost for obtaining necessary permits, and the cost of outfitting the facility. Funds appropriated for construction and renovation of a county health department ~~public health unit~~ facility may only be released by the department if the board of county commissioners of the county for which funds have been appropriated agrees that any county health department ~~public health unit~~ facility which is constructed or renovated, in whole or in part, with funds appropriated under this section will be used only for county health department ~~public health unit~~ services, unless otherwise authorized by the department, that the county will not charge rent for use of the facility by the county health department ~~public health~~

~~unit~~, and that the county will not attempt to sell such facility without the concurrence of the department.

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

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

Section 18. Subsections (1) and (3) of section 154.011, Florida Statutes, are amended to read:

154.011 Primary care services.—

(1) It is the intent of the Legislature that all 67 counties offer primary care services through contracts, as required by s. 154.01(3), for Medicaid recipients and other qualified low-income persons. Therefore, beginning July 1, 1987, the Department of Health ~~and Rehabilitative Services~~ is directed, to the extent that funds are appropriated, to develop a plan to implement a program in cooperation with each county. The department shall coordinate with the county's primary care panel, as created by s. 154.013, or with the county's governing body if no primary care panel is appointed. Such primary care programs shall be phased-in and made operational as additional resources are appropriated, and shall be subject to the following:

(a) The department shall enter into contracts with the county governing body for the purpose of expanding primary care coverage. The county governing body shall have the option of organizing the primary care programs through county health departments ~~public health units~~ or through county public hospitals owned and operated directly by the county. The department shall, as its first priority, maximize the number of counties participating in the primary care programs under this section, but shall establish priorities for funding based on need and the willingness of counties to participate. The department shall select counties for programs through a formal request-for-proposal process that requires compliance with program standards for cost-effective quality care and seeks to maximize access throughout the county.

(b) Each county's primary care program may utilize any or all of the following options of providing services: offering services directly through the county health departments ~~public health units~~; contracting with individual or group practitioners for all or part of the service; or developing service delivery models which are organized through the county health departments ~~public health units~~ but which utilize other service or delivery systems available, such as federal primary care programs or prepaid health plans. In addition, counties shall have the option of pooling resources and joining with neighboring counties in order to fulfill the intent of this section.

(c) Each primary care program shall conform to the requirements and specifications of the department, and shall at a minimum:

1. Adopt a minimum eligibility standard of at least 100 percent of the federal nonfarm poverty level.

2. Provide a comprehensive mix of preventive and illness care services.

3. Be family oriented and be easily accessible regardless of income, physical status, or geographical location.

4. Ensure 24-hour telephone access and offer evening and weekend clinic services.

5. Offer continuity of care over time.

6. Make maximum use of existing providers and closely coordinate its services and funding with existing federal primary care programs, especially in rural counties, to ensure efficient use of resources.

7. Have a sliding fee schedule based on income for eligible persons above 100 percent of the federal nonfarm poverty level.

8. Include quality assurance provisions and procedures for evaluation.

9. Provide early periodic screening diagnostic and treatment services for Medicaid-eligible children.

10. Fully utilize and coordinate with rural hospitals for outpatient services, including contracting for services when advisable in terms of cost-effectiveness and feasibility.

(3) It is the intent of the Legislature that each county primary care program include a broad range of preventive and acute care services which are actively coordinated through comprehensive medical management and, further, that the health and preventive services currently offered through the county health departments ~~public health units~~ are fully integrated, to the extent possible, with the services provided by the primary care programs.

Section 19. Subsection (1) of section 154.013, Florida Statutes, is amended to read:

154.013 County primary care service panels.—

(1) Each county may establish a primary health care panel consisting of two members of the county governing body appointed by the chair of the county governing body, the county health department ~~public health unit~~ director, the district administrator of the district of the Department of Health ~~and Rehabilitative Services~~ in which the county is located, at least one but not more than three health care providers appointed by the chair of the county governing body, and two laypersons appointed by the chair of the county governing body.

Section 20. Section 154.03, Florida Statutes, is amended to read:

154.03 Cooperation with Department of Health ~~and Rehabilitative Services~~ and United States Government.—

(1) The county commissioners of any county may agree with the Department of Health ~~and Rehabilitative Services~~ upon the expenditure by the department in such county of any funds allotted for that purpose by the department or received by it for such purposes from private contributions or other sources, and such funds shall be paid to the Treasurer and shall form a part of the full-time county health department ~~public health unit~~ trust fund of such county; and such funds shall be expended by the department solely for the purposes of this chapter. The department is further authorized to arrange and agree with the United States Government, through its duly authorized officials, for the allocation and expenditure by the United States of funds of the United States in the study of causes of disease and prevention thereof in such full-time county health departments ~~public health units~~ when and where established by the department under this part.

(2) Nothing in chapter 75-48, Laws of Florida, shall affect the powers and authorities granted to the several counties of the state and the county commissions thereof by chapter 154, except to substitute the Department of Health ~~and Rehabilitative Services~~ in place of the Division of Health as a party in interest in any agreements provided for in that chapter and except as provided in ss. 154.01 and 154.04.

Section 21. Section 154.05, Florida Statutes, is amended to read:

154.05 Cooperation and agreements between counties.—Two or more counties may combine in the establishment and maintenance of a single full-time county health department ~~public health unit~~ for the counties which combine for that purpose; and, pursuant to such combination or agreement, such counties may cooperate with one another and the Department of Health ~~and Rehabilitative Services~~ and contribute to a joint fund in carrying out the purpose and intent of this chapter. The duration and nature of such agreement shall be evidenced by resolutions of the boards of county commissioners of such counties and shall be submitted to and approved by the department. In the event of any such agreement, a full-time county health department ~~public health unit~~ shall be established and maintained by the department in and for the benefit of the counties which have entered into such an agreement; and, in such case, the funds raised by taxation pursuant to this chapter by each such county shall be paid to the Treasurer for the account of the department and shall be known as the full-time county health department ~~public health unit~~ trust fund of the counties so cooperating. Such trust funds shall be used and expended by the department for the purposes specified in this chapter in each county which has entered into such agreement. In case such an agreement is entered into between two or more counties, the work contemplated by this chapter shall be done by a single full-time county health department ~~public health unit~~ in the counties so cooperating; and the nature, extent, and location of such work shall be under the control and direction of the department.

Section 22. Section 154.06, Florida Statutes, is amended to read:

154.06 Fees and services rendered; authority.—

(1) The Department of Health ~~and Rehabilitative Services~~ is authorized to establish by rule, pursuant to chapter 120, fee schedules for public health services rendered through the county health departments ~~public health units~~. In addition, the department shall adopt by rule a uniform statewide fee schedule for all regulatory activities performed through the environmental health program. By July 1, 1985, the fees charged for these regulatory activities shall, at a minimum, be sufficient to cover all costs for providing such activities. Each county may establish, and each county health department ~~public health unit~~ may collect, fees for primary care services, provided that a schedule of such fees is established by resolution of the board of county commissioners or by rule of the department, respectively. Fees for primary care services and communicable disease control services may not be less than Medicaid reimbursement rates unless otherwise required by federal or state law or regulation.

(2) All funds collected under this section shall be expended solely for the purpose of providing health services and facilities within the county served by the county health department ~~public health unit~~. Fees collected by county health departments ~~public health units~~ pursuant to department rules shall be deposited with the Treasurer and credited to the County Health Department ~~Public Health Unit~~ Trust Fund. Fees collected by the county health department ~~public health unit~~ for public health services or personal health services shall be allocated to the state and the county based upon the pro rata share of funding for each such service. The board of county commissioners, if it has so contracted, shall provide for the transmittal of funds collected for its pro rata share of personal health services or primary care services rendered under the provisions of this section to the State Treasury for credit to the County Health Department ~~Public Health Unit~~ Trust Fund, but in any event the proceeds from such fees may only be used to fund county health department ~~public health unit~~ services.

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

Section 23. Subsection (5) of section 154.304, Florida Statutes, is amended to read:

154.304 Definitions.—For the purpose of this act:

(5) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 24. Section 216.341, Florida Statutes, is amended to read:

216.341 Disbursement of county health department ~~unit~~ trust funds.—County health department ~~unit~~ trust funds may be expended by the Department of Health and Rehabilitative Services for the respective county health departments in accordance with budgets and plans agreed upon by the

county authorities of each county and the Department of Health and Rehabilitative Services. The limitations on appropriations provided in s. 216.262(1) shall not apply to county health department ~~unit~~ trust funds.

Section 25. Subsections (1), (7), and (8) of section 232.032, Florida Statutes, are amended to read:

232.032 Immunization against communicable diseases; school attendance requirements; exemptions.—

(1) The Department of Health and Rehabilitative Services, after consultation with the Department of Education, shall promulgate rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health and Rehabilitative Services. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health and Rehabilitative Services shall supervise and secure the enforcement of the required immunization. Immunizations required by this act shall be available at no cost from the local county health departments ~~units~~.

(7) Each public school, kindergarten, or preschool, and each nonpublic school, kindergarten, or preschool shall be required to provide to the county health department ~~public health unit~~ director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health and Rehabilitative Services for each preschool, kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of Education, the Department of Health and Rehabilitative Services shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.

(8) The presence of any of the communicable diseases for which immunization is required by the Department of Health and Rehabilitative Services in a Florida public or nonpublic school shall permit the county health department ~~public health unit~~ director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all children in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the nonpublic school; and the school health and immunization records of such children shall be made available to the county health department ~~public health unit~~ director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority, until such time as is specified by the county health department ~~public health unit~~ director or administrator.

Section 26. Paragraph (a) of subsection (7) of section 240.4075, Florida Statutes, is amended to read:

240.4075 Nursing Student Loan Forgiveness Program.—

(7)(a) Funds contained in the Nursing Student Loan Forgiveness Trust Fund which are to be used for loan forgiveness for those nurses employed by hospitals, birth centers, and nursing homes must be matched on a dollar-for-dollar basis by contributions from the employing institutions except that this provision shall not apply to state-operated medical and health care facilities, county health departments ~~public health units~~, federally sponsored community health centers, or teaching hospitals as defined in s. 408.07.

Section 27. Paragraph (a) of subsection (4) of section 240.4076, Florida Statutes, is amended to read:

240.4076 Nursing scholarship loan program.—

(4) Credit for repayment of a scholarship loan shall be on a year-for-year basis as follows:

(a) For each year of scholarship loan assistance, the recipient agrees to work for 12 months at a health care facility in a medically underserved area as approved by the Department of Health and Rehabilitative Services. Eligible health care facilities include state-operated medical or health care facilities, county health departments ~~public health units~~, federally sponsored community health centers, or teaching hospitals as defined in s. 408.07(49).

Section 28. Subsections (1) and (4) of section 381.001, Florida Statutes, are amended to read:

381.001 Legislative intent; public health system.—

(1) It is the intent of the Legislature that the Department of Health ~~and Rehabilitative Services~~ be responsible for the state's public health system which shall be designed to promote, protect, and improve the health of all people in the state. The mission of the state's public health system is to foster the conditions in which people can be healthy, by assessing state and community health needs and priorities through data collection, epidemiologic studies, and community participation; by developing comprehensive public health policies and objectives aimed at improving the health status of people in the state; and by ensuring essential health care and an environment which enhances the health of the individual and the community. The Legislature recognizes that the state's public health system must be founded on an active partnership between federal, state, and local government and between the public and private sectors, and, therefore, assessment, policy development, and service provision must be shared by all of these entities to achieve its mission.

(4) It is, furthermore, the intent of the Legislature that the department provide public health services through the 67 county health departments ~~public health units~~ in partnership with county governments, as specified in part I of chapter 154, and in so doing make every attempt possible to solicit the support and involvement of private and not-for-profit health care agencies in fulfilling the public health mission.

Section 29. Section 381.0011, Florida Statutes, is amended to read:

381.0011 Duties and powers of the Department of Health ~~and Rehabilitative Services.—~~It is the duty of the Department of Health ~~and Rehabilitative Services~~ to:

(1) Assess the public health status and needs of the state through statewide data collection and other appropriate means, with special attention to future needs that may result from population growth, technological advancements, new societal priorities, or other changes.

(2) Formulate general policies affecting the public health of the state.

(3) Develop a comprehensive public health plan that addresses all aspects of the public health mission and establishes health status objectives to direct the use of public health resources with an emphasis on prevention.

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

(5) Cooperate with and accept assistance from federal, state, and local officials for the prevention and suppression of communicable and other diseases, illnesses, injuries, and hazards to human health.

(6) Declare, enforce, modify, and abolish quarantine as the circumstances indicate. Any health regulation that restricts travel or trade within the state may not be adopted or enforced in this state except by authority of the department.

(7) Provide for a thorough investigation and study of the incidence, causes, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.

(8) Provide for the dissemination of information to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health. The department shall conduct a workshop before issuing any health alert or advisory relating to food-borne illness or communicable disease in public lodging or food service establishments in order to inform persons, trade associations, and businesses of the risk to public health and to seek the input of affected persons, trade associations, and businesses on the best methods of informing and protecting the public, except in an emergency, in which case the workshop must be held within 14 days after the issuance of the emergency alert or advisory.

(9) Act as registrar of vital statistics.

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

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

(12) Cooperate with other departments, local officials, and private organizations in developing and implementing a statewide injury control program.

(13) Adopt, repeal, and amend rules consistent with law. This subsection does not authorize the department to require a permit or license unless such requirement is specifically provided by law.

(14) Perform any other duties prescribed by law.

Section 30. Section 381.0019, Florida Statutes, is amended to read:

381.0019 Disposition of equipment and material; transfers to county health departments ~~public health units~~.—When the department purchases equipment and materials in furtherance of its public health programs from state or federal or state and federal funds for primary use and location in a county health department ~~public health unit~~ of this state, it is authorized to transfer title to such equipment and materials to the board of county commissioners of the county where the county health department ~~public health unit~~ is located, unless otherwise prohibited by federal or state law, rule, or regulation. All property so transferred shall be accounted for as provided in chapter 274.

Section 31. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:

381.0034 Requirement for instruction on human immunodeficiency virus and acquired immune deficiency syndrome.—

(1) As of July 1, 1991, the Department of Health ~~and Rehabilitative Services~~ shall require each person licensed or certified under chapter 401, chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed said course, on a form provided by the department, when submitting fees or application for each biennial renewal.

Section 32. Subsection (1) of section 381.0035, Florida Statutes, is amended to read:

381.0035 Educational course on human immunodeficiency virus and acquired immune deficiency syndrome; employees and clients of certain health care facilities.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall require all employees and clients of facilities licensed under chapters 393, 394, and 397 and employees of facilities licensed under chapter 395 and parts II, III, IV, and VI of chapter 400 to complete, biennially, a continuing educational

course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on appropriate behavior and attitude change. Such instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients.

Section 33. Section 381.0036, Florida Statutes, is amended to read:

381.0036 Planning for implementation of educational requirements concerning human immunodeficiency virus and acquired immune deficiency syndrome for specified applicants for professional licensure.—The Department of Business and Professional Regulation and the Department of Health ~~and Rehabilitative Services~~ are hereby directed to begin planning for the implementation of the sections of this act which require, as a part of initial licensure, applicants for certain specified professions to complete an educational course on the transmission, control, treatment, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such planning shall include collecting information from the facilities and programs which educate and train the licensed professionals affected by the licensure requirements of this act and shall also include developing rules for the implementation of the licensure requirements.

Section 34. Section 381.0038, Florida Statutes, is amended to read:

381.0038 Education.—The Department of Health ~~and Rehabilitative Services~~ shall establish a program to educate the public about the threat of acquired immune deficiency syndrome.

(1) The acquired immune deficiency syndrome education program shall:

(a) Be designed to reach all segments of Florida's population;

(b) Contain special components designed to reach non-English-speaking and other minority groups within the state;

(c) Impart knowledge to the public about methods of transmission of acquired immune deficiency syndrome and methods of prevention;

(d) Educate the public about transmission risks in social, employment, and educational situations;

(e) Educate health care workers and health facility employees about methods of transmission and prevention in their unique workplace environments;

(f) Contain special components designed to reach persons who may frequently engage in behaviors placing them at a high risk for acquiring acquired immune deficiency syndrome;

(g) Provide information and consultation to state agencies to educate all state employees; and

(h) Provide information and consultation to state and local agencies to educate law enforcement and correctional personnel and inmates.

(i) Provide information and consultation to local governments to educate local government employees.

(j) Make information available to private employers and encourage them to distribute this information to their employees.

(k) Contain special components which emphasize appropriate behavior and attitude change.

(l) Contain components that include information about domestic violence and the risk factors associated with domestic violence and AIDS.

(2) The program designed by the Department of Health ~~and Rehabilitative Services~~ shall utilize all forms of the media and shall place emphasis on the design of educational materials that can be used by businesses, schools, and health care providers in the regular course of their business.

(3) The department may contract with other persons in the design, development, and distribution of the components of the education program.

Section 35. Section 381.0039, Florida Statutes, is amended to read:

381.0039 Oversight of acquired immune deficiency syndrome education programs.—The Department of Education, the Department of Health ~~and Rehabilitative Services~~, and the Department of Business and Professional Regulation are directed to establish an interagency agreement to oversee the quality and cost efficiency of acquired immune deficiency syndrome education programs being administered in the state pursuant to chapters 381, 455, 943, and 945. The interagency agreement shall also include development, where appropriate, of methods for coordinating educational programs for various professional groups.

Section 36. Section 381.0042, Florida Statutes, is amended to read:

381.0042 Patient care for persons with human immunodeficiency virus infection.—The department may establish acquired immune deficiency syndrome patient care networks in each region of the state where the numbers of cases of acquired immune deficiency syndrome and other human immunodeficiency virus infections justifies the establishment of cost-effective regional patient care networks. Such networks shall be delineated by rule of the department which shall take into account natural trade areas and centers of medical excellence that specialize in the treatment of acquired immune deficiency syndrome, as well as available federal, state, and other funds. Each patient care network shall include representation of persons with human immunodeficiency virus infection; health care providers; business interests; the department, including, but not limited to, <u>county health departments</u> ~~public health units~~; and local units of government. Each network shall plan for the care and treatment of persons with acquired immune deficiency syndrome and acquired immune deficiency syndrome related complex in a cost-effective, dignified manner which emphasizes outpatient

and home care. Once each year, beginning April 1989, each network shall make its recommendations concerning the needs for patient care to the department.

Section 37. Subsection (4) and paragraph (a) of subsection (5) of section 381.0051, Florida Statutes, are amended to read:

381.0051 Family planning.—

(4) AUTHORITY AND POWERS.—

(a) The Department of Health ~~and Rehabilitative Services~~ shall implement a comprehensive family planning program which shall be designed to include, but not be limited to, the following:

1. Comprehensive family planning education and counseling programs.

2. Prescription for and provision of all medically recognized methods of contraception.

3. Medical evaluation, including cytological examination and other appropriate laboratory studies.

4. Treatment of physical complications other than pregnancy resulting from the use of contraceptive methods.

5. Provision of services at locations and times readily available to the population served.

6. Emphasis and stress on service to post partum mothers.

(b) Services shall be available to all persons desirous of such services, subject to the provisions of this section, at a cost based on a fee schedule prepared and published by the Department of Health ~~and Rehabilitative Services~~. Fees shall be based on the cost of service and ability to pay.

(5) MINORS; PROVISION OF MATERNAL HEALTH AND CONTRACEPTIVE INFORMATION AND SERVICES.—

(a) Maternal health and contraceptive information and services of a nonsurgical nature may be rendered to any minor by persons licensed to practice medicine under the provisions of chapter 458 or chapter 459, as well as by the Department of Health ~~and Rehabilitative Services~~ through its family planning program, provided the minor:

1. Is married;

2. Is a parent;

3. Is pregnant;

4. Has the consent of a parent or legal guardian; or

5. May, in the opinion of the physician, suffer probable health hazards if such services are not provided.

Section 38. Section 381.0063, Florida Statutes, is amended to read:

381.0063 Drinking water funds.—All fees and penalties received from suppliers of water pursuant to ss. 403.860(5) and 403.861(8) shall be deposited in the appropriate County Health Department ~~Public Health Unit~~ Trust Fund to be used by the department to pay the costs of expenditures required pursuant to ss. 381.0062 and 403.862(1)(c).

Section 39. Section 381.0072, Florida Statutes, is amended to read:

381.0072 Food service protection.—It shall be the duty of the Department of Health ~~and Rehabilitative Services~~ to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from foodborne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

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

(a) "Department" means the Department of Health ~~and Rehabilitative Services~~ or its representative county health department ~~public health unit~~.

(b) "Food service establishment" means any facility, as described in this paragraph, where food is prepared and intended for individual portion service, and includes the site at which individual portions are provided. The term includes any such facility regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term includes detention facilities, child care facilities, schools, institutions, civic or fraternal organizations, and bars and lounges. The term does not include private homes where food is prepared or served for individual family consumption; nor does the term include churches, synagogues, or other not-for-profit religious organizations as long as these organizations serve only their members and guests and do not advertise food or drink for public consumption, or any facility or establishment permitted or licensed under chapter 500 or chapter 509; nor does the term include any theater, if the primary use is as a theater and if patron service is limited to food items customarily served to the admittees of theaters; nor does the term include a research and development test kitchen limited to the use of employees and which is not open to the general public.

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

(2) DUTIES.—

(a) The department shall adopt rules consistent with law prescribing minimum sanitation standards and manager certification requirements as prescribed in s. 509.039, which shall be enforced in food service establishments as defined in this section. Public and private schools, hospitals licensed under chapter 395, nursing homes licensed under part II of chapter 400, child care facilities as defined in s. 402.301, and residential facilities

colocated with a nursing home or hospital if all food is prepared in a central kitchen that complies with nursing or hospital regulations shall be exempt from the rules developed for manager certification. The department shall administer a comprehensive inspection, monitoring, and sampling program to ensure such standards are maintained. With respect to food service establishments permitted or licensed under chapter 500 or chapter 509, the department shall assist the Division of Hotels and Restaurants of the Department of Business and Professional Regulation and the Department of Agriculture and Consumer Services with rulemaking by providing technical information.

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

(c) The department shall inspect each food service establishment as often as necessary to ensure compliance with applicable laws and rules. The department shall have the right of entry and access to these food service establishments at any reasonable time.

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

(3) LICENSES REQUIRED.—

(a) Licenses; annual renewals.—Each food service establishment regulated under this section shall obtain a license from the department annually. Food service establishment licenses shall expire annually and shall not be transferable from one place or individual to another. However, those facilities licensed by the department's Office of Licensure and Certification, the Children and Families Program Office, or the Developmental Services Program Office are exempt from this subsection. It shall be a misdemeanor of the second degree, punishable as provided in s. 381.0061, s. 775.082, or s. 775.083, for such an establishment to operate without this license. The department may refuse a license, or a renewal thereof, to any establishment that is not constructed or maintained in accordance with law and with the rules of the department. Annual application for renewal shall not be required.

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

(4) LICENSE; INSPECTION; FEES.—

(a) The department is authorized to collect fees from establishments licensed under this section and from those facilities exempted from licensure under paragraph (3)(a). It is the intent of the Legislature that the total fees

assessed under this section be in an amount sufficient to meet the cost of carrying out the provisions of this section.

(b) The fee schedule for food service establishments licensed under this section shall be prescribed by rule, but the aggregate license fee per establishment shall not exceed $300.

(c) The license fees shall be prorated on a quarterly basis. Annual licenses shall be renewed as prescribed by rule.

(5) FINES; SUSPENSION OR REVOCATION OF LICENSES; PROCEDURE.—

(a) The department may impose fines against the establishment or operator regulated under this section for violations of sanitary standards, in accordance with s. 381.0061. All amounts collected shall be deposited to the credit of the County Health Department ~~Public Health Unit~~ Trust Fund administered by the department.

(b) The department may suspend or revoke the license of any food service establishment licensed under this section that has operated or is operating in violation of any of the provisions of this section or the rules adopted under this section. Such food service establishment shall remain closed when its license is suspended or revoked.

(c) The department may suspend or revoke the license of any food service establishment licensed under this section when such establishment has been deemed by the department to be an imminent danger to the public's health for failure to meet sanitation standards or other applicable regulatory standards.

(d) No license shall be suspended under this section for a period of more than 12 months. At the end of such period of suspension, the establishment may apply for reinstatement or renewal of the license. A food service establishment which has had its license revoked may not apply for another license for that location prior to the date on which the revoked license would have expired.

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

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

(b) The department may determine that a food service establishment regulated under this section is an imminent danger to the public health and require its immediate closure when such establishment fails to comply with applicable sanitary and safety standards and, because of such failure, presents an imminent threat to the public's health, safety, and welfare. The

department may accept inspection results from state and local building and firesafety officials and other regulatory agencies as justification for such actions. Any facility so deemed and closed shall remain closed until allowed by the department or by judicial order to reopen.

(7) MISREPRESENTING FOOD OR FOOD PRODUCTS.—No operator of any food service establishment regulated under this section shall knowingly and willfully misrepresent the identity of any food or food product to any of the patrons of such establishment. Food used by food establishments shall be identified, labeled, and advertised in accordance with the provisions of chapter 500.

Section 40. Subsection (2) of section 381.008, Florida Statutes, is amended to read:

381.008 Definitions of terms used in ss. 381.008-381.00897.—As used in ss. 381.008-381.00897, the following words and phrases mean:

(2) "Department"—The Department of Health ~~and Rehabilitative Services~~ and its representative county health departments ~~public health units~~.

Section 41. Subsection (2) of section 381.0084, Florida Statutes, is amended to read:

381.0084 Application fees for migrant labor camps and residential migrant housing.—

(2) The department shall deposit fees collected under this section in the County Health Department ~~Public Health Unit~~ Trust Fund for use in the migrant labor camp program and shall use those fees solely for actual costs incurred in enforcing ss. 381.008-381.00895.

Section 42. Section 381.009, Florida Statutes, is amended to read:

381.009 Toilets required by department regulations; charge for use of prohibited.—No place of employment or place serving the public shall make a charge for the use of any toilet which is required to be provided by regulation of the Department of Health ~~and Rehabilitative Services~~. Any place of employment or place serving the public which violates this act is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.083.

Section 43. Paragraph (b) of subsection (2) of section 381.0101, Florida Statutes, is amended to read:

381.0101 Environmental health professionals.—

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

(b) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 44. Section 381.0201, Florida Statutes, is amended to read:

381.0201 Technical and support services.—The department shall establish certain technical and support programs to enable the county health

departments ~~public health units~~ and other public or private agencies to carry out the public health mission. These programs shall include, but not be limited to, laboratory, pharmacy, vital statistics, and emergency medical services.

Section 45. Paragraphs (a) and (d) of subsection (2) of section 381.0203, Florida Statutes, are amended to read:

381.0203 Pharmacy services.—

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

(a) A central pharmacy to support pharmaceutical services provided by the county health departments ~~public health units~~, including pharmaceutical repackaging, dispensing, and the purchase and distribution of immunizations and other pharmaceuticals.

(d) Consultation to county health departments ~~public health units~~ as required by s. 154.04(1)(d).

Section 46. Paragraphs (a), (c), and (e) of subsection (2) of section 381.0302, Florida Statutes, are amended to read:

381.0302 Florida Health Services Corps.—

(2) As used in this section, the term:

(a) "Department" means the Department of Health ~~and Rehabilitative Services~~.

(c) "Medically underserved area" means:

1. A geographic area, a special population, or a facility that has a shortage of health professionals as defined by federal regulations;

2. A county health department ~~public health unit~~, community health center, or migrant health center; or

3. A geographic area or facility designated by rule by the department that has a shortage of health care practitioners who serve Medicaid and other low-income patients.

(e) "Public health program" means a county health department ~~public health unit~~, a children's medical services program, a federally funded community health center, a federally funded migrant health center, or other publicly funded or nonprofit health care program designated by the department.

Section 47. Paragraph (d) of subsection (1) of section 381.0402, Florida Statutes, is amended to read:

381.0402 Area health education center network.—The department, in cooperation with the state-approved medical schools in this state, shall

organize an area health education center network based on earlier medically indigent demonstration projects and shall evaluate the impact of each network on improving access to services by persons who are medically underserved. The network shall be a catalyst for the primary care training of health professionals through increased opportunities for training in medically underserved areas.

(1) The department shall contract to assist in funding an area health education center network which links the provision of primary care services to low-income persons with the education of medical students, interns, and residents. The network shall:

(d) Use current community resources such as county health departments ~~public health units~~, federally funded primary care centers, or other primary health care providers as community-based sites for training medical students, interns, and residents.

Section 48. Subsections (8) and (13) of section 381.0406, Florida Statutes, are amended to read:

381.0406 Rural health networks.—

(8) Networks may have multiple points of entry, such as through private physicians, community health centers, county health departments ~~public health units~~, certified rural health clinics, hospitals, or other providers; or they may have a single point of entry.

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

Section 49. Section 381.045, Florida Statutes, is amended to read:

381.045 Hepatitis B or human immunodeficiency carriers.—The Department of Health ~~and Rehabilitative Services~~ shall have the authority to establish procedures to handle, counsel, and provide other services to health care professionals licensed or certified under chapter 401, chapter 467, part IV of chapter 468, and chapter 483 who are infected with hepatitis B or the human immunodeficiency virus.

Section 50. Subsections (1) and (3) of section 381.0602, Florida Statutes, are amended to read:

381.0602 Organ Transplant Advisory Council; membership; responsibilities.—

(1) There is hereby created within the Agency for Health Care Administration a statewide technical Organ Transplant Advisory Council consisting of eight members to represent the interests of the public and the clients of the Department of Health ~~and Rehabilitative Services~~ or the agency. The members shall be physicians licensed according to chapter 458 or chapter

459. A person employed by the agency may not be appointed as a member of the council.

(3) The Director of Health Care Administration shall fill each vacancy on the council for the balance of the unexpired term. Priority consideration must be given to the appointment of an individual whose primary interest, experience, or expertise lies with clients of the Department of Health ~~and Rehabilitative Services~~ and the agency. If an appointment is not made within 120 days after a vacancy occurs on the council, the vacancy must be filled by the majority vote of the council.

Section 51. Paragraph (l) of subsection (2), paragraphs (a) and (b) of subsection (3) and subsections (6) and (8) of section 381.698, Florida Statutes, are amended to read:

381.698 Blood transfusions.—

(2) DEFINITIONS.—As used in this section, unless the context clearly requires otherwise:

(l) "Department" means the Department of Health ~~and Rehabilitative Services~~.

(3) LABEL; PURCHASE OR DONATION TO BE INDICATED.—

(a) Every person who withdraws blood from an individual, or separates blood into components by physical processes, shall affix to each container of such blood or components a label in a form specified by the Department of Health ~~and Rehabilitative Services~~, which form shall include an indication of whether the blood was obtained by purchase or donation.

(b) Any person who receives blood in this state from a blood bank in another state shall label such blood as donated blood only if he or she has a certificate, in a form approved by the Department of Health ~~and Rehabilitative Services~~, from such blood bank that the particular shipment of blood was acquired by donation or that all blood processed by that blood bank is acquired by donation. If there is no such certificate, such blood shall be labeled as blood acquired by purchase.

(6) ADMINISTRATION OF ACT.—

(a) The Department of Health ~~and Rehabilitative Services~~ shall promulgate rules necessary to carry out the provisions of this section. Such rules shall be promulgated in accordance with the provisions of chapter 120.

(b) The Department of Health ~~and Rehabilitative Services~~ may inspect the collecting, labeling, and storage facilities of any blood bank, hospital, or other entity that withdraws or stores blood, at any reasonable time, to assure compliance with this section.

(8) VIOLATION; INJUNCTION.—In addition to any other remedy provided by law, the Department of Health ~~and Rehabilitative Services~~ may apply to a circuit court for, and such court shall have jurisdiction upon hearing and for cause shown to grant, a temporary or permanent injunction

restraining any person from violating any provision of subsection (3), irrespective of whether or not there exists an adequate remedy at law.

Section 52. Subsection (5) of section 382.002, Florida Statutes, is amended to read:

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

(5) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 53. Section 382.0135, Florida Statutes, is amended to read:

382.0135 Social security numbers; enumeration-at-birth program.—The Department of Health ~~and Rehabilitative Services~~, through the State Registrar, shall make arrangements with the United States Social Security Administration to enable this state to begin participating, as soon as practicable, in the voluntary enumeration-at-birth program established by that federal agency. The State Registrar is authorized to and shall take any actions that are necessary in order to administer the program in this state, including modifying the procedures and forms used in the birth registration process.

Section 54. Section 383.011, Florida Statutes, is amended to read:

383.011 Administration of maternal and child health programs.—

(1) The Department of Health ~~and Rehabilitative Services~~ is designated as the state agency for:

(a) Administering or providing for maternal and child health services to provide periodic prenatal care for patients who are at low or medium risk of complications during pregnancy and to provide referrals to higher level medical facilities for those patients who develop medical conditions for which treatment is beyond the scope and capabilities of the county health departments ~~public health units~~. Maternal and child health services shall include encouragement of breastfeeding.

(b) Administering or providing for periodic medical examinations, nursing appraisals, and nutrition counseling for infant and child patients to assess developmental progress and general health conditions; administering or providing for treatment for health complications when such treatment is within the scope and capabilities of the county health departments ~~public health units~~ or Children's Medical Services. Nutrition counseling for newborn babies shall include encouragement of breastfeeding.

(c) Administering and providing for the expansion of the maternal and child health services to include pediatric primary care programs subject to the availability of moneys and the limitations established by the General Appropriations Act or chapter 216.

(d) Administering and providing for prenatal and infant health care delivery services through county health departments ~~public health units~~ or

subcontractors for the provision of the following enhanced services for medically and socially high-risk clients, subject to the availability of moneys and the limitations established by the General Appropriations Act or chapter 216:

1. Case finding or outreach.

2. Assessment of health, social, environmental, and behavioral risk factors.

3. Case management utilizing a service delivery plan.

4. Home visiting to support the delivery of and participation in prenatal and infant primary health care services.

5. Childbirth and parenting education, including encouragement of breastfeeding.

(e) The department shall establish in each county health department ~~public health unit~~ a Healthy Start Care Coordination Program in which a care coordinator is responsible for receiving screening reports and risk assessment reports from the Office of Vital Statistics; conducting assessments as part of a multidisciplinary team, where appropriate; providing technical assistance to the district prenatal and infant care coalitions; directing family outreach efforts; and coordinating the provision of services within and outside the department using the plan developed by the coalition. The care coordination process must include, at a minimum, family outreach workers and health paraprofessionals who will assist in providing the following enhanced services to pregnant women, infants, and their families that are determined to be at potential risk by the department's screening instrument: case finding or outreach; assessment of health, social, environmental, and behavioral risk factors; case management utilizing the family support plan; home visiting to support the delivery of and participation in prenatal and infant primary care services; childbirth and parenting education, including encouragement of breastfeeding; counseling; and social services, as appropriate. Family outreach workers may include social work professionals or nurses with public health education and counseling experience. Paraprofessionals may include resource mothers and fathers, trained health aides, and parent educators. The care coordination program shall be developed in a coordinated, nonduplicative manner with the Developmental Evaluation and Intervention Program of Children's Medical Services, using the local assessment findings and plans of the prenatal and infant care coalitions and the programs and services established in chapter 411, Pub. L. No. 99-457, and this chapter.

1. Families determined to be at potential risk based on the thresholds established in the department's screening instrument must be notified by the department of the determination and recommendations for followup services. All Medicaid-eligible families shall receive Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services of the Florida Medicaid Program to help ensure continuity of care. All other families identified at potential risk shall be directed to seek additional health care followup visits as provided under s. 627.6579. A family identified as a family at potential

risk is eligible for enhanced services under the care coordination process within the resources allocated, if it is not already receiving services from the Developmental Evaluation and Intervention Program. The department shall adopt rules regulating the assignment of family outreach workers and paraprofessionals based on the thresholds established in the department's risk assessment tool.

2. As part of the care coordination process, the department must ensure that subsequent screenings are conducted for those families identified as families at potential risk. Procedures for subsequent screenings of all infants and toddlers must be consistent with the established periodicity schedule and the level of risk. Screening programs must be conducted in accessible locations, such as child care centers, local schools, teenage pregnancy programs, community centers, and county health departments ~~public health units~~. Care coordination must also include initiatives to provide immunizations in accessible locations. Such initiatives must seek ways to ensure that children not currently being served by immunization efforts are reached.

3. The provision of services under this section must be consistent with the provisions and plans established under chapter 411, Pub. L. No. 99-457, and this chapter.

(f) Receiving the federal maternal and child health and preventive health services block grant funds.

(g) Receiving the federal funds for the "Special Supplemental Food Program for Women, Infants, and Children," or WIC, authorized by the Child Nutrition Act of 1966, as amended, and for administering the statewide WIC program. (The WIC program provides nutrition education and supplemental foods, by means of food instruments called checks that are redeemed by authorized food vendors, to participants certified by the department as pregnant, breastfeeding, or postpartum women; infants; or children.)

(h) Designating facilities that provide maternity services or newborn infant care as "baby-friendly" when the facility has established a breastfeeding policy under s. 383.016.

(2) The Department of Health ~~and Rehabilitative Services~~ may adopt any rules necessary for the implementation of the maternal and child health care program or the WIC program.

Section 55. Section 383.013, Florida Statutes, is amended to read:

383.013 Prenatal care.—The Department of Health ~~and Rehabilitative Services~~ shall:

(1) Provide a statewide prenatal care program for low-income pregnant women, which includes early, regular prenatal care by practitioners trained in prenatal care and delivery.

(2) Provide a risk factor analysis to identify women at risk for a preterm birth, or other high-risk conditions, and provide education regarding maintaining healthy birth conditions.

(3) Monitor the availability and accessibility of prenatal care services and the development of special outreach programs for medically underserved and rural areas.

(4) Establish by rule the eligibility criteria for prenatal care for indigent pregnant women when state funds are used for prenatal care.

(5) Develop guidelines for expediting the provision of prenatal care for eligible women and monitor the implementation of the guidelines to determine the need for further action.

(6) Expand, to the extent possible, training of state and local health providers in programs and practices pertaining to improved pregnancy outcomes.

(7) Provide regional perinatal intensive care satellite clinics to deliver Level III obstetric outpatient services to women diagnosed as being high risk, which includes an interdisciplinary team to deliver specialized high-risk obstetric care. The provision of satellite clinics is subject to the availability of moneys and the limitations established by the General Appropriations Act or chapter 216.

Section 56. Section 383.016, Florida Statutes, is amended to read:

383.016 Breastfeeding policy for "baby-friendly" facilities providing maternity services and newborn infant care.—A facility lawfully providing maternity services or newborn infant care may use the designation "baby-friendly" on its promotional materials if the facility has complied with at least 80 percent of the requirements developed by the Department of Health ~~and Rehabilitative Services~~ in accordance with UNICEF and World Health Organization baby-friendly hospital initiatives.

Section 57. Section 383.04, Florida Statutes, is amended to read:

383.04 Prophylactic required for eyes of infants.—Every physician, midwife, or other person in attendance at the birth of a child in the state is required to instill or have instilled into the eyes of the baby within 1 hour after birth a 1-percent fresh solution of silver nitrate (with date of manufacture marked on container), two drops of the solution to be dropped into each eye after the eyelids have been opened, or some equally effective prophylactic approved by the Department of Health ~~and Rehabilitative Services~~, for the prevention of blindness from ophthalmia neonatorum. This section shall not apply to cases where the parents shall file with the physician, midwife, or other person in attendance at the birth of a child written objections on account of religious beliefs contrary to the use of drugs. In such case the physician, midwife, or other person in attendance shall maintain a record that such measures were or were not employed and attach thereto any written objection.

Section 58. Section 383.05, Florida Statutes, is amended to read:

383.05 Department of Health ~~and Rehabilitative Services~~ to prepare prophylactic for free distribution.—The Department of Health ~~and Rehabilita-~~

~~tive Services~~ shall cause to be prepared and put into proper containers a 1-percent fresh solution of nitrate of silver or some equally effective prophylactic approved by the department, to be distributed free, with instructions for use, to local health officers, to enable each health officer to distribute a sufficient quantity to each physician and midwife within the health officer's territorial jurisdiction; and it is hereby made the duty of local health officers to make such distribution to indigents. In areas where no health officer is employed, the department shall furnish such prophylactic preparations and instructions free to each physician, midwife, or other person in attendance at the birth of a child. Any solution or prophylactic furnished by the department shall bear the date of manufacture.

Section 59. Section 383.11, Florida Statutes, is amended to read:

383.11 Reports.—The laboratory report on the serological test shall be made on a form to be provided by the Department of Health ~~and Rehabilitative Services~~. In submitting the sample of blood for the test, the physician shall designate that this is a pregnancy test; and the laboratory report shall state that this was a pregnancy test.

Section 60. Section 383.13, Florida Statutes, is amended to read:

383.13 Use of information by department.—The Department of Health ~~and Rehabilitative Services~~ shall be authorized to use the information derived from pregnancy serological tests for such followup procedures as are required by law or deemed necessary by said department for the protection of the public health.

Section 61. Subsection (1) of section 383.16, Florida Statutes, is amended to read:

383.16 Definitions.—As used in ss. 383.15-383.21, the term:

(1) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 62. Subsections (1), (2), and (4), paragraph (b) of subsection (5), and subsections (6), (7), and (10) of section 383.216, Florida Statutes, are amended to read:

383.216 Community-based prenatal and infant health care.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall cooperate with localities which wish to establish prenatal and infant health care coalitions, and shall acknowledge and incorporate, if appropriate, existing community children's services organizations, pursuant to this section within the resources allocated. The purpose of this program is to establish a partnership among the private sector, the public sector, state government, local government, community alliances, and maternal and child health care providers, for the provision of coordinated community-based prenatal and infant health care. The prenatal and infant health care coalitions must work in a coordinated, nonduplicative manner with local health planning councils established pursuant to s. 408.033.

(2) Each prenatal and infant health care coalition shall develop, in coordination with the Department of Health ~~and Rehabilitative Services~~, a plan which shall include at a minimum provision to:

(a) Perform community assessments, using the Planned Approach to Community Health (PATCH) process, to identify the local need for comprehensive preventive and primary prenatal and infant health care. These assessments shall be used to:

1. Determine the priority target groups for receipt of care.

2. Determine outcome performance objectives jointly with the department.

3. Identify potential local providers of services.

4. Determine the type of services required to serve the identified priority target groups.

5. Identify the unmet need for services for the identified priority target groups.

(b) Design a prenatal and infant health care services delivery plan which is consistent with local community objectives and this section.

(c) Solicit and select local service providers based on reliability and availability, and define the role of each in the services delivery plan.

(d) Determine the allocation of available federal, state, and local resources to prenatal and infant health care providers.

(e) Review, monitor, and advise the department concerning the performance of the services delivery system, and make any necessary annual adjustments in the design of the delivery system, the provider composition, the targeting of services, and other factors necessary for achieving projected outcomes.

(f) Build broad-based community support.

(4) In those communities which do not elect to establish a prenatal and infant health care coalition, the Department of Health ~~and Rehabilitative Services~~ is responsible for all of the functions delegated to the coalitions in this section.

(5) The membership of each prenatal and infant health care coalition shall represent health care providers, the recipient community, and the community at large; shall represent the racial, ethnic, and gender composition of the community; and shall include at least the following:

(b) Health care providers, including:

1. County <u>health departments</u> ~~public health units~~.

2. Migrant and community health centers.

3. Hospitals.

4. Local medical societies.

5. Local health planning organizations.

(6) Prenatal and infant health care coalitions may be established for single counties or for services delivery catchment areas. A prenatal and infant health care coalition shall be initiated at the local level on a voluntary basis. Once a coalition has been organized locally and includes the membership specified in subsection (5), the coalition must submit a list of its members to the Secretary of Health ~~and Rehabilitative Services~~ to carry out the responsibilities outlined in this section.

(7) Effective January 1, 1992, the Department of Health ~~and Rehabilitative Services~~ shall provide up to $150,000 to each prenatal and infant health care coalition that petitions for recognition, meets the membership criteria, demonstrates the commitment of all the designated members to participate in the coalition, and provides a local cash or in-kind contribution match of 25 percent of the costs of the coalition. An in-kind contribution match may be in the form of staff time, office facilities, or supplies or other materials necessary for the functioning of the coalition.

(10) The Department of Health ~~and Rehabilitative Services~~ shall adopt rules as necessary to implement this section, including rules defining acceptable "in-kind" contributions.

Section 63. Section 383.2161, Florida Statutes, is amended to read:

383.2161 Maternal and child health report.—Beginning in 1993, the Department of Health ~~and Rehabilitative Services~~ annually shall compile and analyze the risk information collected by the Office of Vital Statistics and the district prenatal and infant care coalitions and shall prepare and submit to the Legislature by January 2 a report that includes, but is not limited to:

(1) The number of families identified as families at potential risk;

(2) The number of families that receive family outreach services;

(3) The increase in demand for services; and

(4) The unmet need for services for identified target groups.

Section 64. Subsection (4) of section 383.302, Florida Statutes, is amended to read:

383.302 Definitions of terms used in ss. 383.30-383.335.—As used in ss. 383.30-383.335, unless the context otherwise requires, the term:

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

Section 65. Paragraph (a) of subsection (5), paragraph (a) of subsection (6), and paragraph (h) of subsection (7) of section 383.3362, Florida Statutes, are amended to read:

383.3362 Sudden Infant Death Syndrome.—

(5) VISITATION BY COUNTY PUBLIC HEALTH NURSE OR SOCIAL WORKER.—

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

(6) SUDDEN INFANT DEATH SYNDROME ADVISORY COUNCIL.—

(a) There is created the Sudden Infant Death Syndrome Advisory Council, consisting of nine members appointed by the secretary of the Department of Health ~~and Rehabilitative Services~~ in consultation with the Florida SIDS Alliance, of whom three are members of SIDS parents' groups, one is a medical examiner, one is a county public health nurse, one is a physician who has expertise in SIDS, one is a law enforcement officer, one is an emergency medical technician, and one is a paramedic. Either the emergency medical technician or the paramedic must also be a firefighter. Each member must be appointed for a term of 3 years, except that, of the initial appointees, who must be appointed before October 1, 1993, three must be appointed for terms of 1 year each, two must be appointed for terms of 2 years each, and three must be appointed for terms of 3 years each.

(7) STATE HEALTH OFFICE, DUTIES RELATING TO SUDDEN INFANT DEATH SYNDROME (SIDS).—The State Health Office shall:

(h) Prepare and submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an annual report, beginning January 1, 1995, which must include information on the training programs for first responders, the results of visitation by county health department ~~public health unit~~ personnel, a summary of the information presented at the annual conference, and statistical data and findings from research relating to SIDS.

Section 66. Subsections (1) and (2) of section 384.23, Florida Statutes, are amended to read:

384.23 Definitions.—

(1) "Department" means the Department of Health ~~and Rehabilitative Services~~.

(2) "County health department ~~public health unit~~" means agencies and entities as designated in chapter 154.

Section 67. Subsection (2) of section 384.27, Florida Statutes, is amended to read:

384.27 Physical examination and treatment.—

(2) Subject to the provisions of subsections (3) and (4), persons with a sexually transmissible disease shall report for appropriate treatment to a physician licensed under the provisions of chapter 458 or chapter 459, or shall submit to treatment at a county health department ~~public health unit~~ or other public facility.

Section 68. Paragraph (d) of subsection (1) and paragraph (a) of subsection (2) of section 385.103, Florida Statutes, are amended to read:

385.103 Chronic disease control program.—

(1) DEFINITIONS.—As used in this act:

(d) "Department" means the Department of Health ~~and Rehabilitative Services~~.

(2) OPERATION OF COMPREHENSIVE HEALTH IMPROVEMENT PROJECTS.—

(a) The department shall assist the county health departments ~~public health units~~ in developing and operating comprehensive health improvement projects throughout the state. At a minimum, the comprehensive health improvement projects shall address the chronic diseases of cancer, diabetes, heart disease, hypertension, renal disease, and chronic obstructive lung disease.

Section 69. Subsections (1) and (2) of section 385.203, Florida Statutes, are amended to read:

385.203 Diabetes Advisory Council; creation; function; membership.—

(1) There is created a Diabetes Advisory Council to the diabetes centers and the Department of Health ~~and Rehabilitative Services~~. The council shall:

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

(b) Provide advice and consultation to:

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

2. The secretary of the department, and by June 30 of each year, the council shall meet with the secretary or his or her designee to make specific recommendations regarding the public health aspects of the prevention and control of diabetes.

(c) By October 1, 1991, and, subsequently, no later than October 1 of each year preceding a legislative session for which a biennial budget is submitted, submit to the Governor and the Legislature a diabetes state plan. The plan must be developed with administrative assistance from the department and

must contain information regarding: the problems of diabetes in Florida; the resources currently available and needed to address the problems; the goals and methods by which the department, the diabetes centers, the council, and the health care community should address the problems; and an evaluation scheme for assessing progress. The plan shall set the overall policy and procedures for establishing a statewide health care delivery system for diabetes mellitus.

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

Section 70. Subsection (1) of section 385.204, Florida Statutes, is amended to read:

385.204 Insulin; purchase, distribution; penalty for fraudulent application for and obtaining of insulin.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall purchase and distribute insulin through its agents or other appropriate agent of the state or Federal Government in any county or municipality in the state to any bona fide resident of this state suffering from diabetes or a kindred disease requiring insulin in its treatment who makes application for insulin and furnishes proof of his or her financial inability to purchase in accordance with the rules promulgated by the department concerning the distribution of insulin.

Section 71. Subsection (1) of section 385.205, Florida Statutes, is amended to read:

385.205 Care and assistance of persons suffering from chronic renal diseases; establishment of programs in kidney disease control.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall:

(a) Establish a program for the assistance of persons suffering from chronic renal diseases and assist in the development and expansion of programs for the care and treatment of persons suffering from chronic renal diseases, including dialysis and other medical procedures and techniques which will have a lifesaving effect in the care and treatment of persons suffering from these diseases.

(b) Develop standards for determining eligibility for care and treatment under this program.

(c) Assist in the development of programs for the prevention of chronic renal diseases.

(d) Assist in the establishment of screening programs and early diagnostic facilities.

(e) Institute and carry on an educational program among physicians, hospitals, county health departments, and the public concerning chronic renal diseases, including the dissemination of information and the conducting of educational programs concerning the prevention of chronic renal diseases and the methods for the care and treatment of persons suffering from these diseases.

(f) Contract with existing facilities for the provision of care as outlined.

(g) Develop cooperative programs and services designed to enhance the vocational rehabilitation of renal dialysis and transplant patients. The department shall keep and make available to the Governor and the Legislature information regarding the number of clients served, the outcome reached, and the expense incurred by these programs and services.

(h) Monitor participating facilities for program compliance with the terms contained in the letters of agreement.

Section 72. Paragraph (a) of subsection (1) of section 385.206, Florida Statutes, is amended to read:

385.206 Hematology-oncology care center program.—

(1) DEFINITIONS.—As used in this section:

(a) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 73. Subsections (2) and (3) of section 385.207, Florida Statutes, are amended to read:

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

(2) The Department of Health ~~and Rehabilitative Services~~ shall:

(a) Establish within the office of the Deputy Assistant Secretary for Health a program for the care and assistance of persons with epilepsy and promote and assist in the continued development and expansion of programs for the case management, diagnosis, care, and treatment of such persons, including required pharmaceuticals, medical procedures, and techniques which will have a positive effect in the care and treatment of persons with epilepsy.

(b) Develop standards for determining eligibility for care and treatment under such program.

(c) Assist in the development of programs for the prevention of and early intervention in epilepsy.

(d) Assist in the establishment of screening programs and early diagnosis facilities.

(e) Institute and maintain an educational program among physicians, hospitals, county <u>health departments</u> ~~public health units~~, and the public

concerning epilepsy, including the dissemination of information and the conducting of educational programs concerning the prevention of epilepsy and methods developed and used for the care and treatment of persons with epilepsy.

(f) Contract for the provision of care as outlined in paragraph (a).

(g) Continue current programs and develop cooperative programs and services designed to enhance the vocational rehabilitation of epilepsy clients, including the current jobs programs. The department shall keep and make available to the Governor and the Legislature information regarding the number of clients served, the outcome reached, and the expense incurred by such programs and services.

(h) Monitor participating facilities or agencies for program compliance with the terms contained in service contracts.

(3) Revenue for statewide implementation of programs for epilepsy prevention and education pursuant to this section shall be derived pursuant to the provisions of s. 318.18(12) and shall be deposited in the Epilepsy Services Trust Fund, which is hereby established to be administered by the Department of Health ~~and Rehabilitative Services~~. All funds deposited into the trust fund shall be invested pursuant to the provisions of s. 18.125. Interest income accruing to such invested funds shall increase the total funds available under this subsection.

Section 74. Subsection (2) of section 385.209, Florida Statutes, is amended to read:

385.209 Dissemination of information on cholesterol health risks.—

(2) The Department of Health ~~and Rehabilitative Services~~ shall implement a comprehensive program to disseminate to the public information regarding the health risks of high blood cholesterol levels and the findings of the latest research regarding methods of prevention, control, and treatment of high blood cholesterol levels. Such information and findings shall be disseminated through literature distributed by the department:

(a) To health care personnel and to groups, families, and individual members of the public, through hospitals and county health departments ~~public health units~~; and

(b) In conjunction with the Department of Education, to health education instructors in the public schools, community colleges, and state universities and to educators training medical and other health career students.

Section 75. Section 386.02, Florida Statutes, is amended to read:

386.02 Duty of Department of Health ~~and Rehabilitative Services~~.—The Department of Health ~~and Rehabilitative Services~~, upon request of the proper authorities, or of any three responsible resident citizens, or whenever it may seem necessary to the department, shall investigate the sanitary condition of any city, town, or place in the state; and if, upon examination,

the department shall ascertain the existence of any sanitary nuisance as herein defined, it shall serve notice upon the proper party or parties to remove or abate the said nuisance or, if necessary, proceed to remove or abate the said nuisance in the manner provided in s. 823.01.

Section 76. Subsection (1) of section 386.03, Florida Statutes, is amended to read:

386.03 Notice to remove nuisances; authority of Department of Health ~~and Rehabilitative Services~~ and local health authorities.—

(1) The Department of Health ~~and Rehabilitative Services~~, upon determining the existence of anything or things herein declared to be nuisances by law, shall notify the person or persons committing, creating, keeping, or maintaining the same, to remove or cause to be removed, the same within 24 hours, or such other reasonable time as may be determined by the department, after such notice be duly given.

Section 77. Subsection (2) of section 386.041, Florida Statutes, is amended to read:

386.041 Nuisances injurious to health.—

(2) The Department of Health ~~and Rehabilitative Services~~, its agents and deputies, or local health authorities are authorized to investigate any condition or alleged nuisance in any city, town, or place within the state, and if such condition is determined to constitute a sanitary nuisance, they may take such action to abate the said nuisance condition in accordance with the provisions of this chapter.

Section 78. Subsection (7) of section 386.203, Florida Statutes, is amended to read:

386.203 Definitions.—As used in this part:

(7) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 79. Paragraph (a) of subsection (2) of section 386.205, Florida Statutes, is amended to read:

386.205 Designation of smoking areas.—

(2)(a) A smoking area may not be designated in an elevator, school bus, public means of mass transportation subject only to state smoking regulation, restroom, hospital, doctor's or dentist's waiting room, jury deliberation room, county <u>health department</u> ~~public health unit~~, day care center, school or other educational facility, or any common area as defined in s. 386.203. However, a patient's room in a hospital, nursing home, or other health care facility may be designated as a smoking area if such designation is ordered by the attending physician and agreed to by all patients assigned to that room.

Section 80. Section 387.02, Florida Statutes, is amended to read:

387.02 Permit required for draining surface water or sewage into underground waters of state.—No municipal corporation, private corporation, person, or persons within the state shall use any cavity, sink, driven or drilled well now in existence, or sink any new well within the corporate limits, or within 5 miles of the corporate limits, of any incorporated city or town, or within any unincorporated city, town, or village, or within 5 miles thereof, for the purpose of draining any surface water or discharging any sewage into the underground waters of the state, without first obtaining a written permit from the Department of Health ~~and Rehabilitative Services~~.

Section 81. Subsection (1) of section 387.03, Florida Statutes, is amended to read:

387.03 Permits revocable and subject to change; filed with clerk.—

(1) Every permit for the discharge of sewage or surface water shall be revocable or subject to modification or change by the Department of Health ~~and Rehabilitative Services~~. In addition to any notice required by chapter 120, the department shall serve notice of its intended action by publication for 2 weeks in a newspaper published in the county in which said well, cavity, or sink is located.

Section 82. Section 387.05, Florida Statutes, is amended to read:

387.05 Sewage or surface drainage into underground waters of state to be discontinued within 10 days after order by Department of Health ~~and Rehabilitative Services~~.—Every individual, municipal corporation, private corporation, or company shall discontinue the discharge within the corporate limits or within 5 miles of the corporate limits of any incorporated city or town, or within any unincorporated city, town, or village or within 5 miles thereof, of sewage or surface drainage into any of the underground waters of the state within 10 days after having been so ordered by the Department of Health ~~and Rehabilitative Services~~.

Section 83. Section 387.08, Florida Statutes, is amended to read:

387.08 Penalty for deposit of deleterious substance in lake, river, stream, or ditch.—Any person, firm, company, corporation, or association in this state, or the managing agent of any person, firm, company, corporation, or association in this state, or any duly elected, appointed, or lawfully created state officer of this state, or any duly elected appointed or lawfully created officer of any county, city, town, municipality, or municipal government in this state, who shall deposit, or who shall permit or allow any person or persons in their employ or under their control, management, or direction to deposit in any of the waters of the lakes, rivers, streams, and ditches in this state, any rubbish, filth, or poisonous or deleterious substance or substances, liable to affect the health of persons, fish, or livestock, or place or deposit any such deleterious substance or substances in any place where the same may be washed or infiltrated into any of the waters herein named, shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.083; provided, further, that the carrying into effect of the

provisions of this section shall be under the supervision of the Department of Health ~~and Rehabilitative Services~~.

Section 84. Subsection (1) of section 387.10, Florida Statutes, is amended to read:

387.10 Proceedings for injunction.—

(1) In addition to the remedies provided in this chapter and notwithstanding the existence of any adequate remedy at law, the Department of Health ~~and Rehabilitative Services~~ or an appropriate officer of the department is authorized to make application for injunction to a circuit judge, and such circuit judge shall have jurisdiction upon a hearing and for cause shown to grant a temporary or permanent injunction, or both, restraining any person from violating or continuing to violate any of the provisions of this chapter or from failing or refusing to comply with the requirements of this chapter, such injunction to be issued without bond provided, however, no temporary injunction without bond shall be issued except after a hearing of which the respondent or respondents has or have been given not less than 7 days prior notice, and no temporary injunction without bond, which shall limit or prevent operations of an industrial, manufacturing, or processing plant shall be issued, unless at the hearing, it shall be made to appear by clear, certain, and convincing evidence that irreparable injury will result to the public from the failure to issue the same.

Section 85. Section 388.45, Florida Statutes, is amended to read:

388.45 Threat to public health; emergency declarations.—The State Health Officer has the authority to declare that a threat to public health exists when the Department of Health ~~and Rehabilitative Services~~ discovers in the human or surrogate population the occurrence of an infectious disease that can be transmitted from arthropods to humans. The State Health Officer must immediately notify the Commissioner of Agriculture of the declaration of this threat to public health. The Commissioner of Agriculture is authorized to issue an emergency declaration based on the State Health Officer's declaration of a threat to the public health or based on other threats to animal health. Each declaration must contain the geographical boundaries and the duration of the declaration. The State Health Officer shall order such human medical preventive treatment and the Commissioner of Agriculture shall order such ameliorative arthropod control measures as are necessary to prevent the spread of disease, notwithstanding contrary provisions of this chapter or the rules adopted under this chapter. Within 24 hours after a declaration of a threat to the public health, the State Health Officer must also notify the agency heads of the Department of Environmental Protection and the Game and Fresh Water Fish Commission of the declaration. Within 24 hours after an emergency declaration based on the public health declaration or based on other threats to animal health, the Commissioner of Agriculture must notify the agency heads of the Department of Environmental Protection and the Game and Fresh Water Fish Commission of the declaration. Within 24 hours after an emergency declaration based on other threats to animal health, the Commissioner of Agriculture must also notify the agency head of the Department of Health ~~and Rehabilitative Services~~ of the declaration.

Section 86. Paragraph (a) of subsection (2) of section 388.46, Florida Statutes, is amended to read:

388.46 Florida Coordinating Council on Mosquito Control; establishment; membership; organization; responsibilities.—

(2) MEMBERSHIP, ORGANIZATION, AND RESPONSIBILITIES.—

(a) Membership.—The Florida Coordinating Council on Mosquito Control shall be comprised of the following representatives or their authorized designees:

1. The Secretary of Environmental Protection and the Secretary of Health ~~and Rehabilitative Services~~;

2. The executive director of the Game and Fresh Water Fish Commission;

3. The state epidemiologist;

4. The Commissioner of Agriculture; and

5. Representatives from:

a. The University of Florida, Institute of Food and Agricultural Sciences, Florida Medical Entomological Research Laboratory;

b. Florida Agricultural and Mechanical University;

c. The United States Environmental Protection Agency;

d. The United States Department of Agriculture, Insects Affecting Man Laboratory;

e. The United States Fish and Wildlife Service;

f. Two mosquito control directors to be nominated by the Florida Mosquito Control Association, two representatives of Florida environmental groups, and two private citizens who are property owners whose lands are regularly subject to mosquito control operations, to be appointed to 4-year terms by the Commissioner of Agriculture; and

g. The Board of Trustees of the Internal Improvement Trust Fund.

Section 87. Subsection (1) of section 391.021, Florida Statutes, is amended to read:

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

(1) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 88. Paragraph (a) of subsection (1) of section 391.091, Florida Statutes, is amended to read:

391.091 Cardiac Advisory Council.—

(1)(a) The secretary of the department may appoint a Cardiac Advisory Council for the purpose of acting as the advisory body to the Children's Medical Services Program Office in the delivery of cardiac services. Specifically, the duties of the council shall include, but not be limited to:

1. Recommending standards for personnel and facilities rendering cardiac services for Children's Medical Services;

2. Receiving reports of the periodic review of cardiac personnel and facilities to determine if established standards for Children's Medical Services cardiac services are met;

3. Making recommendations to the Children's Medical Services staff director as to the approval or disapproval of reviewed personnel and facilities;

4. Making recommendations as to the intervals for reinspection of approved personnel and facilities; and

5. Providing input to Children's Medical Services on all aspects of Children's Medical Services cardiac programs, including the rulemaking process.

The council shall be composed of eight members with technical expertise in cardiac medicine. Members shall be appointed for 4-year staggered terms. In no case shall an employee of the Department of Health ~~and Rehabilitative Services~~ serve as a member or as an ex officio member of the advisory council. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment. A member may not be appointed to more than two consecutive terms. However, a member may be reappointed after being off the council for at least 2 years.

Section 89. Subsection (1) of section 391.214, Florida Statutes, is amended to read:

391.214 Rules establishing standards.—

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

(a) The assurance that PPEC services are family centered and provide individualized medical, developmental, and family training services.

(b) The maintenance of PPEC centers, not in conflict with the provisions of chapter 553 and based upon the size of the structure and number of children, relating to plumbing, heating, lighting, ventilation, and other

building conditions, including adequate space, which will ensure the health, safety, comfort, and protection from fire of the children served.

(c) The appropriate provisions of the most recent edition of the "Life Safety Code" (NFPA-101) shall be applied.

(d) The number and qualifications of all personnel who have responsibility for the care of the children served.

(e) All sanitary conditions within the PPEC center and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of children served.

(f) Programs and basic services promoting and maintaining the health and development of the children served and meeting the training needs of the children's legal guardians.

(g) Supportive, contracted, other operational, and transportation services.

(h) Maintenance of appropriate medical records, data, and information relative to the children and programs. Such records shall be maintained in the facility for inspection by the agency.

Section 90. Section 391.304, Florida Statutes, is amended to read:

391.304 Program coordination.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall:

(a) Coordinate with the Department of Education, the Offices of Prevention, Early Assistance, and Child Development, the Florida Interagency Coordinating Council for Infants and Toddlers, and the State Coordinating Council for Early Childhood Services in planning and administering ss. 391.301-391.307. This coordination shall be in accordance with s. 411.222.

(b) Develop a plan for statewide implementation of the developmental evaluation and intervention program.

(c) Develop rules, procedures, and contracts to implement the developmental evaluation and intervention program.

(2) The Department of Education, in cooperation with the Department of Health ~~and Rehabilitative Services~~, shall:

(a) Develop an educational management program for hearing-impaired infants.

(b) Develop an involvement program for parents or guardians of hearing-impaired infants.

Section 91. Section 391.305, Florida Statutes, is amended to read:

391.305 Program standards; rules.—The Department of Health ~~and Rehabilitative Services~~ shall adopt rules for the administration of the developmental evaluation and intervention program. The rules shall specify standards for the development and operation of the program, including, but not limited to:

(1) Standards governing the need for program services and the requirements of the population to be served.

(2) Criteria and procedures for screening, identifying, and diagnosing hearing-impaired infants.

(3) Criteria for determining an infant's or a toddler's need for developmental evaluation and intervention program services.

(4) Minimum developmental evaluation and intervention and support services.

(5) Program staff requirements and personnel qualifications.

(6) Reporting and program evaluation procedures.

Section 92. Section 391.306, Florida Statutes, is amended to read:

391.306 Program funding; contracts.—Developmental evaluation and intervention programs shall be provided under a contract between the Department of Health ~~and Rehabilitative Services~~ and the provider and are subject to funding and other limitations established in the General Appropriations Act or chapter 216. The contract shall make the services of the provider contingent upon funding. Failure to comply with the standards established in s. 391.305 is grounds for termination of a contract.

Section 93. Subsection (1) of section 391.307, Florida Statutes, is amended to read:

391.307 Program review.—

(1) At least annually during the contract period, the Department of Health ~~and Rehabilitative Services~~ shall evaluate each developmental evaluation and intervention program. The department shall develop criteria to evaluate patient outcome, program participation, case management, and program effectiveness.

Section 94. Section 392.51, Florida Statutes, is amended to read:

392.51 Findings and intent.—The Legislature finds and declares that active tuberculosis is a highly contagious infection that is sometimes fatal and constitutes a serious threat to the public health. The Legislature finds that there is a significant reservoir of tuberculosis infection in this state and that there is a need to develop community programs to identify tuberculosis and to respond quickly with appropriate measures. The Legislature finds that some patients who have active tuberculosis have complex medical, social, and economic problems that make outpatient control of the disease difficult, if not impossible, without posing a threat to the public health. The

Legislature finds that in order to protect the citizenry from those few persons who pose a threat to the public, it is necessary to establish a system of mandatory contact identification, treatment to cure, hospitalization, and isolation for contagious cases and to provide a system of voluntary, community-oriented care and surveillance in all other cases. The Legislature finds that the delivery of tuberculosis control services is best accomplished by the coordinated efforts of the respective county health departments ~~public health units~~, the A.G. Holley State Hospital, and the private health care delivery system.

Section 95. Subsections (2) and (4) of section 392.52, Florida Statutes, are amended to read:

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

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

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

Section 96. Subsection (2) of section 392.55, Florida Statutes, is amended to read:

392.55 Physical examination and treatment.—

(2) Subject to the provisions of subsections (3) and (4), a person who has active tuberculosis or is reasonably suspected of having or having been exposed to active tuberculosis shall report for complete examination or treatment to cure, as appropriate, on an outpatient basis to a physician licensed under chapter 458 or chapter 459, or shall submit to examination or treatment to cure, as appropriate, at a county health department ~~public health unit~~ or other public facility. When a person has been diagnosed as having active tuberculosis, he or she shall continue with the prescribed treatment on an outpatient basis, which includes the use of directly observed therapy, until such time as the disease is determined to be cured.

Section 97. Paragraph (e) of subsection (3) of section 392.62, Florida Statutes, is amended to read:

392.62 Hospitalization and placement programs.—

(3) Any licensed hospital operated by the department, any licensed hospital under contract with the department, and any other health care facility or residential facility operated by or under contract with the department for the care and treatment of patients who have active tuberculosis shall:

(e) Provide a method of notification to the county health department ~~public health unit~~ and to the patient's family, if any, before discharging the patient from the hospital or other facility;

Section 98. Subsection (1) of section 395.603, Florida Statutes, is amended to read:

395.603 Rules; rural hospital impact statement.—

(1) The agency shall establish, by rule, a process by which a rural hospital, as defined in s. 395.602, that seeks licensure as a rural primary care hospital or as an emergency care hospital, or becomes a certified rural health clinic as defined in Pub. L. No. 95-210, or becomes a primary care program such as a county health department ~~public health unit~~, community health center, or other similar outpatient program that provides preventive and curative services, may deactivate general hospital beds. Rural primary care hospitals and emergency care hospitals shall maintain the number of actively licensed general hospital beds necessary for the facility to be certified for Medicare reimbursement. Hospitals that discontinue inpatient care to become rural health care clinics or primary care programs shall deactivate all licensed general hospital beds. All hospitals, clinics, and programs with inactive beds shall provide 24-hour emergency medical care by staffing an emergency room. Providers with inactive beds shall be subject to the criteria in s. 395.1041. The agency shall specify in rule requirements for making 24-hour emergency care available. Inactive general hospital beds shall be included in the acute care bed inventory, maintained by the agency for certificate-of-need purposes, for 10 years from the date of deactivation of the beds. After 10 years has elapsed, inactive beds shall be excluded from the inventory. The agency shall, at the request of the licensee, reactivate the inactive general beds upon a showing by the licensee that licensure requirements for the inactive general beds are met.

Section 99. Paragraph (d) of subsection (1) of section 400.441, Florida Statutes, is amended to read:

400.441 Rules establishing standards.—

(1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency and the Department of Health and Rehabilitative Services, shall adopt rules, policies, and procedures to administer this part, which must include reasonable and fair minimum standards in relation to:

(d) All sanitary conditions within the facility and its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of residents. The rules must clearly delineate the responsibilities of the agency's licensure staff and the responsibilities of the county health departments ~~public health units~~ and ensure that inspections are not duplicative. The agency may collect fees for food service inspections conducted by the county health departments ~~public health units~~ and transfer such fees to the Department of Health and Rehabilitative Services.

Section 100. Subsection (4) of section 400.464, Florida Statutes, is amended to read:

400.464 Home health agencies to be licensed; expiration of license; exemptions; unlawful acts; penalties.—

(4) Any program offered through a county health department ~~public health unit~~ that makes home visits for the purpose of providing only environmental assessments, case management, health education, or personal care services is exempt from this part.

Section 101. Paragraph (d) of subsection (3), subsection (5), and paragraph (a) of subsection (6) of section 402.32, Florida Statutes, are amended to read:

402.32 School health services program.—

(3) The following words and phrases have the following meanings for the purpose of this section:

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

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

(a) Health appraisal;

(b) Records review;

(c) Nurse assessment;

(d) Nutrition assessment;

(e) A preventive dental program;

(f) Vision screening;

(g) Hearing screening;

(h) Scoliosis screening;

(i) Growth and development screening;

(j) Health counseling;

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

(l) Meeting emergency health needs in each school;

(m) County health department ~~Public health unit~~ personnel to assist school personnel in health education curriculum development;

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

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

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

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

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

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

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

Section 102. Subsection (4) and paragraph (b) of subsection (5) of section 402.321, Florida Statutes, are amended to read:

402.321 Funding for school health services.—

(4) Any school district, school, or laboratory school which desires to receive state funding under the provisions of this section shall submit a proposal to the joint committee established in subsection (3). The proposal shall state the goals of the program, provide specific plans for reducing teenage pregnancy, and describe all of the health services to be available to students with funds provided pursuant to this section, including a combination of initiatives such as health education, counseling, extracurricular, and self-esteem components. School health services shall not promote elective termination of pregnancy as a part of counseling services. Only those program proposals which have been developed jointly by county health departments ~~public health units~~ and local school districts or schools, and which have community and parental support, shall be eligible for funding. Funding shall be available specifically for implementation of one of the following programs:

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

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

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

3. Expanding screening activities.

4. Improving the student utilization of school health services.

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

(b) Student support services team program.—The program shall include a multidisciplinary team composed of a psychologist, social worker, and nurse whose responsibilities are to provide basic support services and to assist, in the school setting, children who exhibit mild to severely complex health, behavioral, or learning problems affecting their school performance. Support services shall include, but not be limited to: evaluation and treatment for minor illnesses and injuries, referral and followup for serious illnesses and emergencies, onsite care and consultation, referral to a physician, and followup care for pregnancy or chronic diseases and disorders as well as emotional or mental problems. Services also shall include referral care for drug and alcohol abuse and sexually transmitted diseases, sports and employment physicals, immunizations, and in addition, effective preventive services aimed at delaying early sexual involvement and aimed at pregnancy, acquired immune deficiency syndrome, sexually transmitted diseases, and destructive lifestyle conditions, such as alcohol and drug abuse. Moneys for this program shall be used to fund three teams, each consisting of one half-time psychologist, one full-time nurse, and one full-time social worker. Each team shall provide student support services to an elementary school, middle school, and high school that are a part of one feeder school system and shall coordinate all activities with the school administrator and guidance counselor at each school. A program which places all three teams in middle schools or high schools may also be proposed.

(c) Full service schools.—The full-service schools shall integrate the services of the Department of Health and Rehabilitative Services that are critical to the continuity-of-care process. The Department of Health and Rehabilitative Services shall provide services to students on the school grounds. The Department of Health and Rehabilitative Services personnel shall provide their specialized services as an extension of the educational environment. Such services may include nutritional services, medical services, aid to dependent children, parenting skills, counseling for abused children, and education for the students' parents or guardians.

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

(5) In addition to the merits of a proposal, selection shall be based on those school districts or schools that most closely meet the following criteria:

(b) Have evidence of a cooperative working relationship between the county health department ~~public health unit~~ and the school district or school and have community as well as parental support.

Section 103. Subsection (6) of section 403.853, Florida Statutes, is amended to read:

403.853 Drinking water standards.—

(6) Upon the request of the owner or operator of a noncommunity water system serving businesses, other than restaurants or other public food service establishments, and using groundwater as a source of supply, the department, or a local county health department ~~unit~~ designated by the department, shall perform a sanitary survey of the facility. Upon receipt of satisfactory survey results according to department criteria, the department shall reduce the requirements of such owner or operator from monitoring and reporting on a quarterly basis to performing these functions on an annual basis. Any revised monitoring and reporting schedule approved by the department under this subsection shall apply until such time as a violation of applicable state or federal primary drinking water standards is determined by the system owner or operator, by the department, or by an agency designated by the department, after a random or routine sanitary survey. Certified operators are not required for noncommunity water systems of the type and size covered by this subsection. Any reports required of such system shall be limited to the minimum as required by federal law. When not contrary to the provisions of federal law, the department may, upon request and by rule, waive additional provisions of state drinking water regulations for such systems.

Section 104. Subsections (4), (5), and (6) of section 403.860, Florida Statutes, are amended to read:

403.860 Penalties and remedies.—

(4) The department or a county health department ~~public health unit~~ that has been approved by the department under s. 403.862(1)(c) may institute a civil action in any court of appropriate jurisdiction for injunctive relief to prevent violation of any order, rule, or regulation issued pursuant to this act, in addition to any other remedies provided under this section.

(5) In addition to any judicial or administrative remedy authorized by this part, the department or a county health department ~~public health unit~~ that has received approval by the department pursuant to s. 403.862(1)(c) may assess a noncompliance fee for failure of any supplier of water of a public water system to comply with department requirements for the reporting, in the manner and time provided by department rule, of test results for

microbiological, inorganic, or organic contaminants; or turbidity, radionucleides, or secondary standards.

(a) For the first and second violations of the microbiological reporting requirements, and for the first violation of other reporting requirements, the fee shall not be assessed until the department has given the supplier at least 30 days to comply with the reporting requirement. The time shall not begin until the department has given the supplier written notice of the facts alleged to constitute the reporting violation, the specific provision of law, rule, or order alleged to have been violated by the owner or operator, the corrective action needed to bring the facility into compliance, and the potential penalties that may be imposed as a result of the supplier's failure to comply with the notice. For subsequent violations of the microbiological reporting requirements, the department does not have to provide 30-day written notice of the violations prior to assessing a noncompliance fee, provided, however, that if any additional reporting violations occur prior to the expiration of either 30-day notice issued by the department, the department must provide the supplier with a 30-day written notice to correct those violations as well. Upon expiration of 36 months, the department shall reinstate the 30-day notice requirements provided in this subsection prior to assessing a noncompliance fee.

(b) At the time of assessment of a noncompliance fee, the department shall give the supplier written notice setting forth the amount assessed, the specific provision of law, rule, or order alleged to be violated, the facts alleged to constitute the violation, the corrective action needed to bring the party into compliance, and the rights available under chapter 120 to challenge the assessment. The assessment shall be final and effective unless an administrative proceeding is requested within 20 days after receipt of the written notice, and shall be enforceable pursuant to s. 120.69.

(c) Before assessing a noncompliance fee, the department shall adopt rules to implement the provisions of this subsection. The rules shall establish specific procedures and assessment amounts for noncompliance fees authorized by paragraph (a). Noncompliance fees shall be set on a sliding scale based upon the type of violation, the degree of noncompliance, and the potential for harm. Such rules shall also authorize the application of adjustment factors subsequent to initial assessment to increase or decrease the total amount assessed, such as the good faith efforts or the lack of good faith efforts of the supplier to comply with the reporting requirements, the lack of or degree of willfulness or negligence on the part of the supplier, the economic benefits associated with the supplier's failure to comply with the reporting violation, the supplier's previous history of reporting violations, and the supplier's ability to pay the noncompliance fee.

(d) For microbiological reporting requirements, no noncompliance fee shall exceed $250, and total noncompliance fees assessed shall not exceed $1,000 per assessment for all reporting violations attributable to a specific facility during any one month.

(e) For violations of reporting requirements other than microbiological, the fee shall be no greater than $50 per day for each day of violation, and the total amount assessed shall not exceed $2,000.

(f) The department's assessment of a noncompliance fee shall be in lieu of any civil action which may be instituted by the department in a court of competent jurisdiction to impose and recover civil penalties for any violation that resulted in the fee assessment, unless the department initiates a civil action for nonpayment of a fee properly assessed pursuant to this subsection.

(g) No noncompliance fee may be assessed unless the department has, within 90 days of the reporting violation, provided the supplier written notice of the violation.

(6) Fees collected pursuant to this section shall be deposited in the Water Quality Assurance Trust Fund or the appropriate County Health Department ~~Public Health Unit~~ Trust Fund, in accordance with s. 381.0063, to be used to carry out the provisions of this part. The department may use a portion of the fund to contract for services to help collect noncompliance fees assessed pursuant to this section.

Section 105. Subsections (1), (6), and (7) of section 403.862, Florida Statutes, are amended to read:

403.862 Department of Health and Rehabilitative Services; public water supply duties and responsibilities; coordinated budget requests with department.—

(1) Recognizing that supervision and control of county health departments ~~public health units~~ of the Department of Health and Rehabilitative Services is retained by the secretary of that agency, and that public health aspects of the state public water supply program require joint participation in the program by the Department of Health and Rehabilitative Services and its units and the department, the Department of Health and Rehabilitative Services shall:

(a) Establish and maintain laboratories for the conducting of radiological, microbiological, and chemical analyses of water samples from public water systems, which are submitted to such laboratories for analysis. Copies of the reports of such analyses and quarterly summary reports shall be submitted to the appropriate department district or subdistrict office.

(b) Require each county health department to:

1. Collect such water samples for analysis as may be required by the terms of this act, from public water systems within its jurisdiction. The duty to collect such samples may be shared with the appropriate department district or subdistrict office and shall be coordinated by field personnel involved.

2. Submit the collected water samples to the appropriate laboratory for analysis.

3. Maintain reports of analyses for its own records.

4. Conduct complaint investigation of public water systems to determine compliance with federal, state, and local standards and permit compliance.

5. Notify the appropriate department district or subdistrict office of potential violations of federal, state, and local standards and permit conditions by public water systems and assist the department in enforcement actions with respect to such violations to the maximum extent practicable.

6. Review and evaluate laboratory analyses of water samples from private water systems.

(c) Require those county health departments ~~public health units~~ designated by the Department of Health and Rehabilitative Services and approved by the department as having qualified sanitary engineering staffs and available legal resources, in addition to the duties prescribed in paragraph (b), to:

1. Review, evaluate, and approve or disapprove each application for the construction, modification, or expansion of a public water system to determine compliance with federal, state, and local requirements. A copy of the completed permit application and a report of the final action taken by the county health department ~~public health unit~~ shall be forwarded to the appropriate department district office.

2. Review, evaluate, and approve or disapprove applications for the expansion of distribution systems. Written notification of action taken on such applications shall be forwarded to the appropriate department district or subdistrict office.

3. Maintain inventory, operational, and bacteriological records and carry out monitoring, surveillance, and sanitary surveys of public water systems to ensure compliance with federal, state, and local regulations.

4. Participate in educational and training programs relating to drinking water and public water systems.

5. Enforce the provisions of this part and rules adopted under this part.

(d) Require those county health departments designated by the Department of Health and Rehabilitative Services as having the capability of performing bacteriological analyses, in addition to the duties prescribed in paragraph (b), to:

1. Perform bacteriological analyses of water samples submitted for analysis.

2. Submit copies of the reports of such analyses to the appropriate department district or subdistrict office.

(e) Make available to the central and branch laboratories funds sufficient, to the maximum extent possible, to carry out the public water supply functions and responsibilities required of such laboratories as provided in this section.

(f) Have general supervision and control over all private water systems and all public water systems not otherwise covered or included in this part. This shall include the authority to adopt and enforce rules to protect the

health, safety, or welfare of persons being served by all private water systems and all public water systems not otherwise covered by this part.

(g) Assist state and local agencies in the determination and investigation of suspected waterborne disease outbreaks, including diseases associated with chemical contaminants.

(h) Upon request, consult with and advise any county or municipal authority as to water supply activities.

(6) No county health department ~~public health unit~~ may be designated and approved unless it can carry out all functions of the drinking water program. Each year, the department, in conjunction with the Department of Health and Rehabilitative Services, shall review approved county health departments ~~public health units~~ to determine continued qualification for approved status. To receive and maintain approved status, a county health department ~~public health unit~~ shall meet the following criteria and other reasonable and necessary requirements established by the department for its district offices:

(a) The staff shall be under the direction of a qualified individual who is a registered professional engineer in Florida pursuant to chapter 471.

(b) The county health department ~~public health unit~~ shall have sufficient legal resources to carry out the requirements of this part.

(7) Fees and penalties received from suppliers of water pursuant to ss. 403.860(3), (4), and (5) and 403.861(8) in counties where county health departments ~~public health units~~ have been approved by the department pursuant to paragraph (1)(c) shall be deposited in the appropriate County Health Department ~~Public Health Unit~~ Trust Fund to be used for the purposes stated in paragraph (1)(c).

Section 106. Subsection (6) of section 404.056, Florida Statutes, is amended to read:

404.056 Environmental radiation standards and programs; radon protection.—

(6) NOTIFICATION ON REAL ESTATE DOCUMENTS.—By January 1, 1989, notification shall be provided on at least one document, form, or application executed at the time of, or prior to, contract for sale and purchase of any building or execution of a rental agreement for any building. Such notification shall contain the following language:

"RADON GAS: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department ~~public health unit~~."

The requirements of this subsection do not apply to any residential transient occupancy, as described in s. 509.013(11), provided that such occupancy is 45 days or less in duration.

Section 107. Subsection (2) of section 408.601, Florida Statutes, is amended to read:

408.601 Healthy Communities, Healthy People Plan.—

(2) The plan must include data on the health status of the state's population, health status objectives and outcome measures, and public health strategies, including health promotion strategies. The plan must also provide an overall conceptual framework for the state's health promotion programs that considers available information on mortality, morbidity, disability, and behavioral risk factors associated with chronic diseases and conditions; proposals for public and private health insurance reforms needed to fully implement the state's health promotion initiative; the best health promotion practices of the county health departments ~~public health units~~ and other states; and proposed educational reforms needed to promote healthy behaviors among the state's school-age children.

Section 108. Subsection (13) of section 408.701, Florida Statutes, is amended to read:

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

(13) "Health care provider" or "provider" means a state-licensed or state-authorized facility, a licensed practitioner, or a county health department ~~public health unit~~ established under part I of chapter 154, which delivers health care services to individuals.

Section 109. Subsection (9) of section 408.901, Florida Statutes, is amended to read:

408.901 Definitions.—As used in ss. 408.901-408.908, except as otherwise specifically provided, the term:

(9) "Participating provider" means any person who has a current provider agreement with the agency and who is authorized to furnish covered health services pursuant to ss. 408.901-408.908. The agency shall integrate county health departments ~~public health units~~, federally funded primary care centers, and other outpatient clinics as participating providers in the health insurance program.

Section 110. Subsections (1) and (2) of section 409.016, Florida Statutes, are amended to read:

409.016 Definitions.—As used in this chapter:

(1) "Department," unless otherwise specified, means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

(2) "Secretary" means the secretary of the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 111. Subsections (1) and (4) of section 409.141, Florida Statutes, are amended to read:

409.141 Equitable reimbursement methodology.—

(1) To assure high standards of care and essential residential services as a component of the services continuum for at-risk youth and families, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall adopt an equitable reimbursement methodology. This methodology, which addresses only those children placed in nonprofit residential group care by the department and funded through public appropriations, shall consist of a standardized base of allowable costs of a provider's actual per diem rate costs. The actual percentage of base costs met through this methodology shall be determined by the availability of state funding. The full utilization of the department's Children, Youth and Families Purchase of Residential Group Care Appropriation Category shall be used to fund this methodology. Definitions of care and allowable costs shall be based upon those mandated services standards as set out in chapter 10M-9, Florida Administrative Code (Licensing Standards Residential Child Care Agencies), plus any special enhancements required by the specific treatment component. Actual costs shall be verified through the agency's annual fiscal audit for the 2 prior calendar years.

(4) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall develop administrative rules in full cooperation with the Florida Group Child Care Association to carry out the intent and provisions of this section.

Section 112. Subsections (1), (5), (6), and (9) of section 409.146, Florida Statutes, are amended to read:

409.146 Children and families client and management information system.—

(1) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall establish a children and families client and management information system which shall provide information concerning children served by the children and families programs.

(5) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall employ accepted current system development methodology to determine the appropriate design and contents of the system, as well as the most rapid feasible implementation schedule as outlined in the information resources management operational plan of the Department of Children and Family ~~Health and Rehabilitative~~ Services.

(6) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall aggregate, on a quarterly and an annual basis, the information and statistical data of the children and families client and management information system into a descriptive report and shall disseminate the quarterly and annual reports to interested parties, including substantive committees of the House of Representatives and the Senate.

(9) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall provide an annual report to the Joint Information Technology Resources Committee. The committee shall review the report and shall

forward the report, along with its comments, to the appropriate substantive and appropriations committees of the House of Representatives and the Senate delineating the development status of the system and other information necessary for funding and policy formulation. In developing the system, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall consider and report on the availability of, and the costs associated with using, existing software and systems, including, but not limited to, those that are operational in other states, to meet the requirements of this section. The department shall also consider and report on the compatibility of such existing software and systems with an integrated management information system. The report shall be submitted no later than December 1 of each year.

Section 113. Paragraph (b) of subsection (2) of section 409.166, Florida Statutes, is amended to read:

409.166 Special needs children; subsidized adoption program.—

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

(b) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 114. Subsection (1) of section 409.167, Florida Statutes, is amended to read:

409.167 Statewide adoption exchange; establishment; responsibilities; registration requirements; rules.—

(1) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall establish, either directly or through purchase, a statewide adoption exchange, with a photo listing component, which shall serve all authorized licensed child-placing agencies in the state as a means of recruiting adoptive families for children who have been legally freed for adoption and who have been permanently placed with the department or a licensed child-placing agency. The exchange shall provide descriptions and photographs of such children, as well as any other information deemed useful in the recruitment of adoptive families for each child. The photo listing component of the adoption exchange must be updated monthly.

Section 115. Section 409.1685, Florida Statutes, is amended to read:

409.1685 Children in foster care; annual report to Legislature.—The Department of Children and Family ~~Health and Rehabilitative~~ Services shall submit a written report to the substantive committees of the Legislature concerning the status of children in foster care and concerning the judicial review mandated by part V of chapter 39. This report shall be submitted by March 1 of each year and shall include the following information for the prior calendar year:

(1) The number of 6-month and annual judicial reviews completed during that period.

(2) The number of children in foster care returned to a parent, guardian, or relative as a result of a 6-month or annual judicial review hearing during that period.

(3) The number of termination of parental rights proceedings instituted during that period which shall include:

(a) The number of termination of parental rights proceedings initiated pursuant to part V of chapter 39; and

(b) The total number of terminations of parental rights ordered.

(4) The number of foster care children placed for adoption during that period.

Section 116. Paragraphs (a) and (b) of subsection (3) and paragraph (a) of subsection (4) of section 409.1755, Florida Statutes, are amended to read:

409.1755 One Church, One Child of Florida Corporation Act; creation; duties.—

(3) CORPORATION AUTHORIZATION; DUTIES; POWERS.—

(a) There is hereby authorized the "One Church, One Child of Florida Corporation," which shall operate as a not-for-profit corporation and shall be located within the Department of Children and Family ~~Health and Rehabilitative~~ Services for administrative purposes. The department shall provide administrative support and services to the corporation to the extent requested by the executive director and to the extent that resources are available.

(b) The corporation shall:

1. Provide for community awareness and involvement by utilizing the resources of black churches to help find permanent homes for black children available for adoption.

2. Develop, monitor, and evaluate projects designed to address problems associated with the child welfare system, especially those issues affecting black children.

3. Develop beneficial programs that shall include, but not be limited to, community education, cultural relations training, family support, transition support groups, counseling, parenting skills and education, legal and other adoption-related costs, and any other activities that will enhance and support the adopted child's transition into permanency.

4. Provide training and technical assistance to community organizations such as black churches, social service agencies, and other organizations that assist in identifying prospective parents willing to adopt.

5. Provide, in conjunction with the Department of Children and Family ~~Health and Rehabilitative~~ Services, a summary to the Legislature by September 1 of each year on the status of the corporation.

6. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from general revenue, grant funds, and state and private donations. The board of directors is authorized to determine the

number of staff necessary to administer the corporation, but the staff shall include, at a minimum, an executive director and a staff assistant.

(4) BOARD OF DIRECTORS.—

(a) The One Church, One Child of Florida Corporation shall operate subject to the supervision and approval of a board of directors consisting of 23 members, with two directors representing each service district of the Department of Children and Family ~~Health and Rehabilitative~~ Services and one director who shall be an at-large member.

Section 117. Section 409.2599, Florida Statutes, is amended to read:

409.2599 Data processing services; interagency agreement.—The Department of Children and Family ~~Health and Rehabilitative~~ Services shall provide to the child support enforcement program in the Department of Revenue data processing services that meet the standards for federal certification pursuant to an interagency agreement.

Section 118. Effective July 1, 1997, section 409.2599, Florida Statutes, as amended by section 26 of chapter 95-272, Laws of Florida, is amended to read:

409.2599 Data processing services; interagency agreement.—The Department of Children and Family ~~Health and Rehabilitative~~ Services shall provide to the Division of Child Support Enforcement in the Department of Revenue data processing services that meet the standards for federal certification pursuant to an interagency agreement.

Section 119. Section 409.2675, Florida Statutes, is amended to read:

409.2675 Rules.—

(1) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall adopt rules governing the shared county and state program under s. 409.2673. Topics to be addressed by rule include, but are not limited to:

(a) The transfer of funds from the state to the counties;

(b) Maintenance of services during the period of time a county begins participating in the optional phase of the program and in the mandatory phase of the program;

(c) Determination of program eligibility, including income and asset tests and intent-to-reside criteria;

(d) Subrogation of the right to receive payment for services provided under the program;

(e) Criteria for the out-of-county hospitalization of program participants;

(f) Data elements and forms required for each county to report to the Department of Revenue;

(g) The allocation of program funds;

(h) The duties of the lead agency within each county; and

(i) Coordination among primary care agencies participating in the program.

(2) The rules required by this section shall be developed by a nine-member work group consisting of equal representation by the Department of Children and Family ~~Health and Rehabilitative~~ Services, the counties, and the hospital industry. County representatives to this work group shall be appointed by the Florida Association of Counties.

Section 120. Section 409.285, Florida Statutes, is amended to read:

409.285 Opportunity for hearing and appeal.—

(1) If an application for public assistance is not acted upon within a reasonable time after the filing of the application, or is denied in whole or in part, or if an assistance payment is modified or canceled, the applicant or recipient may appeal the decision to the Department of Children and Family ~~Health and Rehabilitative~~ Services in the manner and form prescribed by the department.

(2) The hearing authority may be the Secretary of Children and Family ~~Health and Rehabilitative~~ Services, a panel of department officials, or a hearing officer appointed for that purpose. The hearing authority is responsible for a final administrative decision in the name of the department on all issues that have been the subject of a hearing. With regard to the department, the decision of the hearing authority is final and binding. The department is responsible for seeing that the decision is carried out promptly.

Section 121. Subsections (1) and (2) of section 409.403, Florida Statutes, are amended to read:

409.403 Definitions; Interstate Compact on the Placement of Children.—

(1) The "appropriate public authorities" as used in Article III of the Interstate Compact on the Placement of Children shall, with reference to this state, mean the Department of Children and Family ~~Health and Rehabilitative~~ Services, and said department shall receive and act with reference to notices required by said Article III.

(2) As used in paragraph (a) of Article V of the Interstate Compact on the Placement of Children, the phrase "appropriate authority in the receiving state" with reference to this state shall mean the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 122. Subsection (1) of section 409.404, Florida Statutes, is amended to read:

409.404 Agreements between party state officers and agencies.—

(1) The officers and agencies of this state and its subdivisions having authority to place children are hereby empowered to enter into agreements

with appropriate officers or agencies of or in other party states pursuant to paragraph (b) of Article V of the Interstate Compact on the Placement of Children, s. 409.401. Any such agreement which contains a financial commitment or imposes a financial obligation on this state or subdivision or agency thereof shall not be binding unless it has the approval in writing of the secretary of Children and Family ~~Health and Rehabilitative~~ Services in the case of the state.

Section 123. Paragraph (g) of subsection (3) of section 409.9112, Florida Statutes, is amended to read:

409.9112 Disproportionate share program for regional perinatal intensive care centers.—In addition to the payments made under s. 409.911, the Department of Health and Rehabilitative Services shall design and implement a system of making disproportionate share payments to those hospitals that participate in the regional perinatal intensive care center program established pursuant to chapter 383. This system of payments shall conform with federal requirements and shall distribute funds in each fiscal year for which an appropriation is made by making quarterly Medicaid payments. Notwithstanding the provisions of s. 409.915, counties are exempt from contributing toward the cost of this special reimbursement for hospitals serving a disproportionate share of low-income patients.

(3) In order to receive payments under this section, a hospital must be participating in the regional perinatal intensive care center program pursuant to chapter 383 and must meet the following additional requirements:

(g) Agree to provide backup and referral services to the department's county health departments ~~public health units~~ and other low-income perinatal providers within the hospital's region, including the development of written agreements between these organizations and the hospital.

Section 124. Subsection (1) of section 410.032, Florida Statutes, is amended to read:

410.032 Definitions.—As used in ss. 410.031-410.036:

(1) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 125. Section 410.602, Florida Statutes, is amended to read:

410.602 Legislative intent.—The purpose of ss. 410.601-410.606 is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through ss. 410.601-410.606 to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Children and Family ~~Health and Rehabilitative~~ Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 126. Subsection (1) of section 410.603, Florida Statutes, is amended to read:

410.603 Definitions.—As used in ss. 410.601-410.606:

(1) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 127. Subsection (9) of section 415.102, Florida Statutes, is amended to read:

415.102 Definitions of terms used in ss. 415.101-415.113.—As used in ss. 415.101-415.113, the term:

(9) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 128. Paragraph (b) of subsection (2) and subsection (3) of section 415.501, Florida Statutes, are amended to read:

415.501 Prevention of abuse and neglect of children; state plan.—

(2) PLAN FOR COMPREHENSIVE APPROACH.—

(b) The development of the comprehensive state plan shall be accomplished in the following manner:

1. The Department of Health and Rehabilitative Services shall establish an interprogram task force comprised of the Deputy Assistant Secretary for Health or his designee and representatives from the Children, Youth, and Families Program Office, the Children's Medical Services Program Office, the Alcohol, Drug Abuse, and Mental Health Program Office, the Developmental Services Program Office, and the Office of Evaluation. Representatives of the Department of Law Enforcement and of the Department of Education shall serve as ex officio members of the interprogram task force. The interprogram task force shall be responsible for:

a. Developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse and neglect conducted by the department in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.

b. Providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.

c. Providing the districts with technical assistance in the development of local plans of action, if requested.

d. Examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.

e. Preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the collapsing of information obtained from the local plans, the cooperative plans with the Department of Education, and the plan of action for coordination and integration of departmental activities into one comprehensive plan. The comprehensive plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The plan shall also include each separate local plan of action.

f. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.

2. The Department of Education and the Department of Children and Family ~~Health and Rehabilitative~~ Services shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.

3. The Department of Law Enforcement and the Department of Children and Family ~~Health and Rehabilitative~~ Services shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect.

4. Within existing appropriations, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse and neglect and in the proper action that should be taken in a suspected case of child abuse or neglect. The plan for accomplishing this end shall be included in the state plan.

5. The Department of Education and the Department of Children and Family ~~Health and Rehabilitative~~ Services shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the comprehensive state plan for the prevention of child abuse and child neglect.

6. Each district of the Department of Children and Family ~~Health and Rehabilitative~~ Services shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the interprogram task force for utilization in preparing the state plan. The

district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in paragraph (a) as well as representatives from those departmental district offices participating in the treatment and prevention of child abuse and neglect. In order to accomplish this, the district administrator in each district shall establish a task force on the prevention of child abuse and neglect. The district administrator shall appoint the members of the task force in accordance with the membership requirements of this section. In addition, the district administrator shall ensure that each subdistrict is represented on the task force; and, if the district does not have subdistricts, the district administrator shall ensure that both urban and rural areas are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child neglect in its geographical area.

b. A description of programs currently serving abused and neglected children and their families and a description of programs for the prevention of child abuse and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.

c. A continuum of programs and services necessary for a comprehensive approach to the prevention of all types of child abuse and neglect as well as a brief description of such programs and services.

d. A description, documentation, and priority ranking of local needs related to child abuse and neglect prevention based upon the continuum of programs and services.

e. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.

f. A description of barriers to the accomplishment of a comprehensive approach to the prevention of child abuse and neglect.

g. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

The district local plan of action shall be submitted to the interprogram task force by November 1, 1982.

(3) FUNDING AND SUBSEQUENT PLANS.—

(a) All budget requests submitted by the Department of Children and Family ~~Health and Rehabilitative~~ Services, the Department of Education,

or any other agency to the Legislature for funding of efforts for the prevention of child abuse and neglect shall be based on the state plan developed pursuant to this section.

(b) The Department of Children and Family ~~Health and Rehabilitative~~ Services at the state and district levels and the other agencies listed in paragraph (2)(a) shall readdress the plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. An annual progress report shall be submitted to update the plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the prevention of child abuse and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required above.

Section 129. Paragraph (a) of subsection (5) of section 415.5015, Florida Statutes, is amended to read:

415.5015 Child abuse prevention training in the district school system.—

(5) PREVENTION TRAINING CENTERS; FUNCTIONS; SELECTION PROCESS; MONITORING AND EVALUATION.—

(a) Each training center shall perform the following functions:

1. Act as a clearinghouse to provide information on prevention curricula which meet the requirements of this section and the requirements of ss. 231.17, 233.011(3)(a), 236.0811, and 415.501.

2. Assist the local school district in selecting a prevention program model which meets the needs of the local community.

3. At the request of the local school district, design and administer training sessions to develop or expand local primary prevention and training programs.

4. Provide assistance to local school districts, including, but not limited to, all of the following: administration, management, program development, multicultural staffing, and community education, in order to better meet the requirements of this section and of ss. 231.17, 233.011(3)(a), 236.0811, and 415.501.

5. At the request of the Department of Education or the local school district, provide ongoing program development and training to achieve all of the following:

a. Meet the special needs of children, including, but not limited to, the needs of disabled and high-risk children.

b. Conduct an outreach program to inform the surrounding communities of the existence of primary prevention and training programs and of funds to conduct such programs.

6. Serve as a resource to the Department of Children and Family ~~Health and Rehabilitative~~ Services and its districts.

Section 130. Subsection (1) of section 415.5016, Florida Statutes, is amended to read:

415.5016 Purpose and legislative intent.—

(1) The purpose of this part is to provide procedures which allow the Department of Children and Family ~~Health and Rehabilitative~~ Services to respond to reports of child abuse or neglect by providing, when appropriate, services to families without the need for protective investigations, classification of reports, or other procedures required in part IV. To achieve this purpose, a family services response system is established under this part. It is the intent of the Legislature that the department respond to reports of child abuse or neglect in the most efficient and effective manner that ensures the safety of children and the integrity of families.

Section 131. Subsections (1), (2), and (5) of section 415.50165, Florida Statutes, are amended to read:

415.50165 Definitions.—As used in this part:

(1) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

(2) "District" means any one of the 15 Department of Children and Family ~~Health and Rehabilitative~~ Services service districts established pursuant to s. 20.19.

(5) "Secretary" means the Secretary of Children and Family ~~Health and Rehabilitative~~ Services.

Section 132. Section 415.502, Florida Statutes, is amended to read:

415.502 Comprehensive protective services for abused or neglected children; legislative intent.—The intent of ss. 415.502-415.514 is to provide for comprehensive protective services for abused or neglected children found in the state by requiring that reports of each abused or neglected child be made to the Department of Children and Family ~~Health and Rehabilitative~~ Services in an effort to prevent further harm to the child or any other children living in the home and to preserve the family life of the parents and children, to the maximum extent possible, by enhancing the parental capacity for adequate child care. Each child should have a social security number.

Section 133. Subsection (4) of section 415.507, Florida Statutes, is amended to read:

415.507 Photographs, medical examinations, X rays, and medical treatment of abused or neglected child.—

(4) The county in which the child is a resident shall bear the initial costs of the examination of the allegedly abused child; however, the parents, legal guardian, or legal custodian of the child shall be required to reimburse the county for the costs of such examination, other than an initial forensic physical examination as provided in s. 960.28, and to reimburse the Department of Children and Family ~~Health and Rehabilitative~~ Services for the cost of the photographs taken pursuant to this section. A medical provider may not bill a child victim, directly or indirectly, for the cost of an initial forensic physical examination.

Section 134. Section 415.5075, Florida Statutes, is amended to read:

415.5075 Implementation of ch. 86-220; rules.—Effective July 1, 1986, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall adopt rules necessary for implementation of sections of chapter 86-220, Laws of Florida, relating to medical screening and medical treatment of children.

Section 135. Subsection (2) of section 415.5095, Florida Statutes, is amended to read:

415.5095 Intervention and treatment in sexual abuse cases; model plan.—

(2) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall develop a model plan for community intervention and treatment of intrafamily sexual abuse in conjunction with the Department of Law Enforcement, the Department of Education, the Attorney General, the state Guardian Ad Litem Program, the Department of Corrections, representatives of the judiciary, and professionals and advocates from the mental health and child welfare community.

Section 136. Section 415.515, Florida Statutes, is amended to read:

415.515 Establishment of Family Builders Program.—

(1) Any Family Builders Program that is established by the Department of Children and Family ~~Health and Rehabilitative~~ Services or the Department of Juvenile Justice shall provide family preservation services to families whose children are at risk of imminent out-of-home placement because they are dependent or delinquent or are children in need of services, to reunite families whose children have been removed and placed in foster care, and to maintain adoptive families intact who are at risk of fragmentation. The Family Builders Program shall provide programs to achieve long-term changes within families that will allow children to remain with their families as an alternative to the more expensive and potentially psychologically damaging program of out-of-home placement.

(2) The Department of Children and Family ~~Health and Rehabilitative~~ Services and the Department of Juvenile Justice may adopt rules to implement the Family Builders Program.

Section 137. Subsection (1) of section 415.602, Florida Statutes, is amended to read:

415.602 Definitions of terms used in ss. 415.601-415.608.—As used in ss. 415.601-415.608, the term:

(1) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 138. Section 415.604, Florida Statutes, is amended to read:

415.604 Report to the Legislature on the status of domestic violence cases.—On or before January 1 of each year, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall furnish to the President of the Senate and the Speaker of the House of Representatives a report on the status of domestic violence in this state, which report shall include, but is not limited to, the following:

(1) The incidence of domestic violence in this state.

(2) An identification of the areas of the state where domestic violence is of significant proportions, indicating the number of cases of domestic violence officially reported, as well as an assessment of the degree of unreported cases of domestic violence.

(3) An identification and description of the types of programs in the state that assist victims of domestic violence or persons who commit domestic violence, including information on funding for the programs.

(4) The number of persons who are treated by or assisted by local domestic violence programs that receive funding through the department.

(5) A statement on the effectiveness of such programs in preventing future domestic violence.

(6) An inventory and evaluation of existing prevention programs.

(7) A listing of potential prevention efforts identified by the department; the estimated annual cost of providing such prevention services, both for a single client and for the anticipated target population as a whole; an identification of potential sources of funding; and the projected benefits of providing such services.

Section 139. Subsection (1) of section 419.002, Florida Statutes, is amended to read:

419.002 Statewide registry.—

(1) There shall be established in the Department of Children and Family ~~Health and Rehabilitative~~ Services a statewide registry of all licensed community residential homes so as to improve the ability of state and local agencies responsible for planning, administration, licensing, regulating, and operating such homes to effectively identify existing and future needs for persons and services in different areas and to coordinate their planning efforts to meet such needs. The statewide registry shall include, but not be limited to, the following information for each home:

(a) The residential licensing category.

(b) The name and address of the sponsoring agency.

(c) The address of the community residential home.

(d) The total number of department clients authorized to reside in the home.

Section 140. Paragraph (b) of subsection (1) of section 420.623, Florida Statutes, is amended to read:

420.623 Local coalitions for the homeless.—

(1) ESTABLISHMENT.—The department shall establish in each of its service districts one or more local coalitions to plan, network, coordinate, and oversee the delivery of services to the homeless in that district. Appropriate local groups and organizations involved in providing services for the homeless shall be given an opportunity to participate in such coalitions, including, but not limited to:

(b) County health departments ~~public health units~~.

Section 141. Section 458.315, Florida Statutes, is amended to read:

458.315 Temporary certificate for practice in areas of critical need.—Any physician who is licensed to practice in any other state, whose license is currently valid, and who pays an application fee of $300 may be issued a temporary certificate to practice in communities of Florida where there is a critical need for physicians. A certificate may be issued to a physician who will be employed by a county health department ~~public health unit~~, correctional facility, community health center funded by s. 329, s. 330, or s. 340 of the United States Public Health Services Act, or other entity that provides health care to indigents and that is approved by the State Health Officer. The Board of Medicine may issue this temporary certificate with the following restrictions:

(1) The board shall determine the areas of critical need, and the physician so certified may practice only in that specific area for a time to be determined by the board. Such areas shall include, but not be limited to, health manpower shortage areas designated by the United States Department of Health and Human Services.

(2) The board may administer an abbreviated oral examination to determine the physician's competency, but no written regular examination is necessary.

(3) Any certificate issued under this section shall be valid only so long as the area for which it is issued remains an area of critical need. The Board of Medicine shall review the service within said area not less than annually to ascertain that the minimum requirements of the Medical Practice Act and the rules and regulations promulgated thereunder are being complied with. If it is determined that such minimum requirements are not being met, the board shall forthwith revoke such certificate.

(4) The board shall not issue a temporary certificate for practice in an area of critical need to any physician who is under investigation in another state for an act which would constitute a violation of this chapter until such time as the investigation is complete, at which time the provisions of s. 458.331 shall apply.

Section 142. Paragraph (c) of subsection (1) and subsection (2) of section 458.317, Florida Statutes, are amended to read:

458.317 Limited licenses.—

(1)

(c) If it has been more than 3 years since active practice was conducted by the applicant, the full-time director of the county health department ~~public health unit~~ or a licensed physician, approved by the board, shall supervise the applicant for a period of 6 months after he is granted a limited license for practice, unless the board determines that a shorter period of supervision will be sufficient to ensure that the applicant is qualified for licensure. Procedures for such supervision shall be established by the board.

Nothing herein limits in any way any policy by the board, otherwise authorized by law, to grant licenses to physicians duly licensed in other states under conditions less restrictive than the requirements of this section. Notwithstanding the other provisions of this section, the board may refuse to authorize a physician otherwise qualified to practice in the employ of any agency or institution otherwise qualified if the agency or institution has caused or permitted violations of the provisions of this chapter which it knew or should have known were occurring.

(2) The board shall notify the director of the full-time local county health department ~~health unit~~ of any county in which a licensee intends to practice under the provisions of this act. The director of the full-time county health department ~~health unit~~ shall assist in the supervision of any licensee within his county and shall notify the board which issued the licensee his license if he becomes aware of any actions by the licensee which would be grounds for revocation of the limited license. The board shall establish procedures for such supervision.

Section 143. Subsections (2) and (4) of section 459.0075, Florida Statutes, are amended to read:

459.0075 Limited licenses.—

(2) If it has been more than 3 years since active practice was conducted by the applicant, the full-time director of the local county health department ~~health unit~~ shall supervise the applicant for a period of 6 months after the applicant is granted a limited license to practice, unless the board determines that a shorter period of supervision will be sufficient to ensure that the applicant is qualified for licensure pursuant to this section. Procedures for such supervision shall be established by the board.

(4) The board shall notify the director of the full-time local county health department ~~health unit~~ of any county in which a licensee intends to practice under the provisions of this section. The director of the full-time county health department ~~health unit~~ shall assist in the supervision of any licensee within his county and shall notify the board if he becomes aware of any action by the licensee which would be a ground for revocation of the limited license. The board shall establish procedures for such supervision.

Section 144. Subsection (2) of section 467.019, Florida Statutes, is amended to read:

467.019 Records and reports.—

(2) The midwife shall instruct the parents regarding the requirement for an infant screening blood test for metabolic diseases as required by s. 383.14 and rules promulgated pursuant thereto, and shall notify the county health department ~~unit~~ in the county where the birth occurs, within 48 hours following delivery, unless other arrangements for the test have been made by the parents.

Section 145. Section 509.232, Florida Statutes, is amended to read:

509.232 School carnivals and fairs; exemption from certain food service regulations.—Any public or nonprofit school which operates a carnival, fair, or other celebration, by whatever name known, which is in operation for 3 days or less and which includes the sale and preparation of food and beverages must notify the local county health department ~~unit~~ of the proposed event and is exempt from any temporary food service regulations with respect to the requirements for having hot and cold running water; floors which are constructed of tight wood, asphalt, concrete, or other cleanable material; enclosed walls and ceilings with screening; and certain size counter service. A school may not use this notification process to circumvent the license requirements of this chapter.

Section 146. Subsection (1) of section 513.01, Florida Statutes, is amended to read:

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

(1) "Department" means the Department of Health and Rehabilitative Services and includes its representative county health departments ~~public health units~~.

Section 147. Subsections (2) and (3) of section 513.045, Florida Statutes, as amended by section 16 of chapter 93-120, Laws of Florida, are amended to read:

513.045 Permit fees.—

(2) Each local county health department ~~public health unit~~ shall collect the fees established pursuant to subsection (1) but may not collect any other fees for such permit.

(3) Fees collected under this section shall be deposited in the County Health Department ~~Public Health Unit~~ Trust Fund, to be administered by the department, and shall be used solely for actual costs incurred in implementing and enforcing this act.

Section 148. Subsection (3) of section 513.045, Florida Statutes, as amended by section 6 of chapter 93-150, Laws of Florida, is amended to read:

513.045 Permit fees.—

(3) All fees collected by the department in accordance with this section and the rules adopted under this section shall be deposited into the respective county health department ~~public health unit~~ trust fund administered by the department for the payment of costs incurred in administering this chapter.

Section 149. Paragraph (a) of subsection (2) of section 513.055, Florida Statutes, as amended by section 17 of chapter 93-120, Laws of Florida, is amended to read:

513.055 Revocation or suspension of permit; fines; procedure.—

(2)(a) In lieu of such suspension or revocation of a permit, the department may impose a fine against a permittee for the permittee's failure to comply with the provisions described in paragraph (1)(a) or may place such licensee on probation. No fine so imposed shall exceed $500 for each offense, and all amounts collected in fines shall be deposited with the Treasurer to the credit of the County Health Department ~~Public Health Unit~~ Trust Fund.

Section 150. Paragraph (a) of subsection (2) of section 513.055, Florida Statutes, as amended by section 12 of chapter 93-150, Laws of Florida, is amended to read:

513.055 Revocation or suspension of permit; fines; procedure.—

(2)(a) In lieu of such suspension or revocation of a permit, the department may impose a fine against a permittee for the permittee's failure to comply with the provisions described in paragraph (1)(a) or may place the permittee on probation. A fine so imposed may not exceed $500 for each offense. All amounts collected in fines in a county shall be deposited to the credit of the county health department ~~public health unit~~ trust fund of that county.

Section 151. Section 514.025, Florida Statutes, is amended to read:

514.025 Assignment of authority to county health departments ~~public health units~~.—

(1) The department shall assign to county health departments ~~public health units~~ that are staffed with qualified engineering personnel the functions of reviewing applications and plans for the construction, development, or modification of public swimming pools or bathing places; of conducting inspections for and issuance of initial operating permits; and of issuing all permits. If the county health department ~~public health unit~~ is not assigned

the functions of application and plan review and the issuance of initial operating permits, the department shall be responsible for such functions. The department shall make the determination concerning the qualifications of county health department ~~public health unit~~ personnel to perform these functions and may make and enforce such rules pertaining thereto as it shall deem proper.

(2) After the initial operating permit is issued, the county health departments ~~public health units~~ shall assume full responsibility for routine surveillance of all public swimming pools and bathing places, including responsibility for a minimum of two routine inspections annually, complaint investigations, enforcement procedures, reissuance of operating permits, and renewal of operating permits.

Section 152. Paragraph (b) of subsection (1) of section 514.028, Florida Statutes, is amended to read:

514.028 Advisory review board.—

(1) The Governor shall appoint an advisory review board which shall meet as necessary or at least quarterly, to recommend agency action on variance request, rule and policy development, and other technical review problems. The board shall be comprised of the following:

(b) A representative from the county health departments ~~public health units~~.

Section 153. Subsection (4) of section 514.05, Florida Statutes, is amended to read:

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

(4) All amounts collected pursuant to this section shall be deposited into the Public Swimming Pool and Bathing Place Trust Fund or into the County Health Department ~~Public Health Unit~~ Trust Fund, whichever is applicable.

Section 154. Section 514.06, Florida Statutes, is amended to read:

514.06 Injunction to restrain violations.—Any public swimming pool or bathing place constructed, developed, operated, or maintained contrary to the provisions of this chapter is declared to be a public nuisance, dangerous to health or safety. Such nuisances may be abated or enjoined in an action brought by the county health department ~~public health unit~~ or the department.

Section 155. Subsection (5) of section 743.0645, Florida Statutes, is amended to read:

743.0645 Other persons who may consent to medical care or treatment of a minor.—

(5) The person who gives consent; a physician, dentist, nurse, or other health care professional licensed to practice in this state; or a hospital or

medical facility, including, but not limited to, county health departments ~~public health units~~, shall not incur civil liability by reason of the giving of consent, examination, or rendering of treatment, provided that such consent, examination, or treatment was given or rendered as a reasonable prudent person or similar health care professional would give or render it under the same or similar circumstances.

Section 156. Subsection (2) of section 39.001, Florida Statutes (1996 Supplement), is amended to read:

39.001 Purposes and intent; personnel standards and screening.—

(2) The Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services, as appropriate, may contract with the Federal Government, other state departments and agencies, county and municipal governments and agencies, public and private agencies, and private individuals and corporations in carrying out the purposes of, and the responsibilities established in, this chapter.

(a) When the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services contracts with a provider for any program for children, all personnel, including owners, operators, employees, and volunteers, in the facility must be of good moral character. A volunteer who assists on an intermittent basis for less than 40 hours per month need not be screened if the volunteer is under direct and constant supervision by persons who meet the screening requirements.

(b) The Department of Juvenile Justice and the Department of Children and Family ~~Health and Rehabilitative~~ Services shall require employment screening pursuant to chapter 435, using the level 2 standards set forth in that chapter for personnel in programs for children or youths.

(c) The Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services may grant exemptions from disqualification from working with children as provided in s. 435.07.

Section 157. Subsection (5) of section 39.003, Florida Statutes (1996 Supplement), is amended to read:

39.003 Juvenile Justice Advisory Board.—

(5) Each state agency shall provide assistance when requested by the board. The board shall have access to all records, files, and reports that are material to its duties and that are in the custody of a school board, a law enforcement agency, a state attorney, a public defender, the court, the Department of Children and Family ~~Health and Rehabilitative~~ Services, and the department.

Section 158. Subsections (7), (8), and (12), paragraphs (b) and (c) of subsection (14), and subsections (20), (30), (38), (39), (54), (55), (56), (57), (66), and (67) of section 39.01, Florida Statutes (1996 Supplement), are amended to read:

39.01 Definitions.—When used in this chapter:

(7) "Authorized agent" or "designee" of the department means a person or agency assigned or designated by the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services, as appropriate, to perform duties or exercise powers pursuant to this chapter and includes contract providers and their employees for purposes of providing services to and managing cases of children in need of services and families in need of services.

(8) "Caretaker/homemaker" means an authorized agent of the Department of Children and Family ~~Health and Rehabilitative~~ Services who shall remain in the child's home with the child until a parent, legal guardian, or relative of the child enters the home and is capable of assuming and agrees to assume charge of the child.

(12) "Child in need of services" means a child for whom there is no pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services for an adjudication of dependency or delinquency. The child must also, pursuant to this chapter, be found by the court:

(a) To have persistently run away from the child's parents or legal custodians despite reasonable efforts of the child, the parents or legal custodians, and appropriate agencies to remedy the conditions contributing to the behavior. Reasonable efforts shall include voluntary participation by the child's parents or legal custodians and the child in family mediation, services, and treatment offered by the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services;

(b) To be habitually truant from school, while subject to compulsory school attendance, despite reasonable efforts to remedy the situation pursuant to s. 232.19 and through voluntary participation by the child's parents or legal custodians and by the child in family mediation, services, and treatment offered by the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services; or

(c) To have persistently disobeyed the reasonable and lawful demands of the child's parents or legal custodians, and to be beyond their control despite efforts by the child's parents or legal custodians and appropriate agencies to remedy the conditions contributing to the behavior. Reasonable efforts may include such things as good faith participation in family or individual counseling.

(14) "Child who is found to be dependent" means a child who, pursuant to this chapter, is found by the court:

(b) To have been surrendered to the Department of Children and Family ~~Health and Rehabilitative~~ Services or a licensed child-placing agency for purpose of adoption.

(c) To have been voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, or the Department of Children and Family ~~Health and Rehabilitative~~ Services, after which placement, under the requirements of part V of this chapter, a case plan has expired and the parent or parents have failed to substantially comply with the requirements of the plan.

(20) "Department," as used in parts III, V, and VI, means the Department of Children and Family ~~Health and Rehabilitative~~ Services. As used in parts II and IV, the term means the Department of Juvenile Justice.

(30) "Family in need of services" means a family that has a child for whom there is no pending investigation into an allegation of abuse, neglect, or abandonment or no current supervision by the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services for an adjudication of dependency or delinquency. The child must also have been referred to a law enforcement agency or the Department of Juvenile Justice for:

(a) Running away from parents or legal custodians;

(b) Persistently disobeying reasonable and lawful demands of parents or legal custodians, and being beyond their control; or

(c) Habitual truancy from school.

(38) "Licensed child-caring agency" means a person, society, association, or agency licensed by the Department of Children and Family ~~Health and Rehabilitative~~ Services to care for, receive, and board children.

(39) "Licensed child-placing agency" means a person, society, association, or institution licensed by the Department of Children and Family ~~Health and Rehabilitative~~ Services to care for, receive, or board children and to place children in a licensed child-caring institution or a foster or adoptive home.

(54) "Protective investigation" means the acceptance of a report alleging child abuse or neglect, as defined in s. 415.503, by the central abuse registry and tracking system or the acceptance of a report of other dependency by the local children, youth, and families office of the Department of Children and Family ~~Health and Rehabilitative~~ Services; the investigation and classification of each report; the determination of whether action by the court is warranted; the determination of the disposition of each report without court or public agency action when appropriate; the referral of a child to another public or private agency when appropriate; and the recommendation by the protective investigator of court action when appropriate.

(55) "Protective investigator" means an authorized agent of the Department of Children and Family ~~Health and Rehabilitative~~ Services who receives, investigates, and classifies reports of child abuse or neglect as defined in s. 415.503; who, as a result of the investigation, may recommend that a dependency petition be filed for the child under the criteria of paragraph (14)(a); and who performs other duties necessary to carry out the required actions of the protective investigation function.

(56) "Protective supervision" means a legal status in dependency cases, child-in-need-of-services cases, or family-in-need-of-services cases which permits the child to remain in his or her own home or other placement under the supervision of an agent of the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services, subject to being returned to the court during the period of supervision.

(57) "Protective supervision case plan" means a document that is prepared by the protective supervision counselor of the Department of Children and Family ~~Health and Rehabilitative~~ Services, is based upon the voluntary protective supervision of a case pursuant to s. 39.403(2)(b), or a disposition order entered pursuant to s. 39.41(1)(a)1., and that:

(a) Is developed in conference with the parent, guardian, or custodian of the child and, if appropriate, the child and any court-appointed guardian ad litem.

(b) Is written simply and clearly in the principal language, to the extent possible, of the parent, guardian, or custodian of the child and in English.

(c) Is subject to modification based on changing circumstances and negotiations among the parties to the plan and includes, at a minimum:

1. All services and activities ordered by the court.

2. Goals and specific activities to be achieved by all parties to the plan.

3. Anticipated dates for achieving each goal and activity.

4. Signatures of all parties to the plan.

(d) Is submitted to the court in cases where a dispositional order has been entered pursuant to s. 39.41(1)(a)1.

(66) "Social service agency" means the Department of Children and Family ~~Health and Rehabilitative~~ Services, a licensed child-caring agency, or a licensed child-placing agency.

(67) "Staff-secure shelter" means a facility in which a child is supervised 24 hours a day by staff members who are awake while on duty. The facility is for the temporary care and assessment of a child who has been found to be dependent, who has violated a court order and been found in contempt of court, or whom the Department of Children and Family ~~Health and Rehabilitative~~ Services is unable to properly assess or place for assistance within the continuum of services provided for dependent children.

Section 159. Subsection (5) of section 39.021, Florida Statutes (1996 Supplement), is amended to read:

39.021 Administering the juvenile justice continuum.—

(5) The department shall maintain continuing cooperation with the Department of Education, the Department of Children and Family ~~Health and Rehabilitative~~ Services, the Department of Labor and Employment Security, and the Department of Corrections for the purpose of participating in

agreements with respect to dropout prevention and the reduction of suspensions, expulsions, and truancy; increased access to and participation in GED, vocational, and alternative education programs; and employment training and placement assistance. The cooperative agreements between the departments shall include an interdepartmental plan to cooperate in accomplishing the reduction of inappropriate transfers of children into the adult criminal justice and correctional systems.

Section 160. Subsection (2), paragraphs (d) and (f) of subsection (4), paragraphs (a) and (c) of subsection (5), paragraph (d) of subsection (6), subsection (7), and paragraphs (a) and (b) of subsection (8) of section 39.025, Florida Statutes (1996 Supplement), are amended to read:

39.025 District juvenile justice boards.—

(2) FINDINGS.—The Legislature finds that the number of children suspended or expelled from school is growing at an alarming rate; that juvenile crime is growing at an alarming rate; and that there is a direct relationship between the increasing number of children suspended or expelled from school and the rising crime rate. The Legislature further finds that the problem of school safety cannot be solved solely by suspending or expelling students, nor can the public be protected from juvenile crime merely by incarcerating juvenile delinquents, but that school and law enforcement authorities must work in cooperation with the Department of Juvenile Justice, the Department of Children and Family ~~Health and Rehabilitative~~ Services, and other community representatives in a partnership that coordinates goals, strategies, resources, and evaluation of outcomes. The Legislature finds that where such partnerships exist the participants believe that such efforts are beneficial to the community and should be encouraged elsewhere.

(4) DEFINITIONS.—As used in this section:

(d) "District administrator" means the chief operating officer of each service district of the Department of Children and Family ~~Health and Rehabilitative~~ Services as defined in s. 20.19(6), and, where appropriate, includes each district administrator whose service district falls within the boundaries of a judicial circuit.

(f) "Health and human services board" means the body created in each service district of the Department of Children and Family ~~Health and Rehabilitative~~ Services pursuant to the provisions of s. 20.19(7).

(5) COUNTY JUVENILE JUSTICE COUNCILS.—

(a) A county juvenile justice council is authorized in each county for the purpose of encouraging the initiation of, or supporting ongoing, interagency cooperation and collaboration in addressing juvenile crime. A county juvenile justice council must include:

1. The district school superintendent, or the superintendent's designee.

2. The chair of the board of county commissioners, or the chair's designee.

3. An elected official of the governing body of a municipality within the county.

4. Representatives of the local school system including administrators, teachers, school counselors, and parents.

5. The district juvenile justice manager and the district administrator of the Department of Children and Family ~~Health and Rehabilitative~~ Services, or their respective designees.

6. Representatives of local law enforcement agencies, including the sheriff or the sheriff's designee.

7. Representatives of the judicial system, including, but not limited to, the chief judge of the circuit, the state attorney, the public defender, the clerk of the circuit court, or their respective designees.

8. Representatives of the business community.

9. Representatives of any other interested officials, groups, or entities including, but not limited to, a children's services council, public or private providers of juvenile justice programs and services, students, and advocates.

A juvenile delinquency and gang prevention council or any other group or organization that currently exists in any county, and that is composed of and open to representatives of the classes of members described in this section, may notify the district juvenile justice manager of its desire to be designated as the county juvenile justice council.

(c) The duties and responsibilities of a county juvenile justice council include, but are not limited to:

1. Developing a county juvenile justice plan based upon utilization of the resources of law enforcement, the school system, the Department of Juvenile Justice, the Department of Children and Family ~~Health and Rehabilitative~~ Services, and others in a cooperative and collaborative manner to prevent or discourage juvenile crime and develop meaningful alternatives to school suspensions and expulsions.

2. Entering into a written county interagency agreement specifying the nature and extent of contributions each signatory agency will make in achieving the goals of the county juvenile justice plan and their commitment to the sharing of information useful in carrying out the goals of the interagency agreement to the extent authorized by law.

3. Applying for and receiving public or private grants, to be administered by one of the community partners, that support one or more components of the county juvenile justice plan.

4. Designating the county representatives to the district juvenile justice board pursuant to subsection (6).

5. Providing a forum for the presentation of interagency recommendations and the resolution of disagreements relating to the contents of the

county interagency agreement or the performance by the parties of their respective obligations under the agreement.

6. Assisting and directing the efforts of local community support organizations and volunteer groups in providing enrichment programs and other support services for clients of local juvenile detention centers.

7. Providing an annual report and recommendations to the district juvenile justice board, the Juvenile Justice Advisory Board, and the district juvenile justice manager.

(6) DISTRICT JUVENILE JUSTICE BOARDS.—

(d) A district juvenile justice board has the purpose, power, and duty to:

1. Advise the district juvenile justice manager and the district administrator on the need for and the availability of juvenile justice programs and services in the district.

2. Develop a district juvenile justice plan that is based upon the juvenile justice plans developed by each county within the district, and that addresses the needs of each county within the district.

3. Develop a district interagency cooperation and information-sharing agreement that supplements county agreements and expands the scope to include appropriate circuit and district officials and groups.

4. Coordinate the efforts of the district juvenile justice board with the activities of the Governor's Juvenile Justice and Delinquency Prevention Advisory Committee and other public and private entities.

5. Advise and assist the district juvenile justice manager in the provision of optional, innovative delinquency services in the district to meet the unique needs of delinquent children and their families.

6. Develop, in consultation with the district juvenile justice manager, funding sources external to the Department of Juvenile Justice for the provision and maintenance of additional delinquency programs and services. The board may, either independently or in partnership with one or more county juvenile justice councils or other public or private entities, apply for and receive funds, under contract or other funding arrangement, from federal, state, county, city, and other public agencies, and from public and private foundations, agencies, and charities for the purpose of funding optional innovative prevention, diversion, or treatment services in the district for delinquent children and children at risk of delinquency, and their families. To aid in this process, the department shall provide fiscal agency services for the councils.

7. Educate the community about and assist in the community juvenile justice partnership grant program administered by the Department of Juvenile Justice.

8. Advise the district health and human services board, the district juvenile justice manager, and the Secretary of Juvenile Justice regarding the

development of the legislative budget request for juvenile justice programs and services in the district and the commitment region, and, in coordination with the district health and human services board, make recommendations, develop programs, and provide funding for prevention and early intervention programs and services designed to serve children in need of services, families in need of services, and children who are at risk of delinquency within the district or region.

9. Assist the district juvenile justice manager in collecting information and statistical data useful in assessing the need for prevention programs and services within the juvenile justice continuum program in the district.

10. Make recommendations with respect to, and monitor the effectiveness of, the judicial administrative plan for each circuit pursuant to Rule 2.050, Florida Rules of Judicial Administration.

11. Provide periodic reports to the health and human services board in the appropriate district of the Department of Children and Family ~~Health and Rehabilitative~~ Services. These reports must contain, at a minimum, data about the clients served by the juvenile justice programs and services in the district, as well as data concerning the unmet needs of juveniles within the district.

12. Provide a written annual report on the activities of the board to the district administrator, the Secretary of Juvenile Justice, and the Juvenile Justice Advisory Board. The report should include an assessment of the effectiveness of juvenile justice continuum programs and services within the district, recommendations for elimination, modification, or expansion of existing programs, and suggestions for new programs or services in the juvenile justice continuum that would meet identified needs of children and families in the district.

(7) DISTRICT JUVENILE JUSTICE PLAN; PROGRAMS.—

(a) A district juvenile justice plan is authorized in each district or any subdivision of the district authorized by the district juvenile justice board for the purpose of reducing delinquent acts, juvenile arrests, and gang activity. Juvenile justice programs under such plan may be administered by the Department of Juvenile Justice; the district school board; a local law enforcement agency; or any other public or private entity, in cooperation with appropriate state or local governmental entities and public and private agencies. A juvenile justice program under this section may be planned, implemented, and conducted in any district pursuant to a proposal developed and approved as specified in subsection (8).

(b) District juvenile justice plans shall be developed by district juvenile justice boards in close cooperation with the schools, the courts, the state attorney, law enforcement, state agencies, and community organizations and groups. It is the intent of the Legislature that representatives of all elements of the community acquire a thorough understanding of the role and responsibility that each has in addressing juvenile crime in the community, and that the district juvenile justice plan reflect an understanding of the legal and fiscal limits within which the plan must be implemented.

(c) The district juvenile justice board may use public hearings and other appropriate processes to solicit input regarding the development and updating of the district juvenile justice plan. Input may be provided by parties which include, but are not limited to:

1. Local level public and private service providers, advocacy organizations, and other organizations working with delinquent children.

2. County and municipal governments.

3. State agencies that provide services to children and their families.

4. University youth centers.

5. Judges, state attorneys, public defenders, and The Florida Bar.

6. Victims of crimes committed by children.

7. Law enforcement.

8. Delinquent children and their families and caregivers.

The district juvenile justice board must develop its district juvenile justice plan in close cooperation with the appropriate health and human services board of the Department of Children and Family ~~Health and Rehabilitative~~ Services, local school districts, local law enforcement agencies, and other community groups and must update the plan annually. To aid the planning process, the Department of Juvenile Justice shall provide to district juvenile justice boards routinely collected ethnicity data. The Department of Law Enforcement shall include ethnicity as a field in the Florida Intelligence Center database, and shall collect the data routinely and make it available to district juvenile justice boards.

(8) COMMUNITY JUVENILE JUSTICE PARTNERSHIP GRANTS; CRITERIA.—

(a) In order to encourage the development of county and district juvenile justice plans and the development and implementation of county and district interagency agreements among representatives of the Department of Juvenile Justice, the Department of Children and Family ~~Health and Rehabilitative~~ Services, law enforcement, and school authorities, the community juvenile justice partnership grant program is established, to be administered by the Department of Juvenile Justice.

(b) The department shall only consider applications which at a minimum provide for the following:

1. The participation of the local school authorities, local law enforcement, and local representatives of the Department of Juvenile Justice and the Department of Children and Family ~~Health and Rehabilitative~~ Services pursuant to a written interagency partnership agreement. Such agreement must specify how community entities will cooperate, collaborate, and share information in furtherance of the goals of the district and county juvenile justice plan; and

2. The reduction of truancy and in-school and out-of-school suspensions and expulsions, and the enhancement of school safety.

Section 161. Paragraph (c) of subsection (5) of section 39.0361, Florida Statutes (1996 Supplement), is amended to read:

39.0361 Neighborhood Restorative Justice Act.—

(5) DEFERRED PROSECUTION PROGRAM; PROCEDURES.—

(c) The board shall require the parent or legal guardian of the juvenile who is referred to a Neighborhood Restorative Justice Center to appear with the juvenile before the board at the time set by the board. In scheduling board meetings, the board shall be cognizant of a parent's or legal guardian's other obligations. The failure of a parent or legal guardian to appear at the scheduled board meeting with his or her child or ward may be considered by the juvenile court as an act of child neglect as defined by s. 415.503(3), and the board may refer the matter to the Department of Children and Family ~~Health and Rehabilitative~~ Services for investigation under the provisions of chapter 415.

Section 162. Subsection (3) of section 39.039, Florida Statutes (1996 Supplement), is amended to read:

39.039 Fingerprinting and photographing.—

(3) This section does not prohibit the fingerprinting or photographing of child traffic violators. All records of such traffic violations shall be kept in the full name of the violator and shall be open to inspection and publication in the same manner as adult traffic violations. This section does not apply to the photographing of children by the Department of Juvenile Justice or the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 163. Paragraph (a) of subsection (1) of section 39.047, Florida Statutes (1996 Supplement), is amended to read:

39.047 Intake and case management.—

(1)(a) During the intake process the intake counselor shall screen each child to determine:

1. Appropriateness for release, referral to a diversionary program including, but not limited to, a teen-court program, referral for community arbitration, or referral to some other program or agency for the purpose of nonofficial or nonjudicial handling.

2. The presence of medical, psychiatric, psychological, substance abuse, educational problems, or other conditions that may have caused the child to come to the attention of law enforcement or the Department of Juvenile Justice. In cases where such conditions are identified, and a nonjudicial handling of the case is chosen, the intake counselor shall attempt to refer the child to a program or agency, together with all available and relevant assessment information concerning the child's precipitating condition.

3. The Department of Juvenile Justice shall develop a case management system whereby a child brought into intake is assigned a case manager if the child was not released, referred to a diversionary program, referred for community arbitration, or referred to some other program or agency for the purpose of nonofficial or nonjudicial handling, and shall make every reasonable effort to provide continuity of case management for the child; provided, however, that case management for children committed to residential programs may be transferred as provided in s. 39.067.

4. In addition to duties specified in other sections and through departmental rules, the assigned case manager shall be responsible for the following:

a. Ensuring that a risk assessment instrument establishing the child's eligibility for detention has been accurately completed and that the appropriate recommendation was made to the court.

b. Inquiring as to whether the child understands his or her rights to counsel and against self-incrimination.

c. Performing the preliminary screening and making referrals for comprehensive assessment regarding the child's need for substance abuse treatment services, mental health services, retardation services, literacy services, or other educational or treatment services.

d. Coordinating the multidisciplinary assessment when required, which includes the classification and placement process that determines the child's priority needs, risk classification, and treatment plan. When sufficient evidence exists to warrant a comprehensive assessment and the child fails to voluntarily participate in the assessment efforts, it is the responsibility of the case manager to inform the court of the need for the assessment and the refusal of the child to participate in such assessment. This assessment, classification, and placement process shall develop into the predisposition report.

e. Making recommendations for services and facilitating the delivery of those services to the child, including any mental health services, educational services, family counseling services, family assistance services, and substance abuse services. The delinquency case manager shall serve as the primary case manager for the purpose of managing, coordinating, and monitoring the services provided to the child. Each program administrator within the Department of Children and Family ~~Health and Rehabilitative~~ Services shall cooperate with the primary case manager in carrying out the duties and responsibilities described in this section.

The Department of Juvenile Justice shall annually advise the Legislature and the Executive Office of the Governor of the resources needed in order for the case management system to maintain a staff-to-client ratio that is consistent with accepted standards and allows the necessary supervision and services for each child. The intake process and case management system shall provide a comprehensive approach to assessing the child's needs, relative risks, and most appropriate handling, and shall be based on an individualized treatment plan.

Section 164. Paragraphs (b) and (c) of subsection (1) and subsections (2), (3), (5), and (7) of section 39.0517, Florida Statutes (1996 Supplement), are amended to read:

39.0517 Incompetency in juvenile delinquency cases.—

(1) If, at any time prior to or during a delinquency case involving a delinquent act or violation of law that would be a felony if committed by an adult, the court has reason to believe that the child named in the petition may be incompetent to proceed with the hearing, the court on its own motion may, or on the motion of the child's attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition.

(b) For incompetency evaluations related to mental illness, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall annually provide the courts with a list of mental health professionals who have completed a training program approved by the Department of Children and Family ~~Health and Rehabilitative~~ Services to perform the evaluations.

(c) For incompetency evaluations related to mental retardation, the court shall order the Developmental Services Program Office within the Department of Children and Family ~~Health and Rehabilitative~~ Services to examine the child to determine if the child meets the definition of "retardation" in s. 393.063 and, if so, whether the child is competent to proceed with delinquency proceedings.

(2) Every child who is adjudicated incompetent to proceed may be involuntarily committed to the Department of Children and Family ~~Health and Rehabilitative~~ Services for treatment upon a finding by the court of clear and convincing evidence that:

(a) The child is mentally ill and because of the mental illness; or the child is mentally retarded and because of the mental retardation:

1. The child is manifestly incapable of surviving with the help of willing and responsible family or friends, including available alternative services, and without treatment the child is likely to either suffer from neglect or refuse to care for self, and such neglect or refusal poses a real and present threat of substantial harm to the child's well-being; or

2. There is a substantial likelihood that in the near future the child will inflict serious bodily harm on self or others, as evidenced by recent behavior causing, attempting, or threatening such harm; and

(b) All available less restrictive alternatives, including treatment in community residential facilities or community inpatient or outpatient settings which would offer an opportunity for improvement of the child's condition, are inappropriate.

(3) Each child who has been adjudicated incompetent to proceed and who meets the criteria for commitment in subsection (2), must be committed to the Department of Children and Family ~~Health and Rehabilitative~~ Services, and that department may retain, and if it retains must treat, the child in

the least restrictive alternative consistent with public safety. Any commitment of a child to a residential program must be separate from adult forensic programs. If the child attains competency, case management and supervision of the child will be transferred to the department in order to continue delinquency proceedings; however, the court retains authority to order the Department of Children and Family ~~Health and Rehabilitative~~ Services to provide continued treatment to maintain competency.

(a) A child adjudicated incompetent due to mental retardation may be ordered into a program designated by the Department of Children and Family ~~Health and Rehabilitative~~ Services for retarded children.

(b) A child adjudicated incompetent due to mental illness may be ordered into a program designated by the Department of Children and Family ~~Health and Rehabilitative~~ Services for mentally ill children.

(c) Not later than 6 months after the date of commitment, or at the end of any period of extended treatment or training, or at any time the service provider determines the child has attained competency or no longer meets the criteria for commitment, the service provider must file a report with the court pursuant to the applicable Rules of Juvenile Procedure.

(5) If a child who is found to be incompetent does not meet the commitment criteria of subsection (2), the court may order the Department of Children and Family ~~Health and Rehabilitative~~ Services to provide appropriate treatment and training in the community. All court-ordered treatment or training must be the least restrictive alternative that is consistent with public safety. Any commitment to a residential program must be separate from adult forensic programs. If a child is ordered to receive such services, the services shall be provided by the Department of Children and Family ~~Health and Rehabilitative~~ Services. The department shall continue to provide case management services to the child and receive notice of the competency status of the child. The competency determination must be reviewed at least every 6 months by the service provider, and a copy of a written report evaluating the child's competency must be filed by the provider with the court and with the Department of Children and Family ~~Health and Rehabilitative~~ Services and the department.

(7) The Department of Children and Family ~~Health and Rehabilitative~~ Services and the department must report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 15, 1996, on the issue of children who are incompetent for the purposes of juvenile delinquency proceedings. The report must contain the findings of a study group that includes five representatives, one each appointed by the President of the Senate, the Speaker of the House of Representatives, the Florida Conference of Circuit Court Judges, the Florida Prosecuting Attorneys Association, and the Florida Public Defenders Association. The report shall include recommendations concerning the implementation of this act and recommendations for changes to this act.

Section 165. Paragraph (c) of subsection (2) and paragraph (d) of subsection (4) of section 39.052, Florida Statutes (1996 Supplement), are amended to read:

39.052 Hearings.—

(2) WAIVER HEARING.—

(c) The court shall conduct a hearing on all transfer request motions for the purpose of determining whether a child should be transferred. In making its determination, the court shall consider:

1. The seriousness of the alleged offense to the community and whether the protection of the community is best served by transferring the child for adult sanctions.

2. Whether the alleged offense was committed in an aggressive, violent, premeditated, or willful manner.

3. Whether the alleged offense was against persons or against property, greater weight being given to offenses against persons, especially if personal injury resulted.

4. The probable cause as found in the report, affidavit, or complaint.

5. The desirability of trial and disposition of the entire offense in one court when the child's associates in the alleged crime are adults or children who are to be tried as adults.

6. The sophistication and maturity of the child.

7. The record and previous history of the child, including:

a. Previous contacts with the department, the Department of Corrections, the Department of Children and Family ~~Health and Rehabilitative~~ Services, other law enforcement agencies, and courts;

b. Prior periods of probation or community control;

c. Prior adjudications that the child committed a delinquent act or violation of law, greater weight being given if the child has previously been found by a court to have committed a delinquent act or violation of law involving an offense classified as a felony or has twice previously been found to have committed a delinquent act or violation of law involving an offense classified as a misdemeanor; and

d. Prior commitments to institutions.

8. The prospects for adequate protection of the public and the likelihood of reasonable rehabilitation of the child, if the child is found to have committed the alleged offense, by the use of procedures, services, and facilities currently available to the court.

(4) DISPOSITION HEARING FOR DELINQUENCY CASES.—When a child has been found to have committed a delinquent act, the following procedures shall be applicable to the disposition of the case:

(d) The first determination to be made by the court is a determination of the suitability or nonsuitability for adjudication and commitment of the

child to the department. This determination shall be based upon the predisposition report which shall include, whether as part of the child's multidisciplinary assessment, classification, and placement process components or separately, evaluation of the following criteria:

1. The seriousness of the offense to the community. If the court determines that the child was a member of a criminal street gang at the time of the commission of the offense, which determination shall be made pursuant to chapter 874, the seriousness of the offense to the community shall be given great weight.

2. Whether the protection of the community requires adjudication and commitment to the department.

3. Whether the offense was committed in an aggressive, violent, premeditated, or willful manner.

4. Whether the offense was against persons or against property, greater weight being given to offenses against persons, especially if personal injury resulted.

5. The sophistication and maturity of the child.

6. The record and previous criminal history of the child, including without limitations:

a. Previous contacts with the department, the Department of Children and Family ~~Health and Rehabilitative~~ Services, the Department of Corrections, other law enforcement agencies, and courts;

b. Prior periods of probation or community control;

c. Prior adjudications of delinquency; and

d. Prior commitments to institutions.

7. The prospects for adequate protection of the public and the likelihood of reasonable rehabilitation of the child if committed to a community services program or facility.

Section 166. Paragraph (b) of subsection (1) of section 39.0585, Florida Statutes (1996 Supplement), is amended to read:

39.0585 Information systems.—

(1)

(b) The central identification file shall contain, but not be limited to, pertinent dependency record information maintained by the Department of Children and Family ~~Health and Rehabilitative~~ Services and delinquency record information maintained by the Department of Juvenile Justice; pertinent school records, including information on behavior, attendance, and achievement; pertinent information on delinquency and dependency maintained by law enforcement agencies and the state attorney; and pertinent

information on delinquency and dependency maintained by those agencies charged with screening, assessment, planning, and treatment responsibilities. The information obtained shall be used to develop a multiagency information sheet on serious habitual juvenile offenders or juveniles who are at risk of becoming serious habitual juvenile offenders. The agencies and persons specified in this paragraph shall cooperate with the law enforcement agency or county in providing needed information and in developing the multiagency information sheet to the greatest extent possible.

Section 167. Section 39.418, Florida Statutes (1996 Supplement), is amended to read:

39.418 Operations and Maintenance Trust Fund.—Effective July 1, 1996, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall deposit all child support payments made to the department pursuant to s. 39.41(2) into the Operations and Maintenance Trust Fund. The purpose of this funding is to care for children who are committed to the temporary legal custody of the department pursuant to s. 39.41(2)(a)8.

Section 168. Subsection (1) of section 39.423, Florida Statutes (1996 Supplement), is amended to read:

39.423 Intake.—

(1) Intake shall be performed by the department. A report or complaint alleging that a child is from a family in need of services shall be made to the intake office operating in the county in which the child is found or in which the case arose. Any person or agency, including, but not limited to, the local school district, law enforcement agency, or Department of Children and Family ~~Health and Rehabilitative~~ Services, having knowledge of the facts may make a report or complaint.

Section 169. Subsections (3) and (4) of section 39.442, Florida Statutes (1996 Supplement), are amended to read:

39.442 Powers of disposition.—

(3) When any child is adjudicated by the court to be a child in need of services and temporary legal custody of the child has been placed with an adult willing to care for the child, a licensed child-caring agency, the Department of Juvenile Justice, or the Department of Children and Family ~~Health and Rehabilitative~~ Services, the court shall order the natural or adoptive parents of such child, including the natural father of such child born out of wedlock who has acknowledged his paternity in writing before the court, or the guardian of such child's estate if possessed of assets which under law may be disbursed for the care, support, and maintenance of such child, to pay child support to the adult relative caring for the child, the licensed child-caring agency, the Department of Juvenile Justice, or the Department of Children and Family ~~Health and Rehabilitative~~ Services. When such order affects the guardianship estate, a certified copy of such order shall be delivered to the judge having jurisdiction of such guardianship estate. If the court determines that the parent is unable to pay support, placement of the child shall not be contingent upon issuance of a support order.

(4) All payments of fees made to the department pursuant to this part, or child support payments made to the department pursuant to subsection (5), shall be deposited in the General Revenue Fund. In cases in which the child is placed in foster care with the Department of Children and Family ~~Health and Rehabilitative~~ Services, such child support payments shall be deposited in the Foster Care, Group Home, Developmental Training, and Supported Employment Programs Trust Fund.

Section 170. Subsection (3) of section 39.446, Florida Statutes (1996 Supplement), is amended to read:

39.446 Medical, psychiatric, and psychological examination and treatment of child; physical or mental examination of parent, guardian, or person requesting custody of child.—

(3) A judge may order that a child alleged to be or adjudicated a child in need of services be examined by a licensed health care professional. The judge may also order such child to be evaluated by a psychiatrist or a psychologist, by a district school board educational needs assessment team, or, if a developmental disability is suspected or alleged, by the developmental disability diagnostic and evaluation team of the Department of Children and Family ~~Health and Rehabilitative~~ Services. The judge may order a family assessment if that assessment was not completed at an earlier time. If it is necessary to place a child in a residential facility for such evaluation, then the criteria and procedure established in s. 394.463(2) or chapter 393 shall be used, whichever is applicable. The educational needs assessment provided by the district school board educational needs assessment team shall include, but not be limited to, reports of intelligence and achievement tests, screening for learning disabilities and other handicaps, and screening for the need for alternative education pursuant to s. 230.2316.

Section 171. Section 39.457, Florida Statutes (1996 Supplement), is amended to read:

39.457 Leon County pilot program; additional benefits to children in foster care.—The Department of Children and Family ~~Health and Rehabilitative~~ Services shall establish a pilot program in Leon County, in cooperation with various private corporations, in order to provide additional benefits to children in foster care in the county. The intent of this pilot project is to normalize the foster care experience for these children. The department shall also encourage the establishment, where practicable, of corporations which meet the requirements of s. 501(c)(3) of the Internal Revenue Code, to which for-profit corporations may make donations for the enhancement of foster care programs.

Section 172. Paragraph (d) of subsection (2) of section 63.022, Florida Statutes (1996 Supplement), is amended to read:

63.022 Legislative intent.—

(2) The basic safeguards intended to be provided by this act are that:

(d) All placements of minors for adoption are reported to the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 173. Paragraph (p) of subsection (2) of section 110.205, Florida Statutes (1996 Supplement), is amended to read:

110.205 Career service; exemptions.—

(2) EXEMPT POSITIONS.—The exempt positions which are not covered by this part include the following, provided that no position, except for positions established for a limited period of time pursuant to paragraph (h), shall be exempted if the position reports to a position in the career service:

(p) The staff directors, assistant staff directors, district program managers, district program coordinators, district subdistrict administrators, district administrative services directors, district attorneys, county health department ~~public health unit~~ directors, county health department ~~public health unit~~ administrators, and the Deputy Director of Central Operations Services of the Department of Health and Rehabilitative Services. Unless otherwise fixed by law, the department shall establish the salary range and benefits for these positions in accordance with the rules of the Selected Exempt Service.

Section 174. Paragraph (b) of subsection (11) of section 230.2305, Florida Statutes (1996 Supplement), is amended to read:

230.2305 Prekindergarten early intervention program.—

(11) DISTRICT INTERAGENCY COORDINATING COUNCILS.—

(b) Each district coordinating council must consist of at least 12 members to be appointed by the district school board, the county commission for the county in which participating schools are located, and the Department of Health and Rehabilitative Services' district administrator and must include at least the following:

1. One member who is a parent of a child enrolled in, or intending to enroll in, the public school prekindergarten program, appointed by the school board.

2. One member who is a director or designated director of a prekindergarten program in the district, appointed by the school board.

3. One member who is a member of a district school board, appointed by the school board.

4. One member who is a representative of an agency serving children with disabilities, appointed by the Department of Health and Rehabilitative Services' district administrator.

5. Four members who are representatives of organizations providing prekindergarten educational services, one of whom is a representative of a Head Start Program, appointed by the Department of Health and Rehabilitative Services' district administrator; one of whom is a representative of a Title XX subsidized child day care program, if such programs exist within the county, appointed by the Department of Health and Rehabilitative Services' district administrator; and two of whom are private providers of pre-

school care and education to 3-year-old and 4-year-old children, one appointed by the county commission and one appointed by the Department of Health and Rehabilitative Services' district administrator. If there is no Head Start Program or Title XX program operating within the county, these two members must represent community interests in prekindergarten education.

6. Two members who are representatives of agencies responsible for providing social, medical, dental, adult literacy, or transportation services, one of whom represents the county health department ~~public health unit~~, both appointed by the county commission.

7. One member to represent a local child advocacy organization, appointed by the Department of Health and Rehabilitative Services' district administrator.

8. One member to represent the district K-3 program, appointed by the school board.

Section 175. Subsection (1) of section 381.0031, Florida Statutes (1996 Supplement), is amended to read:

381.0031 Report of diseases of public health significance to department.—

(1) Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health ~~and Rehabilitative Services~~.

This section does not affect s. 384.25.

Section 176. Subsections (4), (5), (8), and (10) and paragraphs (a) and (b) of subsection (11) of section 381.004, Florida Statutes (1996 Supplement), are amended to read:

381.004 Testing for human immunodeficiency virus.—

(4) COUNTY HEALTH DEPARTMENT ~~PUBLIC HEALTH UNIT~~ NETWORK OF VOLUNTARY HUMAN IMMUNODEFICIENCY VIRUS TESTING PROGRAMS.—

(a) The Department of Health ~~and Rehabilitative Services~~ shall establish a network of voluntary human immunodeficiency virus testing programs in every county in the state. These programs shall be conducted in each county health department ~~public health unit~~ established under the provisions of part I of chapter 154. Additional programs may be contracted to other private providers to the extent that finances permit and local circumstances dictate.

(b) Each county health department ~~public health unit~~ shall have the ability to provide counseling and testing for human immunodeficiency virus

to each patient who receives services and shall offer such testing on a voluntary basis to each patient who presents himself or herself for services in a public health program designated by the State Health Officer by rule.

(c) Each county health department ~~public health unit~~ shall provide a program of counseling and testing for human immunodeficiency virus infection, on both an anonymous and confidential basis. Counseling provided to a patient tested on both an anonymous and confidential basis shall include informing the patient of the availability of partner-notification services, the benefits of such services, and the confidentiality protections available as part of such services. The Department of Health ~~and Rehabilitative Services~~ or its designated agent shall continue to provide for anonymous testing through an alternative testing site program with sites throughout all areas of the state. Each county health department ~~public health unit~~ shall maintain a list of anonymous testing sites. The list shall include the locations, phone numbers, and hours of operation of the sites and shall be disseminated to all persons and programs offering human immunodeficiency virus testing within the service area of the county health department ~~public health unit~~, including physicians licensed under chapter 458 or chapter 459. Except as provided in this section, the identity of a person upon whom a test has been performed and test results are confidential and exempt from the provisions of s. 119.07(1).

(d) The result of a serologic test conducted under the auspices of the Department of Health ~~and Rehabilitative Services~~ shall not be used to determine if a person may be insured for disability, health, or life insurance or to screen or determine suitability for, or to discharge a person from, employment. Any person who violates the provisions of this subsection is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(5) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS; REGISTRATION WITH THE DEPARTMENT OF HEALTH ~~AND REHABILITATIVE SERVICES~~; EXEMPTIONS FROM REGISTRATION.—No county health department ~~public health unit~~ and no other person in this state shall conduct or hold themselves out to the public as conducting a testing program for acquired immune deficiency syndrome, acquired immune deficiency syndrome related complex, or human immunodeficiency virus status without first registering with the Department of Health ~~and Rehabilitative Services~~, complying with all other applicable provisions of state law, and meeting the following requirements:

(a) The program must be directed by a person with a minimum number of contact hours of experience in the counseling of persons with acquired immune deficiency syndrome, acquired immune deficiency syndrome related complex, or human immunodeficiency virus infection, as established by the Department of Health ~~and Rehabilitative Services~~ by rule.

(b) The program must have all medical care supervised by a physician licensed under the provisions of chapter 458 or chapter 459.

(c) The program shall have all laboratory procedures performed in a laboratory licensed under the provisions of chapter 483.

(d) The program must meet all the informed consent criteria contained in subsection (3).

(e) The program must provide pretest counseling on the meaning of a test for human immunodeficiency virus, including medical indications for the test; the possibility of false positive or false negative results; the potential need for confirmatory testing; the potential social, medical, and economic consequences of a positive test result; and the need to eliminate high-risk behavior.

(f) The program must provide supplemental corroborative testing on all positive test results before the results of any positive test are provided to the patient. Except as provided in this section, the identity of any person upon whom a test has been performed and test results are confidential and exempt from the provisions of s. 119.07(1).

(g) The program must provide face-to-face posttest counseling on the meaning of the test results; the possible need for additional testing; the social, medical, and economic consequences of a positive test result; and the need to eliminate behavior which might spread the disease to others.

(h) Each person providing posttest counseling to a patient with a positive test result shall receive specialized training, to be specified by rule of the department, about the special needs of persons with positive results, including recognition of possible suicidal behavior, and shall refer the patient for further health and social services as appropriate.

(i) When services are provided for a charge during pretest counseling, testing, supplemental testing, and posttest counseling, the program must provide a complete list of all such charges to the patient and the Department of Health ~~and Rehabilitative Services~~.

(j) Nothing in this subsection shall be construed to require a facility licensed under chapter 483 or a person licensed under the provisions of chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 466, or chapter 467 to register with the Department of Health ~~and Rehabilitative Services~~ if he or she does not advertise or hold himself or herself out to the public as conducting testing programs for human immunodeficiency virus infection or specializing in such testing.

(8) MODEL PROTOCOL FOR COUNSELING AND TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS.—The Department of Health ~~and Rehabilitative Services~~ shall develop a model protocol consistent with the provisions of this section for counseling and testing persons for the human immunodeficiency virus.

(10) RULES.—The Department of Health ~~and Rehabilitative Services~~ may adopt such rules as are necessary to implement this section.

(11) TESTING AS A CONDITION OF TREATMENT OR ADMISSION.—

(a) It is unlawful for any facility the operation of which, or for any person engaged in an occupation the practice of which, requires a license by the

Agency for Health Care Administration, the Department of Health ~~and Rehabilitative Services~~, or the Department of Business and Professional Regulation, to require any person to take or submit to a human immunodeficiency virus-related test as a condition of admission to any such facility or as a condition of purchasing or obtaining any service or product for which the license is required. This subsection shall not be construed to prohibit any physician in good faith from declining to provide a particular treatment requested by a patient if the appropriateness of that treatment can only be determined through a human immunodeficiency virus-related test.

(b) The Agency for Health Care Administration, the Department of Health ~~and Rehabilitative Services~~, and the Department of Business and Professional Regulation shall adopt rules implementing this subsection.

Section 177. Subsections (1), (3), (4), (8), and (10) of section 381.0041, Florida Statutes (1996 Supplement), are amended to read:

381.0041 Donation and transfer of human tissue; testing requirements.—

(1) Every donation of blood, plasma, organs, skin, or other human tissue for transfusion or transplantation to another shall be tested prior to transfusion or other use for human immunodeficiency virus infection and other communicable diseases specified by rule of the Department of Health ~~and Rehabilitative Services~~. Tests for the human immunodeficiency virus infection shall be performed only after obtaining written, informed consent from the potential donor or the donor's legal representative. Such consent may be given by a minor pursuant to s. 743.06. Obtaining consent shall include a fair explanation of the procedures to be followed and the meaning and use of the test results. Such explanation shall include a description of the confidential nature of the test as described in s. 381.004(3). If consent for testing is not given, then the person shall not be accepted as a donor except as otherwise provided in subsection (3).

(3) No person shall collect any blood, organ, skin, or other human tissue from one human being and hold it for, or actually perform, any implantation, transplantation, transfusion, grafting, or any other method of transfer to another human being without first testing such tissue for the human immunodeficiency virus and other communicable diseases specified by rule of the Department of Health ~~and Rehabilitative Services~~, or without performing another process approved by rule of the Department of Health ~~and Rehabilitative Services~~ capable of killing the causative agent of those diseases specified by rule. Such testing shall not be required:

(a) When there is insufficient time to perform testing because of a life-threatening emergency circumstance and the blood is transferred with the recipient's informed consent.

(b) For a donation of semen made by the spouse of a recipient for the purposes of artificial insemination or other reproductive procedure.

(c) When there is insufficient time to obtain the results of a confirmatory test for any tissue or organ which is to be transplanted, notwithstanding the

provisions of s. 381.004(3)(d). In such circumstances, the results of preliminary screening tests may be released to the potential recipient's treating physician for use in determining organ or tissue suitability.

(4) All human blood, organs, skin, or other human tissue which is to be transfused or transplanted to another and is found positive for human immunodeficiency virus or other communicable disease specified by rule of the Department of Health ~~and Rehabilitative Services~~ shall be rendered noncommunicable by the person holding the tissue or shall be destroyed, unless the human tissue is specifically labeled to identify the human immunodeficiency virus and:

(a) Is used for research purposes; or

(b) Is used to save the life of another and is transferred with the recipient's informed consent.

(8) The Department of Health ~~and Rehabilitative Services~~ shall develop, in conjunction with persons who collect human tissue, a model protocol for providing the information required in subsection (5).

(10) The Department of Health ~~and Rehabilitative Services~~ is authorized to adopt rules to implement this section. In adopting rules pertaining to this section, the department shall consider the rules of the United States Food and Drug Administration and shall conform to those rules to the extent feasible without jeopardizing the public health.

Section 178. Section 381.0055, Florida Statutes (1996 Supplement), is amended to read:

381.0055 Confidentiality and quality assurance activities.—

(1) All information which is confidential by operation of law and which is obtained by the department, a county health department ~~public health unit~~, healthy start coalition or certified rural health network or a panel or committee assembled by the department, a county health department ~~public health unit~~, healthy start coalition or certified rural health network pursuant to this section, shall retain its confidential status and be exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

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

(3) Portions of meetings, proceedings, reports, and records of the department, a county health department ~~public health unit~~, healthy start coalition or certified rural health network or a panel or committee assembled by the department, a county health department ~~public health unit~~, healthy start

coalition or certified rural health network pursuant to this section, which relate solely to patient care quality assurance and where specific persons or incidents are discussed are confidential and exempt from the provisions of s. 286.011, and s. 24(b), Art. I of the State Constitution and are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, respectively. Patient care quality assurance includes medical peer review activities and fetal infant mortality reviews.

Section 179. Paragraph (b) of subsection (2) and paragraph (c) of subsection (5) of section 381.0062, Florida Statutes (1996 Supplement), are amended to read:

381.0062 Supervision; private and certain public water systems.—

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

(b) "Department" means the Department of Health ~~and Rehabilitative Services~~, including the county health departments ~~public health units~~.

(5) ENFORCEMENT AND PENALTIES.—

(c) Additional remedies available to county health department ~~public health unit~~ staff through any county or municipal ordinance may be applied, over and above the penalties set forth in this section, to any violation of this section or the rules adopted pursuant to this section.

Section 180. Subsection (1) of section 381.0064, Florida Statutes (1996 Supplement), is amended to read:

381.0064 Continuing education courses for persons installing or servicing septic tanks.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall conduct continuing education courses for pumpout operators, environmental health specialists, and master plumbers who install septic tanks or service septic tanks. The course of study required must consist of at least two 6-classroom-hour courses of instruction a year regarding the public health and environmental effects of onsite sewage treatment and disposal systems and any other matters the department determines desirable for the safe installation and use of onsite sewage treatment and disposal systems. The department may charge a fee to cover the cost of such course of study; however, such fee must take into account any moneys collected under s. 381.0066 and appropriated to the department for the purpose of this section.

Section 181. Subsections (3) and (4) and paragraph (b) of subsection (5) of section 381.0065, Florida Statutes (1996 Supplement), are amended to read:

381.0065 Onsite sewage treatment and disposal systems; regulation.—

(3) DUTIES AND POWERS OF THE DEPARTMENT OF HEALTH ~~AND REHABILITATIVE SERVICES~~.—The department shall:

(a) Adopt rules to administer ss. 381.0065-381.0067.

(b) Perform application reviews and site evaluations, issue permits, and conduct inspections and complaint investigations associated with the construction, installation, maintenance, modification, abandonment, or repair of an onsite sewage treatment and disposal system for a residence or establishment with an estimated domestic sewage flow of 10,000 gallons or less per day which is not currently regulated under chapter 403.

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

(d) Grant variances in hardship cases under the conditions prescribed in this section and rules adopted under this section.

(e) Permit the use of a limited number of innovative systems for a specific period of time, when there is compelling evidence that the system will function properly and reliably to meet the requirements of this section and rules adopted under this section.

(f) Issue annual operating permits under this section.

(g) Establish and collect fees as established under s. 381.0066 for services provided with respect to onsite sewage treatment and disposal systems.

(h) Conduct enforcement activities, including imposing fines, issuing citations, suspensions, revocations, injunctions, and emergency orders for violations of this section, part I of chapter 386, or part III of chapter 489 or for a violation of any rule adopted under this section, part I of chapter 386, or part III of chapter 489.

(i) Provide or conduct education and training of department personnel, service providers, and the public regarding onsite sewage treatment and disposal systems.

(j) Supervise research on, demonstration of, and training on the performance, environmental impact, and public health impact of onsite sewage treatment and disposal systems within this state. Research fees collected under s. 381.0066(2)(k) must be used to develop and fund hands-on training centers designed to provide practical information about onsite sewage treatment and disposal systems to septic tank contractors, master septic tank contractors, contractors, inspectors, engineers, and the public and must also be used to fund research projects which focus on improvements of onsite sewage treatment and disposal systems, including use of performance-based standards and reduction of environmental impact. Research projects shall

be initially approved by the technical advisory panel and shall be applicable to and reflect the soil conditions specific to Florida. Such projects shall be awarded through competitive negotiation, using the procedures provided in s. 287.055, to public or private entities that have experience in onsite sewage treatment and disposal systems in Florida and that are principally located in Florida. Research projects shall not be awarded to firms or entities that employ or are associated with persons who serve on either the technical advisory panel or the research review and advisory committee.

(k) Approve the installation of individual graywater disposal systems in which blackwater is treated by a central sewerage system.

(l) Regulate septage-stabilization and disposal facilities not regulated by the Department of Environmental Protection.

(m) Permit and inspect portable or temporary toilet services.

(4) PERMITS; INSTALLATION; AND CONDITIONS.—A person may not construct, repair, modify, abandon, or operate an onsite sewage treatment and disposal system without first obtaining a permit approved by the Department of Health ~~and Rehabilitative Services~~. The department may issue permits to carry out this section. A construction permit is valid for 18 months from the issuance date and may be extended by the department for one 90-day period under rules adopted by the department. A repair permit is valid for 90 days from the date of issuance. An operating permit is valid for 1 year from the date of issuance and must be renewed annually. If all information pertaining to the siting, location, and installation conditions or repair of an onsite sewage treatment and disposal system remains the same, a construction or repair permit for the onsite sewage treatment and disposal system may be transferred to another person, if the transferee files, within 60 days after the transfer of ownership, an amended application providing all corrected information and proof of ownership of the property. There is no fee associated with the processing of this supplemental information. A person may not contract to construct, modify, alter, repair, service, abandon, or maintain any portion of an onsite sewage treatment and disposal system without being registered under part III of chapter 489. A property owner who personally performs construction, maintenance, or repairs to a system serving his or her own owner-occupied single-family residence is exempt from registration requirements for performing such construction, maintenance, or repairs on that residence, but is subject to all permitting requirements.

(a) Subdivisions and lots in which each lot has a minimum area of at least one-half acre and either a minimum dimension of 100 feet or a mean of at least 100 feet of the side bordering the street and the distance formed by a line parallel to the side bordering the street drawn between the two most distant points of the remainder of the lot may be developed with a water system regulated under s. 381.0062 and onsite sewage treatment and disposal systems, provided the projected daily domestic sewage flow does not exceed an average of 1,500 gallons per acre per day, and provided satisfactory drinking water can be obtained and all distance and setback, soil condition, water table elevation, and other related requirements of this section and rules adopted under this section can be met.

(b) Subdivisions and lots using a public water system as defined in s. 403.852 may use onsite sewage treatment and disposal systems, provided there are no more than four lots per acre, provided the projected daily domestic sewage flow does not exceed an average of 2,500 gallons per acre per day, and provided that all distance and setback, soil condition, water table elevation, and other related requirements that are generally applicable to the use of onsite sewage treatment and disposal systems are met.

(c) Notwithstanding the provisions of paragraphs (a) and (b), for subdivisions platted of record on or before October 1, 1991, when a developer or other appropriate entity has previously made or makes provisions, including financial assurances or other commitments, acceptable to the Department of Health ~~and Rehabilitative Services~~, that a central water system will be installed by a regulated public utility based on a density formula, private potable wells may be used with onsite sewage treatment and disposal systems until the agreed upon densities are reached. The department may consider assurances filed with the Department of Business and Professional Regulation under chapter 498 in determining the adequacy of the financial assurance required by this paragraph. In a subdivision regulated by this paragraph, the average daily domestic sewage flow may not exceed 2,500 gallons per acre per day. This section does not affect the validity of existing prior agreements. After October 1, 1991, the exception provided under this paragraph is not available to a developer or other appropriate entity.

(d) Paragraphs (a) and (b) do not apply to any proposed residential subdivision with more than 50 lots or to any proposed commercial subdivision with more than 5 lots where a publicly owned or investor-owned sewerage system is available. It is the intent of this paragraph not to allow development of additional proposed subdivisions in order to evade the requirements of this paragraph. The department shall report to the Legislature by February 1 of each odd-numbered year concerning the success in meeting this intent.

(e) Onsite sewage treatment and disposal systems must not be placed closer than:

1. Seventy-five feet from a private potable well.

2. Two hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of greater than 2,000 gallons per day.

3. One hundred feet from a public potable well serving a residential or nonresidential establishment having a total sewage flow of less than or equal to 2,000 gallons per day.

4. Seventy-five feet from surface waters.

5. Fifty feet from any nonpotable well.

6. Ten feet from any storm sewer pipe, to the maximum extent possible, but in no instance shall the setback be less than 5 feet.

7. Fifteen feet from the design high-water line of retention areas, detention areas, or swales designed to contain standing or flowing water for less than 72 hours after a rainfall or the design high-water level of normally dry drainage ditches or normally dry individual-lot stormwater-retention areas.

(f) All provisions of this section and rules adopted under this section relating to soil condition, water table elevation, distance, and other setback requirements must be equally applied to all lots, with the following exceptions:

1. Any residential lot that was platted and recorded on or after January 1, 1972, or that is part of a residential subdivision that was approved by the appropriate permitting agency on or after January 1, 1972, and that was eligible for an onsite sewage treatment and disposal system construction permit on the date of such platting and recording or approval shall be eligible for an onsite sewage treatment and disposal system construction permit, regardless of when the application for a permit is made. If rules in effect at the time the permit application is filed cannot be met, residential lots platted and recorded or approved on or after January 1, 1972, shall, to the maximum extent possible, comply with the rules in effect at the time the permit application is filed. At a minimum, however, those residential lots platted and recorded or approved on or after January 1, 1972, but before January 1, 1983, shall comply with those rules in effect on January 1, 1983, and those residential lots platted and recorded or approved on or after January 1, 1983, shall comply with those rules in effect at the time of such platting and recording or approval. In determining the maximum extent of compliance with current rules that is possible, the department shall allow structures and appurtenances thereto which were authorized at the time such lots were platted and recorded or approved.

2. Lots platted before 1972 are subject to a 50-foot minimum surface water setback and are not subject to lot size requirements. The projected daily flow for domestic onsite sewage treatment and disposal systems for lots platted before 1972 may not exceed:

a. Two thousand five hundred gallons per acre per day for lots served by public water systems as defined in s. 403.852.

b. One thousand five hundred gallons per acre per day for lots served by water systems regulated under s. 381.0062.

(g)1. The department may grant variances in hardship cases which may be less restrictive than the provisions specified in this section. If a variance is granted and the onsite sewage treatment and disposal system construction permit has been issued, the variance may be transferred with the system construction permit, if the transferee files, within 60 days after the transfer of ownership, an amended construction permit application providing all corrected information and proof of ownership of the property and if the same variance would have been required for the new owner of the property as was originally granted to the original applicant for the variance. There is no fee associated with the processing of this supplemental information. A variance may not be granted under this section until the department is satisfied that:

a. The hardship was not caused intentionally by the action of the applicant;

b. No reasonable alternative exists for the treatment of the sewage; and

c. The discharge from the onsite sewage treatment and disposal system will not adversely affect the health of the applicant or the public or significantly degrade the groundwater or surface waters.

Where soil conditions, water table elevation, and setback provisions are determined by the department to be satisfactory, special consideration must be given to those lots platted before 1972.

2. The department shall appoint a variance review and advisory committee, which shall meet monthly to recommend agency action on variance requests. The board consists of the following:

a. The Assistant Health Officer for Environmental Health of the Department of Health and Rehabilitative Services or his or her designee.

b. A representative from the county health departments ~~public health units~~.

c. A representative from the home building industry.

d. A representative from the septic tank industry.

e. A representative from the Department of Environmental Protection.

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

(h) A construction permit may not be issued for an onsite sewage treatment and disposal system in any area zoned or used for industrial or manufacturing purposes, or its equivalent, where a publicly owned or investor-owned sewage treatment system is available, or where a likelihood exists that the system will receive toxic, hazardous, or industrial waste. An existing onsite sewage treatment and disposal system may be repaired if a publicly owned or investor-owned sewerage system is not available within 500 feet of the building sewer stub-out and if system construction and operation standards can be met. This paragraph does not require publicly owned or investor-owned sewerage treatment systems to accept anything other than domestic wastewater.

1. A building located in an area zoned or used for industrial or manufacturing purposes, or its equivalent, when such building is served by an onsite sewage treatment and disposal system, must not be occupied until the owner or tenant has obtained written approval from the department. The department shall not grant approval when the proposed use of the system is to dispose of toxic, hazardous, or industrial wastewater or toxic or hazardous chemicals.

2. Each person who owns or operates a business or facility in an area zoned or used for industrial or manufacturing purposes, or its equivalent, or who owns or operates a business that has the potential to generate toxic, hazardous, or industrial wastewater or toxic or hazardous chemicals, and uses an onsite sewage treatment and disposal system that is installed on or after July 5, 1989, must obtain an annual system operating permit from the department. A person who owns or operates a business that uses an onsite sewage treatment and disposal system that was installed and approved before July 5, 1989, need not obtain a system operating permit. However, upon change of ownership or tenancy, the new owner or operator must notify the department of the change, and the new owner or operator must obtain an annual system operating permit, regardless of the date that the system was installed or approved.

3. The department shall periodically review and evaluate the continued use of onsite sewage treatment and disposal systems in areas zoned or used for industrial or manufacturing purposes, or its equivalent, and may require the collection and analyses of samples from within and around such systems. If the department finds that toxic or hazardous chemicals or toxic, hazardous, or industrial wastewater have been or are being disposed of through an onsite sewage treatment and disposal system, the department shall initiate enforcement actions against the owner or tenant to ensure adequate cleanup, treatment, and disposal.

(i) An onsite sewage treatment and disposal system for a single-family residence that is designed by a professional engineer registered in the state and certified by such engineer as complying with performance criteria adopted by the department must be approved by the department subject to the following:

1. The performance criteria applicable to engineer-designed systems must be limited to those necessary to ensure that such systems do not adversely affect the public health or significantly degrade the groundwater or surface water. Such performance criteria shall include consideration of the quality of system effluent, the proposed total sewage flow per acre, wastewater treatment capabilities of the natural or replaced soil, water quality classification of the potential surface-water-receiving body, and the structural and maintenance viability of the system for the treatment of domestic wastewater. However, performance criteria shall address only the performance of a system and not a system's design.

2. The technical review and advisory panel shall assist the department in the development of performance criteria applicable to engineer-designed systems. Workshops on the development of the rules delineating such criteria shall commence not later than September 1, 1996, and the department shall advertise such rules for public hearing no later than October 1, 1997.

3. A person electing to utilize an engineer-designed system shall, upon completion of the system design, submit such design, certified by a registered professional engineer, to the local county health department ~~public health unit~~. The local county health department ~~public health unit~~ may

utilize an outside consultant to review the engineer-designed system, with the actual cost of such review to be borne by the applicant. Within 5 working days after receiving an engineer-designed system permit application, the local county health department ~~public health unit~~ shall request additional information if the application is not complete. Within 15 working days after receiving a complete application for an engineer-designed system, the local county health department ~~public health unit~~ either shall issue the permit or, if it determines that the system does not comply with the performance criteria, shall notify the applicant of that determination and refer the application to the State Health Office of the department for a determination as to whether the system should be approved, disapproved, or approved with modification. The State Health Office engineer's determination shall prevail over the action of the local county health department ~~public health unit~~. The applicant shall be notified in writing of the department's determination and of the applicant's rights to pursue a variance or seek review under the provisions of chapter 120.

4. The owner of an engineer-designed performance-based system must obtain an annual system operating permit from the department. The department shall inspect the system at least annually and may collect system-effluent samples if appropriate to determine compliance with the performance criteria. The fee for the annual operating permit shall be collected beginning with the second year of system operation.

5. If an engineer-designed system fails to properly function or fails to meet performance standards, the system shall be re-engineered, if necessary, to bring the system into compliance with the provisions of this section.

(j) An innovative system may be approved in conjunction with an engineer-designed site-specific system which is certified by the engineer to meet the performance-based criteria adopted by the department.

(k) For the Florida Keys, the department shall adopt a special rule for the construction, installation, modification, operation, repair, maintenance, and performance of onsite sewage treatment and disposal systems which considers the unique soil conditions and which considers water table elevations, densities, and setback requirements. On lots where a setback distance of 75 feet from surface waters, saltmarsh, and buttonwood association habitat areas cannot be met, an injection well, approved and permitted by the department, may be used for disposal of effluent from onsite sewage treatment and disposal systems. The department shall require effluent from onsite sewage treatment and disposal systems to meet advanced waste treatment concentrations, as defined in s. 403.086.

(l) No product sold in the state for use in onsite sewage treatment and disposal systems may contain any substance in concentrations or amounts that would interfere with or prevent the successful operation of such system, or that would cause discharges from such systems to violate applicable water quality standards. The department shall publish criteria for products known or expected to meet the conditions of this paragraph. In the event a product does not meet such criteria, such product may be sold if the manufacturer satisfactorily demonstrates to the department that the conditions of this paragraph are met.

(m) Evaluations for determining the seasonal high-water table elevations or the suitability of soils for the use of a new onsite sewage treatment and disposal system shall be performed by department personnel, professional engineers registered in the state, or such other persons with expertise, as defined by rule, in making such evaluations. The department shall accept evaluations submitted by professional engineers and such other persons as meet the expertise established by rule unless the department has a reasonable scientific basis for questioning the accuracy or completeness of the evaluation.

(n) The department shall appoint a research review and advisory committee, which shall meet at least semiannually. The committee shall advise the department on directions for new research, review and rank proposals for research contracts, and review draft research reports and make comments. The committee is comprised of:

1. A representative of a district Environmental Health Office of the Department of Health and Rehabilitative Services.

2. A representative from the septic tank industry.

3. A representative from the home building industry.

4. A representative from an environmental interest group.

5. A representative from the State University System, from a department knowledgeable about onsite sewage treatment and disposal systems.

6. A professional engineer registered in this state who has work experience in onsite sewage treatment and disposal systems.

7. A representative from the real estate profession.

8. A representative from the restaurant industry.

9. A consumer.

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

(o) An application for an onsite sewage treatment and disposal system permit shall be completed in full, signed by the owner or the owner's authorized representative, or by a contractor licensed under chapter 489, and shall be accompanied by all required exhibits and fees. No specific documentation of property ownership shall be required as a prerequisite to the review of an application or the issuance of a permit. The issuance of a permit does not constitute determination by the department of property ownership.

(p) The department may not require any form of subdivision analysis of property by an owner, developer, or subdivider prior to submission of an application for an onsite sewage treatment and disposal system.

(q) Nothing in this section limits the power of a municipality or county to enforce other laws for the protection of the public health and safety.

(5) ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.—

(b)1. The department may issue citations that may contain an order of correction or an order to pay a fine, or both, for violations of ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 or the rules adopted by the department, when a violation of these sections or rules is enforceable by an administrative or civil remedy, or when a violation of these sections or rules is a misdemeanor of the second degree. A citation issued under ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489 constitutes a notice of proposed agency action.

2. A citation must be in writing and must describe the particular nature of the violation, including specific reference to the provisions of law or rule allegedly violated.

3. The fines imposed by a citation issued by the department may not exceed $500 for each violation. Each day the violation exists constitutes a separate violation for which a citation may be issued.

4. The department shall inform the recipient, by written notice pursuant to ss. 120.569 and 120.57, of the right to an administrative hearing to contest the citation within 21 days after the date the citation is received. The citation must contain a conspicuous statement that if the recipient fails to pay the fine within the time allowed, or fails to appear to contest the citation after having requested a hearing, the recipient has waived the recipient's right to contest the citation and must pay an amount up to the maximum fine.

5. The department may reduce or waive the fine imposed by the citation. In determining whether to reduce or waive the fine, the department must consider the gravity of the violation, the person's attempts at correcting the violation, and the person's history of previous violations including violations for which enforcement actions were taken under ss. 381.0065-381.0067, part I of chapter 386, part III of chapter 489, or other provisions of law or rule.

6. Any person who willfully refuses to sign and accept a citation issued by the department commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

7. The department, pursuant to ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, shall deposit any fines it collects in the county <u>health department</u> ~~public health unit~~ trust fund for use in providing services specified in those sections.

8. This section provides an alternative means of enforcing ss. 381.0065-381.0067, part I of chapter 386, and part III of chapter 489. This section does not prohibit the department from enforcing ss. 381.0065-381.0067, part I of chapter 386, or part III of chapter 489, or its rules, by any other means. However, the department must elect to use only a single method of enforcement for each violation.

Section 182. Section 381.0068, Florida Statutes (1996 Supplement), is amended to read:

381.0068 Technical review and advisory panel.—

(1) The Department of Health ~~and Rehabilitative Services~~ shall, by July 1, 1996, establish a technical review and advisory panel to assist the department with rule adoption.

(2) The purpose of the panel is to enhance the department's decisionmaking by drawing on the expertise of representatives from several groups that have an interest in onsite sewage treatment and disposal systems. At a minimum, the technical review and advisory panel shall consist of a soil scientist; a professional engineer registered in this state who is recommended by the Florida Engineering Society and who has work experience in onsite sewage treatment and disposal systems; two representatives from the home-building industry recommended by the Florida Home Builders Association, including one who is a developer in this state who develops lots using onsite sewage treatment and disposal systems; a representative from the county health departments ~~public health units~~ who has experience permitting and inspecting the installation of onsite sewage treatment and disposal systems in this state; a representative from the real estate industry who is recommended by the Florida Association of Realtors; a consumer representative with a science background; two representatives of the septic tank industry recommended by the Florida Septic Tank Association, including one who is a manufacturer of onsite sewage treatment and disposal systems; and a representative from the environmental health profession who is recommended by the Florida Environmental Health Association and who is not employed by a county health department ~~public health unit~~. Members are to be appointed for a term of 2 years. The panel may also, as needed, be expanded to include ad hoc, nonvoting representatives who have topic-specific expertise. All rules proposed by the department which relate to onsite sewage treatment and disposal systems must be presented to the panel for review and comment prior to adoption. The panel shall select a chair, who shall serve for a period of 1 year and who shall direct, coordinate, and execute the duties of the panel. The panel shall also solicit input from the department's variance review and advisory committee before submitting any comments to the department concerning proposed rules. The panel's comments must include any dissenting points of view concerning proposed rules. The panel shall hold meetings as it determines necessary to conduct its business, except that the chair, a quorum of the voting members of the panel, or the department may call meetings. The department shall keep minutes of all meetings of the panel. Panel members shall serve without remuneration, but may be reimbursed for per diem and travel expenses as provided in s. 112.061.

Section 183. Subsection (7) of section 381.0087, Florida Statutes (1996 Supplement), is amended to read:

381.0087 Enforcement; citations.—

(7) The department shall deposit all fines collected under ss. 381.008-381.00895 in the County Health Department ~~Public Health Unit~~ Trust Fund

for use of the migrant labor camp inspection program and shall use such fines to improve migrant labor camp and residential migrant housing as described in s. 381.0086.

Section 184. Subsection (1) and paragraph (c) of subsection (2) of section 381.0098, Florida Statutes (1996 Supplement), are amended to read:

381.0098 Biomedical waste.—

(1) LEGISLATIVE INTENT.—It is the intent of the Legislature to protect the public health by establishing standards for the safe packaging, transport, storage, treatment, and disposal of biomedical waste. Except as otherwise provided herein, the Department of Health ~~and Rehabilitative Services~~ shall regulate the packaging, transport, storage, and treatment of biomedical waste. The Department of Environmental Protection shall regulate onsite and offsite incineration and disposal of biomedical waste. Consistent with the foregoing, the Department of Health ~~and Rehabilitative Services~~ shall have the exclusive authority to establish treatment efficacy standards for biomedical waste and the Department of Environmental Protection shall have the exclusive authority to establish statewide standards relating to environmental impacts, if any, of treatment and disposal including, but not limited to, water discharges and air emissions. An interagency agreement between the Department of Environmental Protection and the Department of Health ~~and Rehabilitative Services~~ shall be developed to ensure maximum efficiency in coordinating, administering, and regulating biomedical wastes.

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

(c) "Department" means the Department of Health ~~and Rehabilitative Services~~.

Section 185. Paragraph (b) of subsection (3) and subsections (5) and (7) of section 381.0407, Florida Statutes (1996 Supplement), are amended to read:

381.0407 Managed care and publicly funded primary care program coordination.—

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

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

(5) EMERGENCY SHELTER REIMBURSEMENT.—County health departments ~~public health units~~ shall be reimbursed by managed care plans for Department of Health and Rehabilitative Services emergency shelter medical screenings.

(7) VACCINE-PREVENTABLE DISEASE EMERGENCIES.—In the event that a vaccine-preventable disease emergency is declared by the State

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

Section 186. Section 381.815, Florida Statutes (1996 Supplement), is amended to read:

381.815 Sickle-cell program.—The Department of Health ~~and Rehabilitative Services~~ shall, to the extent that resources are available:

(1) Provide education to the citizens of Florida about sickle-cell disease.

(2) Work cooperatively with not-for-profit centers to provide community-based education, patient teaching, and counseling and to encourage diagnostic screening.

(3) Make grants or enter into contracts with not-for-profit centers.

Section 187. Section 382.356, Florida Statutes (1996 Supplement), is amended to read:

382.356 Protocol for sharing certain birth certificate information.—In order to facilitate the prosecution of offenses under s. 794.011, s. 794.05, s. 800.04, or s. 827.04(4), the Office of Vital Statistics of the Department of Health ~~and Rehabilitative Services~~, the Department of Revenue, and the Florida Prosecuting Attorneys Association shall develop a protocol for sharing birth certificate information for all children born to unmarried mothers who are less than 17 years of age at the time of the child's birth.

Section 188. Subsections (1), (3), and (5) of section 383.14, Florida Statutes (1996 Supplement), are amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

(1) SCREENING REQUIREMENTS.—To help ensure access to the maternal and child health care system, the Department of Health ~~and Rehabilitative Services~~ shall promote the screening of all infants born in Florida for phenylketonuria and other metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all infants born in this state and their

families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments ~~public health units~~, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

(a) Prenatal screening.—The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition. The primary health care provider shall complete the risk assessment instrument and report the results to the Office of Vital Statistics so that the woman may immediately be notified and referred to appropriate health, education, and social services.

(b) Postnatal screening.—A risk factor analysis using the department's designated risk assessment instrument shall also be conducted as part of the medical screening process upon the birth of a child and submitted to the department's Office of Vital Statistics for recording and other purposes provided for in this chapter. The department's screening process for risk assessment shall include a scoring mechanism and procedures that establish thresholds for notification, further assessment, referral, and eligibility for services by professionals or paraprofessionals consistent with the level of risk. Procedures for developing and using the screening instrument, notification, referral, and care coordination services, reporting requirements, management information, and maintenance of a computer-driven registry in the Office of Vital Statistics which ensures privacy safeguards must be consistent with the provisions and plans established under chapter 411, Pub. L. No. 99-457, and this chapter. Procedures established for reporting information and maintaining a confidential registry must include a mechanism for a centralized information depository at the state and county levels. The department shall coordinate with existing risk assessment systems and information registries. The department must ensure, to the maximum extent possible, that the screening information registry is integrated with the department's automated data systems, including the Florida On-line Recipient Integrated Data Access (FLORIDA) system. Tests and screenings must be performed at such times and in such manner as is prescribed by the department after consultation with the Genetics and Infant Screening Advisory Council and the State Coordinating Council for Early Childhood Services.

(3) DEPARTMENT OF HEALTH ~~AND REHABILITATIVE SERVICES~~; POWERS AND DUTIES.—The department shall administer and provide certain services to implement the provisions of this section and shall:

(a) Assure the availability and quality of the necessary laboratory tests and materials.

(b) Furnish all physicians, county health departments ~~public health units~~, perinatal centers, birthing centers, and hospitals forms on which environmental screening and the results of tests for phenylketonuria and such other disorders for which testing may be required from time to time shall be reported to the department.

(c) Promote education of the public about the prevention and management of metabolic, hereditary, and congenital disorders and dangers associated with environmental risk factors.

(d) Maintain a confidential registry of cases, including information of importance for the purpose of followup services to prevent mental retardation, to correct or ameliorate physical handicaps, and for epidemiologic studies, if indicated. Such registry shall be exempt from the provisions of s. 119.07(1).

(e) Supply the necessary dietary treatment products where practicable for diagnosed cases of phenylketonuria and other metabolic diseases for as long as medically indicated when the products are not otherwise available. Provide nutrition education and supplemental foods to those families eligible for the Special Supplemental Food Program for Women, Infants, and Children as provided in s. 383.011.

(f) Promote the availability of genetic studies and counseling in order that the parents, siblings, and affected infants may benefit from available knowledge of the condition.

(g) Have the authority to charge and collect fees for screenings authorized in this section, as follows:

1. A fee of $20 will be charged for each live birth, as recorded by the Office of Vital Statistics, occurring in a hospital licensed under part I of chapter 395 or a birth center licensed under s. 383.305, up to 3,000 live births per licensed hospital per year or over 60 births per birth center per year. The department shall calculate the annual assessment for each hospital and birth center, and this assessment must be paid in equal amounts quarterly. Quarterly, the department shall generate and mail to each hospital and birth center a statement of the amount due.

2. As part of the department's legislative budget request prepared pursuant to chapter 216, the department shall submit a certification by the department's inspector general, or the director of auditing within the inspector general's office, of the annual costs of the uniform testing and reporting procedures of the infant screening program. In certifying the annual costs, the department's inspector general or the director of auditing within the inspector general's office shall calculate the direct costs of the uniform testing and reporting procedures, including applicable administrative costs. Administrative costs shall be limited to those department costs which are reasonably and directly associated with the administration of the uniform testing and reporting procedures of the infant screening program.

All provisions of this subsection must be coordinated with the provisions and plans established under this chapter, chapter 411, and Pub. L. No. 99-457.

(5) ADVISORY COUNCIL.—There is established a Genetics and Infant Screening Advisory Council made up of 12 members appointed by the Secretary of Health ~~and Rehabilitative Services~~. The council shall be composed of two consumer members, three practicing pediatricians, at least one of whom must be a pediatric hematologist, one representative from each of the four medical schools in the state, the Deputy Secretary for Health or his or her designee, one representative from the Children's Medical Services Program Office, and one representative from the Developmental Services Program Office. All appointments shall be for a term of 4 years. The chairperson of the council shall be elected from the membership of the council and shall serve for a period of 2 years. The council shall meet at least semiannually or upon the call of the chairperson. The council may establish ad hoc or temporary technical advisory groups to assist the council with specific topics which come before the council. Council members shall serve without pay. Pursuant to the provisions of s. 112.061, the council members are entitled to be reimbursed for per diem and travel expenses. It is the purpose of the council to advise the department about:

(a) Conditions for which testing should be included under the screening program and the genetics program;

(b) Procedures for collection and transmission of specimens and recording of results; and

(c) Methods whereby screening programs and genetics services for children now provided or proposed to be offered in the state may be more effectively evaluated, coordinated, and consolidated.

Section 189. Subsection (7) of section 384.25, Florida Statutes (1996 Supplement), is amended to read:

384.25 Reporting required.—

(7) The rules adopted by the department pursuant to this section shall specify the protocols for the reporting required or permitted by subsection (3) or subsection (4). The protocol developed for implementation of subsection (4) shall include, but need not be limited to, information to be given to a test subject during pretest counseling, including:

(a) The fact that a positive HIV test result may be reported to the county health department ~~public health unit~~ with sufficient information to identify the test subject and the availability and location of anonymous testing sites; and

(b) The partner notification services available through the county health departments ~~public health units~~, the benefits of such services, and the confidentiality protections available as part of such services.

Section 190. Subsection (1) of section 385.202, Florida Statutes (1996 Supplement), is amended to read:

385.202 Statewide cancer registry.—

(1) Each hospital licensed pursuant to chapter 395 shall report to the Department of Health ~~and Rehabilitative Services~~ such information, specified by the department, by rule, as will indicate diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of treatment on each cancer patient treated by the hospital. Failure to comply with this requirement may be cause for suspension or revocation of the license of any such hospital.

Section 191. Subsections (1) and (4) of section 390.002, Florida Statutes (1996 Supplement), are amended to read:

390.002 Termination of pregnancies; reporting.—

(1) The director of any medical facility in which any pregnancy is terminated shall submit a monthly report which contains the number of procedures performed, the reason for same, and the period of gestation at the time such procedures were performed to the Department of Health ~~and Rehabilitative Services~~. The department shall be responsible for keeping such reports in a central place from which statistical data and analysis can be made.

(4) Any person required under this section to file a report or keep any records who willfully fails to file such report or keep such records may be subject to a $200 fine for each violation. The Department of Health ~~and Rehabilitative Services~~ shall be required to impose such fines when reports or records required under this section have not been timely received. For purposes of this section, timely received is defined as 30 days following the preceding month.

Section 192. Subsections (3) and (10) of section 402.45, Florida Statutes (1996 Supplement), are amended to read:

402.45 Community resource mother or father program.—

(3) The Department of Health and Rehabilitative Services shall contract with county health departments ~~public health units~~, other public agencies, or not-for-profit agencies, or any combination thereof, to carry out the programs utilizing community resource mother or father services.

(10) Supervision of the community resource mother or father shall be the responsibility of the county health department ~~public health unit~~ or other public agency or nonprofit agency under contract to the department, whichever is appropriate, and may be delegated to a community agency under contract.

Section 193. Subsection (1), paragraph (a) of subsection (4), and subsection (5) of section 409.1671, Florida Statutes (1996 Supplement), are amended to read:

409.1671 Foster care and related services; privatization.—

(1) It is the intent of the Legislature to encourage the Department of Children and Family ~~Health and Rehabilitative~~ Services to contract with

competent community-based agencies to provide foster care and related services. By privatizing these services, the support and commitment of communities to the reunification of families and care of children and their families will be strengthened, and efficiencies as well as increased accountability will be gained. These services may include family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, postadjudication legal services, foster care supervision, postadjudication case management, postplacement supervision, permanent foster care, family reunification, the filing of a petition for the termination of parental rights, and adoption.

(4)(a) The community-based agency must comply with statutory requirements and agency regulations in the provision of contractual services. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the community-based agency must be licensed by the Department of Children and Family ~~Health and Rehabilitative~~ Services under chapter 402 or this chapter. Each community-based agency must be licensed as a child-caring or child-placing agency by the department under this chapter.

(5) Beginning in fiscal year 1996-1997, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall establish a minimum of five model programs. These models must be established in the department's districts 1, 4, and 13; in subdistrict 8A; and in a fifth district to be determined by the department, with the concurrence of the appropriate district health and human services board. For comparison of privatization savings, the fifth model program must be contracted with a competent for-profit corporation. Providers of these model programs may be selected from a single source pursuant to s. 287.057(3)(c) and must be established, community-based organizations within the district or subdistrict. Contracts with organizations responsible for the model programs shall include the management and administration of all privatized services specified in subsection (1), except for funds necessary to manage the contract. If the community-based organization selected for a model program under this subsection is not a Medicaid provider, the organization shall be issued a Medicaid provider number pursuant to s. 409.907 for the provision of services currently authorized under the state Medicaid plan to those children encompassed in this model and in a manner not to exceed the current level of state expenditure. Each district and subdistrict that participates in the model program effort or any future privatization effort as described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these services through the department and the full cost of privatization, including the cost of monitoring and evaluating the contracted services.

Section 194. Paragraph (e) of subsection (5) and paragraph (a) of subsection (14) of section 409.175, Florida Statutes (1996 Supplement), are amended to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies.—

(5)

(e) At the request of the department, the local county health department ~~unit~~ shall inspect a home or agency according to the licensing rules promulgated by the department. Inspection reports shall be furnished to the department within 30 days of the request. Such an inspection shall only be required when called for by the licensing agency.

(14)(a) The Division of Risk Management of the Department of Insurance shall provide coverage through the Department of Children and Family ~~Health and Rehabilitative~~ Services to any person who owns or operates a family foster home solely for the Department of Children and Family ~~Health and Rehabilitative~~ Services and who is licensed to provide family foster home care in his place of residence. The coverage shall be provided from the general liability account of the Florida Casualty Insurance Risk Management Trust Fund, and the coverage shall be primary. The coverage is limited to general liability claims arising from the provision of family foster home care pursuant to an agreement with the department and pursuant to guidelines established through policy, rule, or statute. Coverage shall be limited as provided in ss. 284.38 and 284.385, and the exclusions set forth therein, together with other exclusions as may be set forth in the certificate of coverage issued by the trust fund, shall apply. A person covered under the general liability account pursuant to this subsection shall immediately notify the Division of Risk Management of the Department of Insurance of any potential or actual claim.

Section 195. Subsection (6) of section 409.178, Florida Statutes (1996 Supplement), is amended to read:

409.178 Child Care Partnership Act; findings and intent; grant; limitation; rules.—

(6) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall adopt any rules necessary for the implementation and administration of this section.

Section 196. Section 409.2355, Florida Statutes (1996 Supplement), is amended to read:

409.2355 Programs for prosecution of males over age 21 who commit certain offenses involving girls under age 16.—Subject to specific appropriated funds, the Department of Children and Family ~~Health and Rehabilitative~~ Services is directed to establish a program by which local communities, through the state attorney's office of each judicial circuit, may apply for grants to fund innovative programs for the prosecution of males over the age of 21 who victimize girls under the age of 16 in violation of s. 794.011, s. 794.05, s. 800.04, or s. 827.04(4).

Section 197. Subsection (3) of section 409.2572, Florida Statutes (1996 Supplement), is amended to read:

409.2572 Cooperation.—

(3) The Title IV-D staff of the department shall be responsible for determining and reporting to the Title IV-A staff of the Department of Children

and Family ~~Health and Rehabilitative~~ Services acts of noncooperation by applicants or recipients of cash or medical assistance. Any person who applies for or is receiving public assistance for, or who has the care, custody, or control of, a dependent child and who without good cause fails or refuses to cooperate with the department, a program attorney, or a prosecuting attorney in the course of administering this chapter shall be sanctioned by the Department of Children and Family ~~Health and Rehabilitative~~ Services and is ineligible to receive public assistance until such time as the department determines cooperation has been satisfactory. The imposition of sanctions by the Department of Children and Family ~~Health and Rehabilitative~~ Services shall result in the removal of the financial needs of the applicant or recipient from the public assistance grant. Sanctions shall remain imposed until the Department of Revenue determines that the applicant or recipient has cooperated sufficiently to enable it to be able to take the next necessary action to locate the alleged father or noncustodial parent, to establish paternity or support, or to enforce or modify an existing support obligation. The Department of Children and Family ~~Health and Rehabilitative~~ Services shall appoint a protective payee to receive the public assistance grant for the dependent child and to use it to purchase the necessities required by the dependent child. The protective payee shall maintain written records of the public assistance receipts and disbursements for review by the department.

Section 198. Paragraph (b) of subsection (4), paragraph (c) of subsection (8), paragraph (a) of subsection (9), and paragraph (c) of subsection (10) of section 409.2673, Florida Statutes (1996 Supplement), are amended to read:

409.2673 Shared county and state health care program for low-income persons; trust fund.—

(4) The levels of financial participation by counties and the state for this program shall be determined as follows:

(b) If a county has not reached its maximum ad valorem millage rate as authorized by law and certified to the Department of Revenue and the county does not currently fund inpatient hospital services for those who would be eligible for this program, the county:

1. Shall provide 35 percent of the cost for this program from within the county's existing budget, and the state shall provide the remaining 65 percent of the funding required for this program; however, under no circumstances will county funding which had been used for funding the county health department ~~public health unit~~ under chapter 154 be utilized for funding the county's portion of this program; or

2. Shall levy an additional ad valorem millage to fund the county's portion of this program. The state shall provide the remaining portion of program funding if:

a. A county levies additional ad valorem millage up to the maximum authorized by law and certified to the Department of Revenue and still does not have sufficient funds to meet its 35 percent of the funding of this program; and

b. A county has exhausted all revenue sources which can statutorily be used as possible funding sources for this program.

Reporting forms specifically designed to capture the information necessary to determine the above levels of participation will be developed as part of the joint rulemaking required for the shared county and state program. For purposes of this program, the counties will be required to report necessary information to the Department of Banking and Finance.

(8)

(c) When eligibility is determined by the county, the county must determine whether the individual is receiving services under the primary care program operated by the county's health department ~~public health unit~~. If the individual is receiving such services, the county shall accept any verification of residency or indigency in the primary care case record that meets the criteria described in the administrative rules governing the shared county and state health care program.

(9) Each county shall designate a lead agency under the shared county and state program. The lead agency:

(a) May be any agency of the county, the county health department ~~public health unit~~, or any other public or private nonprofit agency designated by the board of county commissioners.

(10) Under the shared county and state program, reimbursement to a hospital for services for an eligible person must:

(c) Be conditioned on participation of the eligible person prior to hospitalization in a case-managed program of primary care and health care services which is coordinated by the lead agency or referral of the eligible person immediately subsequent to discharge from the hospital to the lead agency's case-managed services. For purposes of this program, case-managed programs of primary care and other health care services are those operated by:

1. A state-funded county health department ~~public health unit~~, a county health department ~~public health unit~~ primary care program, or a contractor whose primary care program is funded through a county health department ~~public health unit~~;

2. A county-operated primary care program or a contractor whose primary care program is funded by or through a county governing authority;

3. A federally funded community or migrant primary health care center; or

4. A private physician or group of physicians who agree to work with the lead agency and other providers of primary care within the county in providing services to individuals enrolled in a countywide program of primary care;

Section 199. Paragraph (a) of subsection (2) of section 409.441, Florida Statutes (1996 Supplement), is amended to read:

409.441 Runaway youth programs and centers.—

(2) DEFINITIONS.—

(a) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 200. Subsection (2) of section 409.803, Florida Statutes (1996 Supplement), is amended to read:

409.803 Shelter and foster care services to dependent children.—

(2) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall establish a 2-year pilot program in one rural and one urban county to provide the funding incentives and resources to fully provide assistance and services to shelter and foster homes and children in their care. The pilot program shall:

(a) Make available for each child in shelter and foster care discretionary financial resources of at least $500 annually to meet his or her special needs, including, but not limited to, the following:

1. Medical services.

2. Dental care.

3. Mental health services.

4. Accelerated family reunification services or other permanency planning.

5. Specialized educational or vocational skills services.

6. Social and recreational services.

7. Respite care services.

8. Advocacy services.

(b) Arrange for and provide specialized training for foster and shelter parents to help care for the children already in their home and to prepare them for the individual needs of children pending placement. The goal of this training is to provide quality care for the children in placement and may include, but is not limited to, the following subject areas:

1. Supervision of specified illnesses, medical conditions, and injuries that can be provided by trained caregivers.

2. Behavior management and discipline.

3. Child care decisions.

4. Legal protections for abuse victims.

5. Foster parent participation in reunification or other permanency planning efforts.

6. Understanding and caring for the sexually abused child.

7. Handling the adolescent in temporary care.

(c) Provide to all shelter and foster care homes in the pilot program:

1. Liability insurance coverage for damages and injuries caused by children in their care pursuant to the provisions of the State Institutions Claims Program, s. 402.181.

2. Regularly scheduled respite care or temporary relief care by joint-selected and trained homemakers.

3. Assistance by direct service aides for transporting children to medical and other appointments scheduled for the children in their care.

(d) Make available to the shelter and foster care units in the pilot program the following additional staff resources:

1. Foster care staffing at 100 percent of need as determined by the department's Workload Standards Study.

2. Intensive training on child growth and development, abuse treatment needs, and permanency planning.

3. Other support assistance to pilot program staff as needed to accelerate reunification or other permanency planning decisions.

Section 201. Paragraph (c) of subsection (5) of section 409.9116, Florida Statutes (1996 Supplement), is amended to read:

409.9116 Disproportionate share/financial assistance program for rural hospitals.—In addition to the payments made under s. 409.911, the Agency for Health Care Administration shall administer a federally matched disproportionate share program and a state-funded financial assistance program for statutory rural hospitals. The agency shall make disproportionate share payments to statutory rural hospitals that qualify for such payments and financial assistance payments to statutory rural hospitals that do not qualify for disproportionate share payments. The disproportionate share program payments shall be limited by and conform with federal requirements. In fiscal year 1993-1994, available funds shall be distributed in one payment, as soon as practicable after the effective date of this act. In subsequent fiscal years, funds shall be distributed quarterly in each fiscal year for which an appropriation is made. Notwithstanding the provisions of s. 409.915, counties are exempt from contributing toward the cost of this special reimbursement for hospitals serving a disproportionate share of low-income patients.

(5) In order to receive payments under this section, a hospital must be a rural hospital as defined in s. 395.602 and must meet the following additional requirements:

(c) Agree to provide backup and referral services to the county <u>health departments</u> ~~public health units~~ and other low-income providers within the

hospital's service area, including the development of written agreements between these organizations and the hospital.

Section 202. Paragraph (a) of subsection (3) of section 409.912, Florida Statutes (1996 Supplement), is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.

(3) The agency may contract with:

(a) An entity that provides no prepaid health care services other than Medicaid services under contract with the agency and which is owned and operated by a county, county health department ~~public health unit~~, or county-owned and operated hospital to provide health care services on a prepaid or fixed-sum basis to recipients, which entity may provide such prepaid services either directly or through arrangements with other providers. Such prepaid health care services entities must be licensed under parts I and III by July 1, 1997, and until then are exempt from the provisions of part I of chapter 641. An entity recognized under this paragraph which demonstrates to the satisfaction of the Department of Insurance that it is backed by the full faith and credit of the county in which it is located may be exempted from s. 641.225.

Section 203. Paragraph (b) of subsection (7) of section 409.9122, Florida Statutes (1996 Supplement), is amended to read:

409.9122 Mandatory Medicaid managed care enrollment; programs and procedures.—

(7)

(b) Subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216, the agency is authorized to enter into contracts with traditional providers of health care to low-income persons to assist such providers with the technical aspects of cooperatively developing Medicaid prepaid health plans.

1. The agency may contract with disproportionate share hospitals, county health departments ~~public health units~~, federally initiated or federally funded community health centers, and counties that operate either a hospital or a community clinic.

2. A contract may not be for more than $100,000 per year, and no contract may be extended with any particular provider for more than 2 years. The

contract is intended only as seed or development funding and requires a commitment from the interested party.

3. A contract must require participation by at least one community health clinic and one disproportionate share hospital.

Section 204. Paragraph (a) of subsection (4) of section 411.232, Florida Statutes (1996 Supplement), is amended to read:

411.232 Children's Early Investment Program.—

(4) IMPLEMENTATION.—

(a) The Department of Health and Rehabilitative Services or its designee shall implement the Children's Early Investment Program using the criteria provided in this section. The department or its designee shall evaluate and select the programs and sites to be funded initially. The initial contract awards must be made no later than January 15, 1990. No more than one of each of the following prototypes may be selected among the first sites to be funded:

1. A program based in a county health department ~~public health unit~~;

2. A program based in an office of the Department of Health and Rehabilitative Services;

3. A program based in a local school district;

4. A program based in a local board or council that is responsible for coordinating and managing community resources from revenue sources earmarked for helping children and meeting their needs;

5. A program based in a local, public or private, not-for-profit provider of services to children and their families; and

6. A program based in a local government.

Section 205. Paragraph (a) of subsection (4) of section 411.242, Florida Statutes (1996 Supplement), is amended to read:

411.242 Florida Education Now and Babies Later (ENABL) program.—

(4) IMPLEMENTATION.—The department must:

(a) Implement the ENABL program using the criteria provided in this section. The department must evaluate, select, and monitor the two pilot projects to be funded initially. The initial contract awards must be made no later than August 1, 1995. The following community-based local contractors may be selected among the first sites to be funded:

1. A program based in a local school district, a county health department ~~public health unit~~, or another unit of local government.

2. A program based in a local, public or private, not-for-profit provider of services to children and their families.

Section 206. Subsection (3) of section 414.0252, Florida Statutes (1996 Supplement), is amended to read:

414.0252 Definitions.—As used in ss. 414.015-414.45, the term:

(3) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 207. Paragraph (a) of subsection (2) of section 414.026, Florida Statutes (1996 Supplement), is amended to read:

414.026 WAGES Program State Board of Directors.—

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

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

2. The Secretary of Children and Family ~~Health and Rehabilitative~~ Services.

3. The Secretary of Labor and Employment Security.

4. The Secretary of Community Affairs.

5. The Secretary of Commerce.

6. The president of Enterprise Florida Jobs and Education Partnership, established under s. 288.0475.

7. Nine members appointed by the Governor, as follows:

a. Six members shall be appointed from a list of ten nominees, of which five must be submitted by the President of the Senate and five must be submitted by the Speaker of the House of Representatives. The list of five nominees submitted by the President of the Senate and the Speaker of the House of Representatives must each contain at least three individuals employed in the private sector, two of whom must have management experience. One of the five nominees submitted by the President of the Senate and one of the five nominees submitted by the Speaker of the House of Representatives must be an elected local government official who shall serve as an ex officio member.

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

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

The members appointed by the Governor shall be appointed to 4-year, staggered terms. Within 60 days after a vacancy occurs on the board, the Governor shall fill the vacancy of a member appointed from the nominees submitted by the President of the Senate and the Speaker of the House of Representatives for the remainder of the unexpired term from one nominee submitted by the President of the Senate and one nominee submitted by the Speaker

of the House of Representatives. Within 60 days after a vacancy of a member appointed at-large by the Governor occurs on the board, the Governor shall fill the vacancy for the remainder of the unexpired term. The composition of the board must generally reflect the racial, gender, and ethnic diversity of the state as a whole. The list of initial five nominees shall be submitted by the President of the Senate and the Speaker of the House of Representatives by July 1, 1996, and the initial appointments by the Governor shall be made by September 1, 1996.

Section 208. Paragraph (e) of subsection (4) of section 414.028, Florida Statutes (1996 Supplement), is amended to read:

414.028 Local WAGES coalitions.—The WAGES Program State Board of Directors shall create and charter local WAGES coalitions to plan and coordinate the delivery of services under the WAGES Program at the local level. The boundaries of the service area for a local WAGES coalition shall conform to the boundaries of the service area for the jobs and education regional board established under the Enterprise Florida Jobs and Education Partnership. The local delivery of services under the WAGES Program shall be coordinated, to the maximum extent possible, with the local services and activities of the local service providers designated by the regional workforce development boards.

(4) Each local WAGES coalition shall perform the planning, coordination, and oversight functions specified in the statewide implementation plan, including, but not limited to:

(e) Advising the Department of Children and Family ~~Health and Rehabilitative~~ Services with respect to the competitive procurement of services under the WAGES Program.

Section 209. Paragraph (a) of subsection (4) of section 414.095, Florida Statutes (1996 Supplement), is amended to read:

414.095 Determining eligibility for the WAGES Program.—

(4) STEPPARENTS.—A family that contains a stepparent has the following special eligibility options if the family meets all other eligibility requirements:

(a) A family that does not contain a mutual minor child has the option to include or exclude a stepparent in determining eligibility if the stepparent's monthly gross income is less than 185 percent of the federal poverty level for a two-person family.

1. If the stepparent chooses to be excluded from the family, temporary assistance, without shelter expense, shall be provided for the child. The parent of the child must comply with work activity requirements as provided in s. 414.065. Income and resources from the stepparent may not be included in determining eligibility; however, any income and resources from the parent of the child shall be included in determining eligibility.

2. If a stepparent chooses to be included in the family, the Department of Children and Family ~~Health and Rehabilitative~~ Services shall determine

eligibility using the requirements for a nonstepparent family. A stepparent whose income is equal to or greater than 185 percent of the federal poverty level for a two-person family does not have the option to be excluded from the family, and all income and resources of the stepparent shall be included in determining the family's eligibility.

Section 210. Section 414.13, Florida Statutes (1996 Supplement), is amended to read:

414.13 Immunizations.—Each applicant who has a preschool child must begin and complete appropriate childhood immunizations for the child as a condition of eligibility. At the time of application and redetermination of eligibility, the department shall advise applicants and participants of the availability of childhood immunizations through the county health department ~~public health unit~~. Each participant who has a preschool child must verify compliance with the section. If a participant fails to provide such verification, the child for whom such verification is not provided shall be removed from consideration for purposes of calculating the assistance available to the family. If the child subject to this requirement is the only child in the family, participation in the program shall be terminated until verification of compliance is provided. The department shall waive this requirement if the failure to immunize the child is because of religious reasons or other good cause, as defined by the department.

Section 211. Subsection (1) of section 414.175, Florida Statutes (1996 Supplement), is amended to read:

414.175 Review of existing waivers.—

(1) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall review existing waivers granted to the department by the Federal Government and determine if such waivers continue to be necessary based on the flexibility granted to states by federal law. If the department determines that termination of the waivers would reduce or eliminate potential federal cost neutrality liability, the department may take action in accordance with federal requirements. In taking such action, the department may continue research initiated in conjunction with such waivers if the department determines that continuation will provide program findings that will be useful in assessing future welfare reform alternatives.

Section 212. Section 414.25, Florida Statutes (1996 Supplement), is amended to read:

414.25 Exemption from leased real property requirements.—In order to facilitate implementation of this chapter with respect to establishing jobs and benefits offices, the Department of Labor and Employment Security and the Department of Children and Family ~~Health and Rehabilitative~~ Services is exempt from the requirements of s. 255.25 which relate to the procurement of leased real property. This exemption expires June 30, 1998.

Section 213. Subsection (1) of section 409.315, Florida Statutes (renumbered as section 414.27, Florida Statutes, 1996 Supplement), is amended to read:

414.27 Public assistance; payment on death.—

(1) Upon the death of any person receiving public assistance through the Department of Children and Family ~~Health and Rehabilitative~~ Services, all public assistance accrued to such person from the date of last payment to date of death shall be paid to the person who shall have been designated by him on a form prescribed by the department and filed with the department during the lifetime of the person making such designation. In the event no designation is made, or the person so designated is no longer living or cannot be found, then payment shall be made to such person as may be designated by the circuit judge of the county where the public assistance recipient resided. Designation by the circuit judge may be made on a form provided by the department or by letter or memorandum to the Comptroller. No filing or recording of the designation shall be required, and the circuit judge shall receive no compensation for such service. If a warrant has not been issued and forwarded prior to notice by the department of the recipient's death, upon notice thereof, the department shall promptly requisition the Comptroller to issue a warrant in the amount of the accrued assistance payable to the person designated to receive it and shall attach to the requisition the original designation of the deceased recipient, or if none, the designation made by the circuit judge, as well as a notice of death. The Comptroller shall issue a warrant in the amount payable.

Section 214. Subsection (8) of section 414.28, Florida Statutes (1996 Supplement), is amended to read:

414.28 Public assistance payments to constitute debt of recipient.—

(8) DISPOSITION OF FUNDS RECOVERED.—All funds collected under this section shall be deposited with the Department of Banking and Finance and a report of such deposit made to the Department of Children and Family ~~Health and Rehabilitative~~ Services. After payment of costs the sums so collected shall be credited to the Department of Children and Family ~~Health and Rehabilitative~~ Services and used by it.

Section 215. Subsection (1) of section 414.36, Florida Statutes (1996 Supplement), is amended to read:

414.36 Public assistance overpayment recovery program; contracts.—

(1) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall develop and implement a plan for the statewide privatization of activities relating to the recovery of public assistance overpayment claims. These activities shall include, at a minimum, voluntary cash collections functions for recovery of fraudulent and nonfraudulent benefits paid to recipients of temporary assistance under the WAGES Program, food stamps, and aid to families with dependent children.

Section 216. Section 409.25625, Florida Statutes (renumbered as section 414.37, Florida Statutes, 1996 Supplement), is amended to read:

414.37 Public assistance overpayment recovery privatization; reemployment of laid-off career service employees.—Should career service employees

of the Department of Children and Family ~~Health and Rehabilitative~~ Services be subject to layoff after July 1, 1995, due to the privatization of public assistance overpayment recovery functions, the privatization contract shall require the contracting firm to give priority consideration to employment of such employees. In addition, a task force composed of representatives from the Department of Children and Family ~~Health and Rehabilitative~~ Services, the Department of Labor and Employment Security, and the Department of Management Services shall be established to provide reemployment assistance to such employees.

Section 217. Subsections (1) and (9), paragraphs (a) and (c) of subsection (10), and subsections (11) and (12) of section 414.38, Florida Statutes (1996 Supplement), are amended to read:

414.38 Pilot work experience and job training for noncustodial parents program.—

(1) There is established in two judicial circuits a work experience and job training pilot program for noncustodial parents, of which one circuit must be in a circuit with a mandatory family transition program in operation. The program shall be administered by the Department of Children and Family ~~Health and Rehabilitative~~ Services.

(9) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall contract with a private service provider for job training, placement, and support services. The Department of Children and Family ~~Health and Rehabilitative~~ Services shall develop a request for proposal to include procedures and criteria for the competitive acceptance of proposals from interested service providers. Each interested service provider seeking a pilot program pursuant to this section must be able to demonstrate:

(a) Experience in executing large-scale social experiments;

(b) Experience in doing research involving waivers of federal AFDC, JOBS, and child support enforcement policies;

(c) An understanding of the demographics and experiences of economically disadvantaged noncustodial parents; and

(d) Experience in working directly with state programs designed to assist disadvantaged noncustodial parents.

(10)(a) The Department of Children and Family ~~Health and Rehabilitative~~ Services, in consultation with the Department of Revenue and the Department of Labor and Employment Security, shall conduct, or shall contract with one or more entities to conduct, a comprehensive evaluation of the program or programs funded through this section. An initial phase of such evaluation must be designed to monitor the extent to which the local work experience and job training pilot program is being implemented and to make recommendations on how best to expand the local work experience and job training pilot program to other sites, including validation of estimated program costs and savings related to factors such as support services, child support paid, job training and placement, peer support components,

staffing ratios, and service integration. The initial phase of the evaluation must provide information on the preliminary outcomes of the program, including rates of job placement and job retention and participant salary levels. The Department of Children and Family ~~Health and Rehabilitative~~ Services shall report results of the initial evaluation within 18 months after the demonstration projects begin.

(c) In order to provide evaluation findings with the highest feasible level of scientific validity, the Department of Children and Family ~~Health and Rehabilitative~~ Services may contract for an evaluation design that includes random assignment of program participants to program groups and control groups. Under such design, members of control groups must be given the level of job training and placement services generally available to noncustodial parents who are not included in the local work experience and job training pilot program areas. The provisions of s. 402.105 or similar provisions of federal or state law do not apply under this section.

(11) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall obtain the necessary waivers from the United States Department of Health and Human Services in order to implement this section.

(12) The Department of Children and Family ~~Health and Rehabilitative~~ Services, in consultation with the Department of Revenue and the Department of Labor and Employment Security, shall adopt rules to implement this section.

Section 218. Subsections (6) and (9) of section 414.39, Florida Statutes (1996 Supplement), are amended to read:

414.39 Fraud.—

(6) Any person providing service for which compensation is paid under any state or federally funded assistance program who solicits, requests, or receives, either actually or constructively, any payment or contribution through a payment, assessment, gift, devise, bequest or other means, whether directly or indirectly, from either a recipient of assistance from such assistance program or from the family of such a recipient shall notify the Department of Children and Family ~~Health and Rehabilitative~~ Services, on a form provided by the department, of the amount of such payment or contribution and of such other information as specified by the department, within 10 days after the receipt of such payment or contribution or, if said payment or contribution is to become effective at some time in the future, within 10 days of the consummation of the agreement to make such payment or contribution. Failure to notify the department within the time prescribed is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(9) All records relating to investigations of public assistance fraud in the custody of the Department of Children and Family ~~Health and Rehabilitative~~ Services and the Agency for Health Care Administration are available for examination by the Division of Public Assistance Fraud of the office of the Auditor General pursuant to s. 11.50 and are admissible into evidence

in proceedings brought under this section as business records within the meaning of s. 90.803(6).

Section 219. Paragraph (d) of subsection (2) of section 409.3251, Florida Statutes (renumbered as section 414.40, Florida Statutes, 1996 Supplement), is amended to read:

414.40 Stop Inmate Fraud Program established; guidelines.—

(2) The division is directed to implement the Stop Inmate Fraud Program in accordance with the following guidelines:

(d) Data obtained from correctional institutions or other detention facilities shall be compared with the client files of the Department of Children and Family ~~Health and Rehabilitative~~ Services, the Department of Labor and Employment Security, and other state or local agencies as needed to identify persons wrongfully obtaining benefits. Data comparisons shall be accomplished during periods of low information demand by agency personnel to minimize inconvenience to the agency.

Section 220. Section 409.3282, Florida Statutes (renumbered as section 414.42, Florida Statutes, 1996 Supplement), is amended to read:

414.42 Cause for employee dismissal.—It is cause for dismissal of an employee of the Department of Children and Family ~~Health and Rehabilitative~~ Services if the employee knowingly and willfully allows an ineligible person to obtain public assistance.

Section 221. Subsection (6) of section 415.503, Florida Statutes (1996 Supplement), is amended to read:

415.503 Definitions of terms used in ss. 415.502-415.514.—As used in ss. 415.502-415.514:

(6) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 222. Paragraphs (a) and (b) of subsection (1) of section 419.001, Florida Statutes (1996 Supplement), are amended to read:

419.001 Site selection of community residential homes.—

(1) For the purposes of this section, the following definitions shall apply:

(a) "Community residential home" means a dwelling unit licensed to serve clients of the Department of Children and Family ~~Health and Rehabilitative~~ Services, which provides a living environment for 7 to 14 unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents.

(b) "Department" means the Department of Children and Family ~~Health and Rehabilitative~~ Services.

Section 223. Paragraph (d) of subsection (4) of section 458.347, Florida Statutes (1996 Supplement), is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(d) A supervisory physician may delegate to a certified physician assistant, pursuant to a written protocol, the authority to act according to s. 154.04(1)(d). Such delegated authority is limited to the supervising physician's practice in connection with a county health department ~~public health unit~~ as defined and established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments ~~public health units~~.

Section 224. Paragraph (d) of subsection (4) of section 459.022, Florida Statutes (1996 Supplement), is amended to read:

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(d) A supervisory physician may delegate to a certified physician assistant, pursuant to a written protocol, the authority to act according to s. 154.04(1)(d). Such delegated authority is limited to the supervising physician's practice in connection with a county health department ~~public health unit~~ as defined and established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments ~~public health units~~.

Section 225. Subsections (1) and (4) of section 514.033, Florida Statutes (1996 Supplement), are amended to read:

514.033 Creation of fee schedules authorized.—

(1) The department is authorized to establish a schedule of fees to be charged by the department or by any authorized county health department ~~public health unit~~ as detailed in s. 514.025 for the review of applications and plans to construct, develop, or modify a public swimming pool or bathing place, for the issuance of permits to operate such establishments, and for the review of variance applications for public swimming pools and bathing places. Fees assessed under this chapter shall be in an amount sufficient to meet the cost of carrying out the provisions of this chapter.

(4) Fees collected by the department in accordance with the provisions of this chapter shall be deposited into the Public Swimming Pool and Bathing Place Trust Fund for the payment of costs incurred in the administration of this chapter. Fees collected by county health departments ~~public health units~~ performing functions pursuant to s. 514.025 shall be deposited into the County Health Department ~~Public Health Unit~~ Trust Fund.

Section 226. Paragraph (a) of subsection (2) of section 817.505, Florida Statutes (1996 Supplement), is amended to read:

817.505 Patient brokering prohibited; exceptions; penalties.—

(2) For the purposes of this section, the term:

(a) "Health care provider or health care facility" means any person or entity licensed, certified, or registered with the Agency for Health Care Administration; any person or entity that has contracted with the Agency for Health Care Administration to provide goods or services to Medicaid recipients as provided under s. 409.907; a county health department ~~public health unit~~ established under part I of chapter 154; any community service provider contracting with the Department of Health and Rehabilitative Services to furnish alcohol, drug abuse, or mental health services under part IV of chapter 394; any substance abuse service provider licensed under chapter 397; or any federally supported primary care program such as a migrant or community health center authorized under ss. 329 and 330 of the United States Public Health Services Act.

Reviser's note.—Amended pursuant to the directive of the Legislature in s. 26, ch. 96-403, Laws of Florida, to conform the Florida Statutes to the organizational changes made by ch. 96-403, Laws of Florida. References to the "Department of Children and Family Services" are substituted for references to the "Department of Health and Rehabilitative Services," and the title of the secretary of the department is conformed to the change in provisions within chapters 39, 63, 410, 411, 414, 415, and 419, and ss. 409.016-409.803, Florida Statutes. References to the "Department of Health" are substituted for references to the "Department of Health and Rehabilitative Services," and the title of the secretary of the department is conformed to the change in provisions within chapters 153, 154, 381, 382, 383, 384, 385, 386, 387, 388, 390, 391, and 392, Florida Statutes. The term "county health department" is substituted for the term "county public health unit" and for references to "public health unit" or "unit" where clearly in reference to county public health units. References to the "County Health Department Trust Fund" are substituted for references to the "County Public Health Unit Trust Fund" to reflect the change of name of the fund.

Became a law without the Governor's approval May 24, 1997.

Filed in Office Secretary of State May 23, 1997.