CHAPTER 97-237

House Bill No. 1357

An act relating to the Department of Health; amending ss. 154.067, 395.1023, 415.501, F.S.; clarifying agency responsibilities with respect to certain child protection functions; amending s. 415.5055, F.S.; requiring an interagency agreement; providing specific agency responsibilities; requiring consultation between agencies for certain functions; providing for the transfer of certain funds; amending s. 20.19, F.S.; conforming provisions to changes made by the act; amending s. 20.43, F.S.; modifying the purposes of the Department of Health; renaming a division within the department; creating a new division; providing for the transfer of the functions for complaints, investigations, and prosecutions to the Department of Health; amending s. 11 of chapter 96-403, Laws of Florida, providing for the transfer of the functions for complaints, investigations, and prosecutions to the Department of Health; authorizing the department to expend funds for certain purposes; amending s. 110.131, F.S.; conforming provisions to changes made by the act; amending s. 154.04, F.S.; authorizing county health departments to establish peer review committees for certain purposes; amending s. 154.06, F.S.; removing requirement that county health department fees cover costs; amending s. 216.0172, F.S.; requiring the department to implement performance-based budgeting by a specified date; amending ss. 216.341, 232.032, 232.465, 240.4075, 381.0065, 381.0302, 381.0405, 381.0406, 381.04065, 392.52, 392.565, 395.401, 401.107, 401.111, 401.117, 401.23, 401.245, 401.265, 403.703, 404.051, 404.0614, 404.131, 404.20, 414.23, 414.38, 458.316, 468.301, 468.314, 514.011, F.S.; revising and conforming language and references relating to the public health functions of the department; deleting obsolete provisions; creating a committee to advise the Department of Health concerning medical care for children; amending s. 240.4076, F.S.; revising operation of the nursing scholarship loan program; creating s. 381.0021, F.S.; authorizing the Department of Health to establish Client Welfare Accounts; providing for the deposit of funds; providing for use of the funds; amending s. 381.0055, F.S.; deleting a provision relating to confidentiality of certain quality assurance information; amending s. 381.0062, F.S.; revising definitions; revising certain supervisory duties of the department; revising fees; revising requirements to obtain certain exemptions; amending s. 381.0101, F.S.; revising requirements relating to professional standards, continuing education, and certification of environmental health professionals; revising certification fees; providing for denial, suspension, or revocation of a certificate; providing for fines; amending s. 381.0203, F.S.; providing for a contraceptive distribution program; specifying eligibility requirements; providing for fees; providing for rules; amending s. 381.0407, F.S.; clarifying reimbursement to county health departments by Medicaid providers; amending s. 383.14, F.S.; conforming the membership of the Infant Screening Advisory Council; amending s. 383.3362, F.S.,

relating to Sudden Infant Death Syndrome; deleting requirement for visits by county public health nurses or social workers; deleting an advisory council; revising duties of the department; amending s. 385.202, F.S.; revising requirements relating to reporting and analysis of reports to the statewide cancer registry; amending s. 385.203, F.S.; deleting requirement for an annual diabetes state plan; amending s. 391.051, F.S.; revising the qualifications and designation of the director of Children's Medical Services; amending s. 392.62, F.S.; providing for forensic units in tuberculosis hospitals; amending s. 395.3025, F.S.; expanding the department's authority to examine records of licensed facilities; increasing a penalty for unauthorized disclosure of information; amending s. 401.252, F.S.; providing requirements for interfacility transport of certain infants; providing for rules for interfacility transport; amending s. 401.27, F.S.; providing for inactive status of emergency medical technician and paramedic certificates; providing for reactivation and renewal; providing a fee; amending and renumbering s. 402.105, F.S., relating to biomedical and social research; amending and renumbering s. 402.32, F.S., relating to the school health services program; amending and renumbering s. 402.321, F.S., relating to funding for school health services; amending s. 402.41, F.S., relating to educational materials and training in human immunodeficiency virus infection and acquired immune deficiency syndrome; amending and renumbering s. 402.475, F.S., relating to the osteoporosis prevention and education program; amending and renumbering s. 402.60, F.S., relating to insect sting emergency treatment; amending and renumbering s. 402.61, F.S., relating to regulation of tanning facilities; amending s. 404.031, F.S.; revising a definition; amending s. 404.056, F.S.; providing penalties for certain fraud, deception, or misrepresentation in performing radon measurements or mitigation; amending s. 404.22, F.S.; reducing the frequency of inspections required for certain radiation machines; amending s. 408.033, F.S.; modifying local health planning council staffing requirements; requiring the transfer of specified funds; amending s. 408.701, F.S.; expanding the definition of "health care provider" for purposes of community health purchasing; amending s. 409.905, F.S.; expanding family planning services provided under the Medicaid program; amending s. 409.908, F.S.; authorizing a county health department to be reimbursed for certain Medicaid compensable services; deleting obsolete repeal provision; amending s. 409.912, F.S.; postponing licensing requirements for certain entities contracting to provide Medicaid services; amending s. 414.026, F.S.; adding the Secretary of Health to the WAGES board; creating s. 414.391, F.S.; requiring development of an automated fingerprint imaging program for public assistance applicants and recipients by the Department of Children and Family Services, in conjunction with the Department of Labor and Employment Security; providing for rules relating to use of information; requiring a plan for implementation; providing for pilot implementation and evaluation; providing priority for use of funds from reducing fraud to expand the program; authorizing request for federal waivers; creating s. 414.392, F.S.; requiring applicants for pub-

lic assistance to provide an automated fingerprint image before receiving any benefits; amending s. 468.3101, F.S.; providing additional grounds for disciplinary action against a radiologic technologist; providing penalties; amending s. 489.553, F.S.; revising eligibility requirements for septic tank contractors; amending s. 514.028, F.S.; providing for reimbursement for travel expenses for members of the advisory review board on swimming and bathing facilities; amending s. 627.4236, F.S.; transferring rulemaking authority relating to bone marrow transplant procedures to the Agency for Health Care Administration; amending s. 766.101, F.S.; including certain committees of a county health department, healthy start coalition, or certified rural health network within the definition of "medical review committee"; amending s. 766.314, F.S.; exempting developmental services and public health physicians from assessments that finance the Florida Birth-Related Neurological Injury Compensation Plan; amending ss. 28.101, 28.222, 63.062, 382.003, 382.004, 382.007, 382.011, 382.0135, 382.021, 382.022, 382.023, 382.356, 383.2161, 402.40, 460.414, 742.10, 742.16, F.S.; revising and conforming language and references relating to the department's responsibility for vital records and statistics; amending s. 63.165, F.S.; revising and expanding provisions relating to the state registry of adoption information; amending s. 68.07, F.S.; revising procedures relating to change of name; amending s. 382.002, F.S.; revising definitions; amending s. 382.005, F.S.; revising duties of local registrars; amending s. 382.006, F.S.; revising duties of funeral directors with respect to burial-transit permits; restricting issuance thereof if death occurred from a communicable disease; providing authority of certifications of death certificates issued in other states or countries; eliminating provisions relating to permits for disinterment and reinterment; amending s. 382.008, F.S., relating to death and fetal death certificates; providing for entry of aliases; requiring certain persons to provide medical information regarding a fetal death within a specified period; providing for extensions of time for certification of cause of death; providing for temporary death certificates; requiring certificates to contain information required for legal, social, and health research purposes; amending s. 382.012, F.S.; providing requirements for a petitioner seeking a presumptive death certificate; amending s. 382.013, F.S.; revising provisions and requirements relating to registration of a live birth, paternity, and the name of the child; amending s. 382.015, F.S.; revising provisions relating to new certificates of live birth; revising procedures for annulment of adoptions and determination of paternity; providing for filing of a new birth certificate upon receipt of an order of affirmation of parental status; providing for the form of original, new, and amended birth certificates; providing for rules; amending s. 382.016, F.S.; revising provisions relating to amendment of birth and death records; amending s. 382.017, F.S.; revising procedures relating to registration of birth certificates for adopted children of foreign birth; amending and renumbering s. 382.018, F.S.; revising procedures and requirements relating to issuance of delayed birth certificates; amending s. 382.019, F.S.; revising procedures and requirements

relating to the delayed registration of a death or birth certificate; amending s. 382.025, F.S.; revising procedures and requirements relating to issuance of certified copies of birth and death records; providing requirements and restrictions for sharing vital records with a research entity; providing for rules; creating s. 382.0255, F.S.; providing fees for searching and processing vital records; revising and consolidating provisions relating thereto; amending s. 382.026, F.S.; revising and expanding penalties; providing for rules; amending s. 741.041, F.S.; conforming provisions relating to the period of validity of marriage licenses; amending ss. 945.602, 945.603, 945.6031, 945.6032, F.S.; conforming provisions to the changes made by the act; transferring certain powers, duties, functions, and assets of the Agency for Health Care Administration with respect to rural health networks and local health councils to the Department of Health; transferring certain powers, duties, functions, and assets of the Correctional Medical Authority to the Department of Health; providing for the continued effect of rules; providing for continuation of judicial and administrative proceedings; providing for severability; repealing s. 110.1125, F.S., relating to a requirement to provide information on human immunodeficiency virus infection and acquired immune deficiency syndrome to state employees; repealing s. 381.698, F.S., relating to "The Florida Blood Transfusion Act"; repealing s. 381.81, F.S., relating to the "Minority Health Improvement Act"; repealing s. 382.014, F.S., relating to contents, form, and disclosure of birth certificates; repealing s. 382.024, F.S., relating to departmental accounting of dissolution of marriage fees and charges; repealing s. 382.027, F.S., relating to voluntary registration of adoption information; repealing ss. 387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07, 387.08, 387.09, and 387.10, F.S., relating to permits for draining surface water or sewage into underground waters of the state, penalties for polluting water supplies or surface or underground waters, septic tank construction requirements, and injunction proceedings; repealing s. 402.37, F.S., relating to the medical manpower clearinghouse grant program; repealing s. 403.7045(1)(e), F.S., relating to activities regulated under the "Florida Hazardous Substances Law" exempted from environmental regulation; repealing ss. 501.061, 501.065, 501.071, 501.075, 501.081, 501.085, 501.091, 501.095, 501.101, 501.105, 501.111, 501.115, and 501.121, F.S., relating to the "Florida Hazardous Substances Law"; repealing s. 501.124, F.S., relating to art or craft material containing toxic substances and labeling requirements therefor; repealing s. 766.1115(12), F.S., as created by section 1 of ch. 92-278, Laws of Florida, relating to the scheduled repeal of the "Access to Health Care Act"; requiring physicians, osteopathic physicians, podiatrists, and chiropractors to furnish specified biographical and other data to the Department of Health; requiring the department to verify certain of the information and compile the information submitted and other public record information into a practitioner profile of each licensee and to make the profiles available to the public; providing for rules; providing duties of practitioners to update information and duties of the department to update profiles; providing for retention

of information in superseded profiles; amending ss. 458.311, 458.313, 458.319, F.S.; requiring applicants for licensure or relicensure as physicians to submit information, fingerprints, and fees; providing for citations to, and fines of, certain practitioners; amending ss. 459.0055, 459.008, F.S.; requiring applicants for licensure or relicensure as osteopathic physicians to submit information, fingerprints, and fees; providing for citations to, and fines of, certain practitioners; amending ss. 460.406, 460.407, F.S.; requiring applicants for licensure or relicensure as chiropractors to submit information, fingerprints, and fees; providing for citations to, and fines of, certain practitioners; amending ss. 461.006, 461.007, F.S.; requiring applicants for licensure or relicensure as podiatrists to submit information, fingerprints, and fees; providing for citations to, and fines of, certain practitioners; amending s. 455.225, F.S.; providing legislative intent; revising procedures to discipline professionals; requiring the Agency for Health Care Administration or appropriate regulatory boards to establish plans to resolve incomplete investigations or disciplinary proceedings; amending ss. 458.320, 459.0085, F.S.; requiring the agency to issue an emergency order suspending the license of a physician or osteopathic physician for certain violations; amending s. 455.2285, F.S.; requiring additional information in the annual report by the department and by the agency; creating s. 455.2478, F.S.; providing that reports on professional liability actions and information relating to bankruptcy proceedings of specified health care practitioners which are in the possession of the Department of Health are public records; requiring the department to make such information available to persons who request it; amending s. 627.912, F.S.; providing for insurer reporting of professional liability claims and actions; revising the timeframe for reporting; providing penalties; providing for a toll-free telephone number for reporting complaints relating to medical care; providing applicability; amending ss. 458.316, 458.3165, 458.317, F.S.; conforming cross-references; providing effective dates.

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

Section 1. Section 154.067, Florida Statutes, is amended to read:

154.067 Child abuse and neglect cases; duties.—The Department of Health ~~and Rehabilitative Services~~ shall adopt~~, by March 1, 1985, promulgate~~ a rule requiring every county ~~public~~ health department ~~unit~~, as described in s. 154.01, to adopt a protocol that, at a minimum, requires the county ~~public~~ health department ~~unit~~ to:

(1) Incorporate in its health department ~~unit~~ policy a policy that every staff member has an affirmative duty to report, pursuant to chapter 415, any actual or suspected case of child abuse or neglect; and

(2) In any case involving suspected child abuse or neglect, designate, at the request of the department, a staff physician to act as a liaison between the county ~~public~~ health department ~~unit~~ and the Department of Children and Family Services office that ~~which~~ is investigating the suspected abuse

or neglect, and the child protection team, as defined in s. 415.503, when the case is referred to such a team.

Section 2. Section 395.1023, Florida Statutes, is amended to read:

395.1023 Child abuse and neglect cases; duties.—Each licensed facility shall adopt a protocol that, at a minimum, requires the facility to:

(1) Incorporate a facility policy that every staff member has an affirmative duty to report, pursuant to chapter 415, any actual or suspected case of child abuse or neglect; and

(2) In any case involving suspected child abuse or neglect, designate, at the request of the department, a staff physician to act as a liaison between the hospital and the Department of Children and Family Services office which is investigating the suspected abuse or neglect, and the child protection team, as defined in s. 415.503, when the case is referred to such a team.

Each general hospital and appropriate specialty hospital shall comply with the provisions of this section and shall notify the agency and the department of its compliance by sending a copy of its policy to the agency and the department as required by rule. The failure by a general hospital or appropriate specialty hospital to comply shall be punished by a fine not exceeding $1,000, to be fixed, imposed, and collected by the agency. Each day in violation is considered a separate offense.

Section 3. Subsection (2) of section 415.501, Florida Statutes, is amended to read:

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

(2) PLAN FOR COMPREHENSIVE APPROACH.—

(a) The Department of Children and Family ~~Health and Rehabilitative~~ Services shall develop a state plan for the prevention of abuse and neglect of children and shall submit the plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than January 1, 1983. The Department of Education and the Division of Children's Medical Services of the Department of Health shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the district human rights advocacy committees; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies, and the circuit courts, when guardian ad litem programs are not available in the local area. The

state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

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

1. The Department of Children and Family ~~Health and Rehabilitative~~ Services shall establish an interprogram task force comprised of the ~~Deputy~~ Assistant Secretary for Children and Family Services, ~~for Health~~ or a ~~his~~ designee, a representative ~~and representatives~~ from the Children~~, Youth,~~ and Families Program Office, a representative from ~~the Children's Medical Services Program Office,~~ the Alcohol, Drug Abuse, and Mental Health Program Office, a representative from the Developmental Services Program Office, a representative from ~~and~~ the Office of Standards and Evaluation, and a representative from the Division of Children's Medical Services of the Department of Health. 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, and the Department of Health 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, and the Department of Health 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, and the Department of Health 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 meet-

ing 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.~~

Section 4. Section 415.5055, Florida Statutes, 1996 Supplement, is amended to read:

415.5055 Child protection teams; services; eligible cases.—The department shall develop, maintain, and coordinate the services of one or more multidisciplinary child protection teams in each of the service districts of the department. Such teams may be composed of representatives of appropriate health, mental health, social service, legal service, and law enforcement agencies. The Legislature finds that optimal coordination of child protection teams and sexual abuse treatment programs requires collaboration between the Department of Health and the Department of Children and Family Services. The two departments shall maintain an interagency agreement that establishes protocols for oversight and operations of child protection teams and sexual abuse treatment programs. The Secretary of Health and the Director of the Division of Children's Medical Services, in consultation with the Secretary of Children and Family Services, shall maintain the responsibility for the screening, employment, and, if necessary, the termination of child protection team medical directors, at headquarters and in the

15 districts. Child protection team medical directors shall be responsible for oversight of the teams in the districts.

(1) The department shall utilize and convene the teams to supplement the assessment and protective supervision activities of the children, youth, and families program of the department. Nothing in this section shall be construed to remove or reduce the duty and responsibility of any person to report pursuant to s. 415.504 all suspected or actual cases of child abuse or neglect or sexual abuse of a child. The role of the teams shall be to support activities of the program and to provide services deemed by the teams to be necessary and appropriate to abused and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a child protection team shall be capable of providing include, but are not limited to, the following:

(a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of findings relative thereto.

(b) Telephone consultation services in emergencies and in other situations.

(c) Medical evaluation related to abuse or neglect, as defined by department policy or rule.

(d) Such psychological and psychiatric diagnosis and evaluation services for the child or his parent or parents, guardian or guardians, or other caregivers, or any other individual involved in a child abuse or neglect case, as the team may determine to be needed.

(e) Short-term psychological treatment. It is the intent of the Legislature that short-term psychological treatment be limited to no more than 6 months' duration after treatment is initiated, except that the appropriate district administrator may authorize such treatment for individual children beyond this limitation if the administrator deems it appropriate.

(f) Expert medical, psychological, and related professional testimony in court cases.

(g) Case staffings to develop, implement, and monitor treatment plans for children whose cases have been referred to the team. A child protection team may provide consultation with respect to a child who has not been referred to the team, but who is alleged or is shown to be abused, which consultation shall be provided at the request of a representative of the children, youth, and families program or at the request of any other professional involved with a child or his parent or parents, guardian or guardians, or other caregivers. In every such child protection team case staffing, consultation, or staff activity involving a child, a children, youth, and families program representative shall attend and participate.

(h) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.

(i) Such training services for program and other department employees as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse and neglect cases.

(j) Educational and community awareness campaigns on child abuse and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse and neglect in the community.

(2) The child abuse and neglect cases that are appropriate for referral by the children, youth, and families program to child protection teams for support services as set forth in subsection (1) include, but are not limited to, cases involving:

(a) Bruises, burns, or fractures in a child under the age of 3 years or in a nonambulatory child of any age.

(b) Unexplained or implausibly explained bruises, burns, fractures, or other injuries in a child of any age.

(c) Sexual abuse of a child in which vaginal or anal penetration is alleged or in which other unlawful sexual conduct has been determined to have occurred.

(d) Venereal disease, or any other sexually transmitted disease, in a prepubescent child.

(e) Reported malnutrition of a child and failure of a child to thrive.

(f) Reported medical, physical, or emotional neglect of a child.

(g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse or neglect, when any sibling or other child remains in the home.

(h) Symptoms of serious emotional problems in a child when emotional or other abuse or neglect is suspected.

(3) All records and reports of the child protection team are confidential and exempt from the provisions of ss. 119.07(1) and 455.241, and shall not be disclosed, except, upon request, to the state attorney, law enforcement, the department, and necessary professionals, in furtherance of the treatment or additional evaluative needs of the child or by order of the court.

In all instances in which a child protection team is providing certain services to abused or neglected children, other offices and units of the department shall avoid duplicating the provision of those services.

Section 5. <u>The sum of $814,833 from the General Revenue Fund is transferred from the Department of Children and Family Services to the Department of Health to fund the medical director portion of the child protection team and sexual abuse treatment functions specified in this act.</u>

Section 6. Paragraph (b) of subsection (4) of section 20.19, Florida Statutes, 1996 Supplement, is amended to read:

20.19 Department of Children and Family Services.—There is created a Department of Children and Family Services.

(4) PROGRAM OFFICES.—

(b) The following program offices are established and may be consolidated, restructured, or rearranged by the secretary; provided any such consolidation, restructuring, or rearranging is for the purpose of encouraging service integration through more effective and efficient performance of the program offices or parts thereof:

1. Economic Self-Sufficiency Program Office.—The responsibilities of this office encompass income support programs within the department, such as temporary assistance to families with dependent children, food stamps, welfare reform, and state supplementation of the supplemental security income (SSI) program.

2. Developmental Services Program Office.—The responsibilities of this office encompass programs operated by the department for developmentally disabled persons. Developmental disabilities include any disability defined in s. 393.063.

3. Children and Families Program Office.—The responsibilities of this program office encompass early intervention services for children and families at risk; intake services for protective investigation of abandoned, abused, and neglected children; interstate compact on the placement of children programs; adoption; child care; out-of-home care programs and other specialized services to families; and child protection and sexual abuse treatment teams created under chapter 415, excluding medical direction functions.

4. Alcohol, Drug Abuse, and Mental Health Program Office.—The responsibilities of this office encompass all alcohol, drug abuse, and mental health programs operated by the department.

Section 7. Present paragraphs (h)-(l) of subsection (1) of section 20.43, Florida Statutes, 1996 Supplement, are redesignated as paragraphs (i)-(m), respectively, and a new paragraph (h) is added to that subsection; paragraph (d) of subsection (3) of that section is amended, present paragraph (f) of that subsection is redesignated as paragraph (g) and amended, and a new paragraph (f) is added to that subsection; and subsection (6) is added to that section, to read:

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

(1) The purpose of the Department of Health is to promote and protect the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. The department shall:

(h) Provide medical direction for child protection team and sexual abuse treatment functions created under chapter 415.

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

(d) Division of Family Health Services.

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

(g)~~(f) Effective July 1, 1997,~~ Division of Medical Quality Assurance, which is responsible for the following boards and professions established within the division:

1. Nursing assistants, as provided under s. 400.211.

2. Health care services pools, as provided under s. 402.48.

3. The Board of Acupuncture, created under chapter 457.

4. The Board of Medicine, created under chapter 458.

5. The Board of Osteopathic Medicine, created under chapter 459.

6. The Board of Chiropractic, created under chapter 460.

7. The Board of Podiatric Medicine, created under chapter 461.

8. Naturopathy, as provided under chapter 462.

9. The Board of Optometry, created under chapter 463.

10. The Board of Nursing, created under chapter 464.

11. The Board of Pharmacy, created under chapter 465.

12. The Board of Dentistry, created under chapter 466.

13. Midwifery, as provided under chapter 467.

14. The Board of Speech-Language Pathology and Audiology, created under part I of chapter 468.

15. The Board of Nursing Home Administrators, created under part II of chapter 468.

16. Occupational therapy, as provided under part III of chapter 468.

17. Respiratory therapy, as provided under part V of chapter 468.

18. Dietetics and nutrition practice, as provided under part X of chapter 468.

19. Athletic trainers, as provided under part XIV of chapter 468.

20. Electrolysis, as provided under chapter 478.

21. The Board of Massage, created under chapter 480.

22. The Board of Clinical Laboratory Personnel, created under part IV of chapter 483.

23. Medical physicists, as provided under part V of chapter 483.

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

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

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

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

28. The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under chapter 491.

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

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

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

(b) Plan and conduct health education campaigns for the purpose of protecting or improving public health. The department may purchase promotional items and advertising, such as space on billboards or in publications or radio or television time, for health information and promotional messages that recognize that the following behaviors, among others, are detrimental to public health: unprotected sexual intercourse, other than with one's spouse; cigarette smoking; alcohol consumption or other substance abuse during pregnancy; alcohol abuse or other substance abuse; lack of exercise and poor diet and nutrition habits; and failure to recognize and address a genetic tendency to suffer from sickle-cell anemia, diabetes, high blood pressure, cardiovascular disease, or cancer. For purposes of activities under this paragraph, the Department of Health may establish requirements for local matching funds or in-kind contributions to create and distribute advertisements, in either print or electronic format, which are concerned with each of the targeted behaviors, establish an independent evaluation and feedback system for the public health communication campaign, and monitor and evaluate the efforts to determine which of the techniques and methodologies are most effective.

(c) Plan and conduct promotional campaigns to recruit health professionals to be employed by the department or to recruit participants in depart-

mental programs for health practitioners, such as scholarship, loan repayment, or volunteer programs. To this effect the department may purchase promotional items and advertising.

Section 8. Section 11 of chapter 96-403, Laws of Florida, is amended to read:

Section 11. Effective July 1, 1997, the regulation of nursing assistants, as provided under s. 400.211, Florida Statutes; health care services pools, as provided under s. 402.48, Florida Statutes; the Board of Acupuncture, created under chapter 457, Florida Statutes; the Board of Medicine, created under chapter 458, Florida Statutes; the Board of Osteopathic Medicine, created under chapter 459, Florida Statutes; the Board of Chiropractic, created under chapter 460, Florida Statutes; the Board of Podiatric Medicine, created under chapter 461, Florida Statutes; naturopathy, as provided under chapter 462, Florida Statutes; the Board of Optometry, created under chapter 463, Florida Statutes; the Board of Nursing, created under chapter 464, Florida Statutes; the Board of Pharmacy, created under chapter 465, Florida Statutes; the Board of Dentistry, created under chapter 466, Florida Statutes; midwifery, as provided under chapter 467, Florida Statutes; the Board of Speech-Language Pathology and Audiology, created under part I of chapter 468, Florida Statutes; the Board of Nursing Home Administrators, created under part II of chapter 468, Florida Statutes; occupational therapy, as provided under part III of chapter 468, Florida Statutes; respiratory therapy, as provided under part V of chapter 468, Florida Statutes; dietetics and nutrition practice, as provided under part X of chapter 468, Florida Statutes; electrolysis, as provided under chapter 478, Florida Statutes; the Board of Clinical Laboratory Personnel, created under part IV of chapter 483, Florida Statutes; medical physicists, as provided under part V of chapter 483, Florida Statutes; the Board of Opticianry, created under part I of chapter 484, Florida Statutes; the Board of Physical Therapy Practice, created under chapter 486, Florida Statutes; the Board of Psychology, created under chapter 490, Florida Statutes; and the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under chapter 491, Florida Statutes, under the Division of Health Quality Assurance of the Agency for Health Care Administration, or under the agency, within the Department of Business and Professional Regulation, but not including personnel, property, and unexpended balances of appropriations related to consumer complaints, investigative and prosecutorial services, ~~including all licensing, examination, publication, administrative, and management information services, but not consumer complaint, investigative, or prosecutorial services, provided by the Agency for Health Care Administration,~~ is transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, and assigned to the Division of Medical Quality Assurance within the Department of Health, as created by this act.

Section 9. Paragraph (c) of subsection (6) of section 110.131, Florida Statutes, 1996 Supplement, is amended to read:

110.131 Other-personal-services temporary employment.—

(6)

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

Section 10. Paragraph (c) of subsection (1) of section 154.04, Florida Statutes, 1996 Supplement, is amended to read:

154.04 Personnel of county health departments; duties; compensation.—

(1)

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

a. No licensed physician is on the premises;

b. The patient is assessed and medication ordered in accordance with rules promulgated by the department and pursuant to a protocol approved by a physician who supervises the patient care activities of the registered nurse or certified physician assistant;

c. The patient is being assessed by the registered nurse or certified physician assistant as a part of a program approved by the department; and

d. The medication ordered appears on a formulary approved by the department and is prepackaged and prelabeled with dosage instructions and distributed from a source authorized under chapter 499 to repackage and distribute drugs, which source is under the supervision of a consultant pharmacist employed by the department.

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

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

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

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

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

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

Section 11. 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 12. Subsection (6) of section 216.0172, Florida Statutes, 1996 Supplement, is amended to read:

216.0172 Schedule for submission of performance-based program budgets.—In order to implement the provisions of chapter 94-249, Laws of Florida, state agencies shall submit performance-based program budgets for programs approved pursuant to s. 216.0166 to the Executive Office of the Governor and the Legislature based on the following schedule:

(6) By September 1, 1999, for the 2000-2001 fiscal year, by the following:

(a) Division of Administrative Hearings.

(b) Department of Business and Professional Regulation.

(c) Parole and Probation Commission.

(d) Public Service Commission.

(e) Department of Health.

Section 13. 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 14. Section 232.032, Florida Statutes, is 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~~.

~~(2) The Department of Health and Rehabilitative Services, in conjunction with the Department of Education, the Florida Parent-Teacher Association, and the American Lung Association of Florida, shall investigate the~~

~~incidence of tuberculosis among school-age children in the state. As part of this investigation, the department shall determine if there is a need to establish a threshold incidence rate of tuberculosis in schools at which time specific action should be taken to address these concerns, and an indication of what specific action is necessary. A report on these activities is due to the Legislature by December 15, 1994. Nothing in this paragraph shall be construed to limit the existing authority of the Department of Health and Rehabilitative Services to control the transmission of communicable diseases.~~

(2)~~(3)~~ The school board of each district and the governing authority of each nonpublic school shall establish and enforce as policy that, prior to admittance to or attendance in a public or nonpublic school, grades preschool through 12, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health ~~and Rehabilitative Services~~ and further shall provide for appropriate screening of its pupils for scoliosis at the proper age. Such certification shall be made on forms approved and provided by the Department of Health ~~and Rehabilitative Services~~ and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. ~~Effective July 1, 1994,~~ The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.

(3)~~(4)~~ The provisions of this section shall not apply if:

(a) The parent or guardian of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;

(b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health ~~and Rehabilitative Services~~, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;

(c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health ~~and Rehabilitative Services~~, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;

(d) The Department of Health ~~and Rehabilitative Services~~ determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(e) An authorized school official issues a temporary exemption, for a period not to exceed 30 school days, to permit a child who transfers into a new county to attend class until his or her records can be obtained. The

public school health nurse or authorized nonpublic school official is responsible for followup of each such child until proper documentation or immunizations are obtained.

(4)~~(5)~~(a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.

(b) No member of a school board, or any of its employees, or member of a governing board of a nonpublic school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.

(5)~~(6)~~ The parents or guardians of any child admitted to or in attendance at a Florida public or nonpublic school, grades preschool through 12, are responsible for assuring that the child is in compliance with the provisions of this section.

(6)~~(7)~~ Each public school, kindergarten, or preschool, and each nonpublic school, kindergarten, or preschool shall be required to provide to the county ~~public~~ health department ~~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.

(7)~~(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 ~~public~~ health department ~~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 ~~public~~ health department ~~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 ~~public~~ health department ~~unit~~ director or administrator.

(8)~~(9)~~ The school board of each district and the governing authority of each private school shall:

(a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or nonpublic school, who is not in compliance with the provisions of subsection (2).

(b) ~~Effective August 1, 1982,~~ Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (2).

(9)~~(10)~~ The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.

Section 15. Subsection (4) of section 232.465, Florida Statutes, 1996 Supplement, is amended to read:

232.465 Provision of medical services; restrictions.—

(4) Each district school board shall establish emergency procedures in accordance with s. 381.0056(5) ~~s. 402.32(5)~~ for life-threatening emergencies.

Section 16. Subsections (4) through (10) of section 240.4075, Florida Statutes, are amended to read:

240.4075 Nursing Student Loan Forgiveness Program.—

(4) Receipt of funds pursuant to this program shall be contingent upon continued proof of employment in the designated facilities in this state. Loan principal payments shall be made by the Department of Health ~~and Rehabilitative Services~~ directly to the federal or state programs or commercial lending institutions holding the loan as follows:

(a) Twenty-five percent of the loan principal and accrued interest shall be retired after the first year of nursing;

(b) Fifty percent of the loan principal and accrued interest shall be retired after the second year of nursing;

(c) Seventy-five percent of the loan principal and accrued interest shall be retired after the third year of nursing; and

(d) The remaining loan principal and accrued interest shall be retired after the fourth year of nursing.

In no case may payment for any nurse exceed $4,000 in any 12-month period.

(5) There is created the Nursing Student Loan Forgiveness Trust Fund to be administered by the Department of Health ~~and Rehabilitative Services~~ pursuant to this section and s. 240.4076 and department rules ~~of the Department of Health and Rehabilitative Services~~. The Comptroller shall authorize expenditures from the trust fund upon receipt of vouchers approved by the Department of Health ~~and Rehabilitative Services~~. All moneys collected from the private health care industry and other private sources for the purposes of this section shall be deposited into the Nursing Student Loan Forgiveness Trust Fund. Any balance in the trust fund at the end of any

fiscal year shall remain therein and shall be available for carrying out the purposes of this section and s. 240.4076.

(6) In addition to licensing fees imposed under ~~the licensing fee as determined by~~ chapter 464, there is hereby levied and imposed an additional ~~a license~~ fee of $5 ~~for the practice of nursing~~, which fee shall be paid ~~to the Department of Business and Professional Regulation~~ upon licensure or renewal of nursing licensure. Revenues collected from the fee imposed in this subsection ~~section~~ shall be deposited in the Nursing Student Loan Forgiveness Trust Fund of the Department of Health ~~and Rehabilitative Services~~ and will be used solely for the purpose of carrying out the provisions of this section and s. 240.4076. Up to 50 percent of the revenues appropriated to implement this subsection may be used for the nursing scholarship ~~loan~~ program established pursuant to s. 240.4076.

(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.

(b) All Nursing Student Loan Forgiveness Trust Fund moneys shall be invested pursuant to s. 18.125. Interest income accruing to that portion of the trust fund not matched shall increase the total funds available for loan forgiveness and scholarships. Pledged contributions shall not be eligible for matching prior to the actual collection of the total private contribution for the year.

(8) The Department of Health ~~and Rehabilitative Services~~ may solicit technical assistance relating to the conduct of this program from the Department of Education.

(9) The Department of Health ~~and Rehabilitative Services~~ is authorized to recover from the Nursing Student Loan Forgiveness Trust Fund its costs for administering the Nursing Student Loan Forgiveness Program.

(10) The Department of Health ~~and Rehabilitative Services~~ may adopt rules necessary to administer this program.

Section 17. Section 240.4076, Florida Statutes, is amended to read:

240.4076 Nursing scholarship ~~loan~~ program.—

(1) There is established within the Department of Health ~~and Rehabilitative Services~~ a scholarship ~~loan~~ program for the purpose of attracting capable and promising students to the nursing profession.

(2) A scholarship ~~loan~~ applicant shall be enrolled as a full-time or part-time student in the upper division of an approved nursing program leading to the award of a baccalaureate or any advanced registered nurse practi-

tioner degree or be enrolled as a full-time or part-time student in an approved program leading to the award of an associate degree in nursing or a diploma in nursing.

(3) A scholarship ~~loan~~ may be awarded for no more than 2 years, in an amount not to exceed $8,000 per year. However, registered nurses pursuing an advanced registered nurse practitioner degree may receive up to $12,000 per year. Beginning July 1, 1998, these amounts shall be adjusted by the amount of increase or decrease in the consumer price index for urban consumers published by the United States Department of Commerce.

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

(a) For each full 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~~. Scholarship recipients who attend school on a part-time basis shall have their employment service obligation prorated in proportion to the amount of scholarship payments received.

(b) 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)~~.

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

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

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

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

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

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

Section 18. Section 381.0021, Florida Statutes, is created to read:

381.0021 Client welfare accounts.—The Department of Health may establish one or more client welfare accounts in any bank, savings and loan association, or credit union. If one account is created, separate revenue and expense accounts shall be maintained in the department's accounting system for each client, program, facility, or institution. Funds to be deposited in the account shall consist of client funds, private donations, and revenue from any auxiliary, canteen, or similar endeavor in a department program, facility, or institution. The interest or increment accruing on such funds shall be the property of the client when such funds are deposited on behalf of a client. Nonclient funds shall be used for the benefit, education, and general welfare of clients. The general welfare of clients includes, but is not limited to, the establishment of, maintenance of, employment of personnel for, and the purchase of items for resale at canteens or through vending machines maintained by a department program, facility, or institution and for programs and activities that benefit clients such as canteens; hobby shops; recreational, entertainment, or activity centers; or similar programs.

Section 19. 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 of Health, 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 20. Section 381.0062, Florida Statutes, 1996 Supplement, is amended to read:

381.0062 Supervision; private and certain public water systems.—

(1) LEGISLATIVE INTENT.—It is the intent of the Legislature to protect the public's health by ~~requiring permits or~~ establishing standards for the construction, modification, and operation of ~~limited use community and limited use commercial~~ public and private water systems~~, and private water systems in order~~ to assure consumers that the water provided by those systems is potable ~~meets satisfactory standards for human consumption~~.

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

(a) "Contaminant" means any physical, biological, chemical, or radiological substance or matter in water.

(b) "Department" means the Department of Health ~~and Rehabilitative Services~~, including the county ~~public~~ health departments ~~units~~.

(c) "Florida Safe Drinking Water Act" means part VI of chapter 403.

(d) "Health hazard" means any condition, contaminant, device, or practice in a water system or its operation which will create or has the potential to create an acute or chronic threat to the health and well-being of the water consumer.

(e) "Limited use commercial public water system" means a public water system not covered or included in the Florida Safe Drinking Water Act, which serves one or more nonresidential establishments and provides piped ~~potable~~ water.

(f) "Limited use community public water system" means a public water system not covered or included in the Florida Safe Drinking Water Act,

which serves five or more private residences or two or more rental residences, and provides piped ~~potable~~ water.

(g) "Maximum contaminant level" means the maximum permissible level of a contaminant in potable water delivered to consumers.

(h) "Person" means an individual, public or private corporation, company, association, partnership, municipality, agency of the state, district, federal, or any other legal entity, or its legal representative, agent, or assignee.

(i) "Potable water" means water that is satisfactory for human consumption, dermal contact, culinary purposes, or dishwashing as approved by the department.

(j) "Private water system" means a water system that provides piped ~~potable~~ water for no more than four nonrental residences.

(k) "Public consumption" means oral ingestion or physical contact with water by a person for any purpose other than cleaning work areas or simple handwashing. Examples of public consumption include, when making food or beverages available to the general public, water used for washing food, cooking utensils, or food service areas and water used for preparing food or beverages; ~~hairwashing; showers;~~ washing surfaces accessed by children as in a child care center or similar setting; washing medical instruments or surfaces accessed by a patient; any water usage in health care facilities; emergency washing devices such as eye washing sinks; washing in food processing plants or establishments like slaughterhouses and packinghouses; and water used in schools.

(l) "Public water system" means a water system that is not included or covered under the Florida Safe Drinking Water Act, provides piped water to the public and is not a private water system. For purposes of this section, public water systems are classified as limited use community or limited use commercial.

(m)~~(l)~~ "Supplier of water" means the person, company, or corporation that owns or operates a limited use community or limited use commercial public water system, or a private water system.

(n)~~(m)~~ "Variance" means a sanction from the department affording a supplier of water an extended time to correct a maximum contaminant level violation caused by the raw water or to deviate from construction standards established by rule of the department.

(3) SUPERVISION.—The department and its agents shall have general supervision and control over all private water systems, and public water systems not covered or included in the Florida Safe Drinking Water Act (part VI of chapter 403), and over those aspects of the public water supply program for which it has the duties and responsibilities provided for in part VI of chapter 403. The department shall:

(a) Administer and enforce the provisions of this section and all rules and orders adopted or issued under this section, including water quality and monitoring standards.

(b) Require any person wishing to construct, modify, or operate a limited use community or limited use commercial public water system or a private water system to first make application to and obtain approval from the department on forms adopted by rule of the department.

(c) Review and act upon any application for the construction, modification, operation, or change of ownership of, and conduct surveillance, enforcement, and compliance investigations of, limited use community and limited use commercial public water systems, and private water systems.

(d) Require a fee from the supplier of water in an amount sufficient to cover the costs of reviewing and acting upon any application for the construction, modification, or operation of a limited use community and limited use commercial public water system, of not less than $10 ~~$40~~ or more than $90 annually.

(e) Require a fee from the supplier of water in an amount sufficient to cover the costs of reviewing and acting upon any application for the construction or change of ownership of a private water system serving more than one residence, of not less than $10 ~~$40~~ or more than $90.

(f) Require a fee from the supplier of water in an amount sufficient to cover the costs of sample collection, review of analytical results, health-risk interpretations, and coordination with other agencies when such work is not included in paragraphs (b) and (c) and is requested by the supplier of water, of not less than $10 ~~$40~~ or more than $90.

(g) Require suppliers of water to collect samples of water, to submit such samples to a department-certified drinking water laboratory for contaminant analysis, and to keep sampling records as required by rule of the department.

(h) Require all fees collected by the department in accordance with the provisions of this section to be deposited in an appropriate trust fund of the department, and used exclusively for the payment of costs incurred in the administration of this section.

(i) Prohibit any supplier of water from, intentionally or otherwise, introducing any contaminant which poses a health hazard into a drinking water system.

(4) RIGHT OF ENTRY.—For purposes of this section, department personnel may enter, at any reasonable time and if they have reasonable cause to believe a violation of this section is occurring or about to occur, upon any and all parts of the premises of such limited use public and private drinking water systems serving more than one residence, to make an examination and investigation to determine the sanitary and safety conditions of such systems. Any person who interferes with, hinders, or opposes any employee of the department in the discharge of his or her duties pursuant to the provisions of this section is subject to the penalties provided in s. 381.0025.

(5) ENFORCEMENT AND PENALTIES.—

(a) Any person who constructs, modifies, or operates a limited use community or limited use commercial public water system, or a private water system, without first complying with the requirements of this section, who operates a water system in violation of department order, or who maintains or operates a water system after revocation of the permit is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(b) This section and rules adopted pursuant to this section may be enforced by injunction or restraining order granted by a circuit court as provided in s. 381.0012(2).

(c) Additional remedies available to county 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.

(6) VARIANCES AND EXEMPTIONS.—

(a) The department may grant variances and exemptions from the rules promulgated under the provisions of this section through procedures set forth by the rule of the department.

(b) Any establishment with a limited-use commercial public water system which does not make tap water available for public consumption and meets the water quality standards established by the department shall be exempt from obtaining an annual operating permit from the department, if ~~provided~~ the supplier of water:

1. Registers with the department; if the establishment changes ownership or business activity, it must register; and pay a $15 registration fee; and

2. Performs an initial water quality clearance of the water supply system. ~~well; and~~

~~3. Conducts~~

A system exempt under this subsection may, in order to retain potable water status, conduct annual testing for bacteria in the form of one satisfactory microbiological sample per calendar year. ~~In the event that the establishment changes ownership or business activity, reregistration is required. A fee of $15 shall be assessed for registration.~~

Section 21. Subsections (3) and (4) 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 department ~~State Health Office~~ is the final administrative interpretive authority regarding rule interpretation. In the event of a conflict regarding rule interpretation, the Division Director ~~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 Division Director ~~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 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 county health department ~~local public health unit~~. The county health department ~~local 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 county health department ~~local 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 county health department ~~local 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 department ~~State Health Office~~ engineer's determination shall prevail over the action of the county health department ~~local 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 the Division 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.

Section 22. Section 381.0101, Florida Statutes, is amended to read:

381.0101 Environmental health professionals.—

(1) LEGISLATIVE INTENT.—Persons ~~specifically~~ responsible for providing technical and scientific evaluations of environmental health and sanitary conditions in business establishments and communities throughout the state may create a danger to the public health if they are not skilled or competent to perform such evaluations. The public relies on the judgment of environmental health professionals employed by both government agencies and industries to assure them that environmental hazards are identified and removed before they endanger the health or safety of the public. The purpose of this section is to assure the public that persons specifically responsible for performing environmental health and sanitary evaluations have been certified by examination as competent to perform such work.

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

(a) "Board" means the Environmental Health Professionals Advisory ~~Certification~~ Board.

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

(c) "Environmental health" means that segment of public health work which deals with the examination of those factors in the human environment which may impact adversely on the health status of an individual or the public.

(d) "Environmental health professional" means a person who is employed or assigned the responsibility for assessing the environmental health or sanitary conditions within a building, on an individual's property, or within the community at large, and who has the knowledge, skills, and abilities to carry out these tasks.

(e) "Certified" means a person who has displayed competency ~~by examination~~ to perform evaluations of environmental or sanitary conditions through examination.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. All ~~such~~ persons who begin employment in a primary environmental health program on or after September 21, 1994, must ~~July 1, 1991, shall~~ be certified in that program within 6 months after employment.

2. Persons employed in a primary environmental health program prior to September 21, 1994, shall be considered certified ~~July 1, 1991, are exempt from certification requirements~~ while employed in that position and shall be required to adhere to any professional standards established by the department pursuant to paragraph (b); complete any continuing education requirements imposed under paragraph (d); and pay the certificate renewal fee imposed under subsection (7).

3. Persons employed in a primary environmental health program prior to September 21, 1994, who change positions or program areas and transfer into another primary environmental health program area on or after September 21, 1994, must be certified in that program within 6 months after such transfer, except that they will not be required to possess the college degree required under paragraph (e).

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

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

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

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

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

(6) EXEMPTIONS.—A person who conducts primary environmental evaluation activities and maintains a current registration or certification from another state agency which examined the person's knowledge of the primary program area and requires comparable continuing education to maintain the certificate shall not be required to be certified by this section. Examples of persons not subject to certification are physicians, registered dietitians, certified laboratory personnel, and nurses. ~~Registered sanitarians are deemed to have met the certification requirements of this section.~~

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

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

Section 23. Paragraph (e) is added to subsection (2) of section 381.0203, Florida Statutes, to read:

381.0203 Pharmacy services.—

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

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

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

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

b. Be of childbearing age with undesired fertility.

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

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

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

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

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

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

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

Section 24. Subsections (3) and (12) of section 381.0302, Florida Statutes, are amended to read:

381.0302 Florida Health Services Corps.—

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

(12) Funds appropriated under this section shall be deposited in the Florida Health Services Corps Trust Fund, which shall be administered by the department ~~State Health Office~~. The department may use funds appropriated for the Florida Health Services Corps as matching funds for federal service-obligation scholarship programs for health care practitioners, such as the Demonstration Grants to States for Community Scholarship Grants program. If funds appropriated under this section are used as matching funds, federal criteria shall be followed whenever there is a conflict between provisions in this section and federal requirements.

Section 25. Subsection (1) of section 381.0405, Florida Statutes, is amended to read:

381.0405 Office of Rural Health.—

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

Section 26. Subsections (13), (16), and (17), and paragraph (a) of subsection (15), of section 381.0406, Florida Statutes, are amended to read:

381.0406 Rural health networks.—

(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.

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

(a) Phase I shall consist of a network planning and development grant program ~~administered by the Agency for Health Care Administration in consultation with the State Health Officer~~. Planning grants shall be used to

organize networks, incorporate network boards, and develop formal provider agreements as provided for in this section. The Department of Health ~~Agency for Health Care Administration~~ shall develop a request-for-proposal process to solicit grant applications.

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

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

Section 27. Section 381.04065, Florida Statutes, is amended to read:

381.04065 Rural health network cooperative agreements.—

(1) INTENT.—It is the Legislature's intent that, to the extent necessary to foster the development of rural health networks as provided for in s. 381.0406, competitive market forces shall be replaced with state regulation, as provided for in this section ~~subsections (2) and (3)~~. It is also the intent of the Legislature that consolidation of network hospital services or technologies undertaken pursuant to this section, and cooperative agreements between members of rural health networks, shall not violate the state's antitrust laws when such arrangements improve the quality of health care, moderate cost increases, and are made between members of rural health networks as defined in s. 381.0406. It is also the intent of the Legislature that such arrangements be protected from federal antitrust laws, subject to the approval and supervision of the Department of Health ~~Agency for Health Care Administration~~. Such intent is within the public policy of the state to facilitate the provision of quality, cost-efficient medical care to rural patients.

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

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

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

(c) Encourages cost sharing among rural health network facilities;

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

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

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

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

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

Section 28. Subsections (3) through (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:

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

(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.

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

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

(b) The provision of immunizations.

(c) Family planning services and related pharmaceuticals.

(d) School health services listed in paragraphs (a), (b), and (c) and ~~for~~ services rendered on an urgent basis. Services rendered on an urgent basis are ~~those~~ health care services needed to immediately relieve pain or distress for medical problems such as injuries, nausea, and fever, and ~~services needed~~ to treat infectious diseases and other similar conditions.

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

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

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

(a) Maternity case management.

(b) Well-child care.

(c) Prenatal care.

(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 or ~~and~~ for services not covered under the policy or contract of the entity.

Section 29. Subsection (5) of section 383.14, Florida Statutes, 1996 Supplement, is amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

(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 of ~~for~~ Health or his or her designee, one representative from the Division of Children's Medical Services ~~Program Office~~, and one representative from the Developmental Services Program Office of the Department of Children and Family Services. 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 30. Section 383.3362, Florida Statutes, is amended to read:

383.3362 Sudden Infant Death Syndrome.—

(1) FINDINGS AND INTENT.—The Legislature recognizes that ~~research has shown~~ Sudden Infant Death Syndrome, or SIDS, is ~~to be~~ a leading cause of death among children under the age of 1 year, both nationally and in this state. The Legislature further recognizes that first responders to emergency calls relating to such a death need access to special training to better enable them to distinguish SIDS from death caused by criminal acts and to appropriately interact with the deceased infant's parents or caretakers. At the same time, the Legislature, recognizing that the primary focus of first responders is to carry out their assigned duties, intends to increase the awareness of SIDS by first responders, but in no way expand or take away from their duties. Further, the Legislature recognizes the importance of a standard protocol for review of SIDS deaths by medical examiners and the importance of appropriate followup in cases of certified or suspected SIDS deaths. ~~Further, the Legislature recognizes the benefits~~

~~of establishing a SIDS Advisory Council.~~ Finally, the Legislature finds that it is desirable to analyze existing data, and to conduct further research on, the possible causes of SIDS and how to lower the number of sudden infant deaths.

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

(3) TRAINING.—

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

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

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

(4) AUTOPSIES.—

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

(b) ~~Before January 1, 1994,~~ The Medical Examiners Commission shall develop and implement a protocol for dealing with suspected sudden infant death syndrome. The protocol must be followed by all medical examiners when conducting the autopsies required under this subsection. The protocol may include requirements and standards for scene investigations, requirements for specific data, criteria for ascertaining cause of death based on the

autopsy, criteria for any specific tissue sampling, and any other requirements that the commission considers necessary.

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

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

~~(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 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.~~

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

~~(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.~~

~~(b) The council shall meet at least annually, and hold additional meetings by teleconference as necessary, and shall annually choose a chair from among its membership.~~

~~(c) The State Health Office shall administer and provide support staff to the council.~~

~~(d) The duties of the council are:~~

~~1. To provide guidance to the department in the development of training, educational, and research programs regarding SIDS.~~

~~2. To provide ongoing guidance to the Governor and the Legislature regarding the need for specific programs regarding SIDS for specific targeted groups of persons.~~

~~3. To establish a link with the fetal and infant mortality reviews of the county Healthy Start Coalitions authorized under chapter 383, to the extent that those coalitions exist in the various counties.~~

~~4. In conjunction with the department or a person with whom the department contracts to provide SIDS education, to convene annually a statewide conference for examining the progress in discovering the cause of SIDS, exploring the progress of newly established programs and services relating to SIDS, identifying future needs for legislation and program development regarding SIDS, and making recommendations on the needs of programs regarding SIDS. Invited conference participants shall include professionals and service providers in the area of SIDS, family members of SIDS victims, members of the Legislature or their staffs, and appropriate state agency staff.~~

~~(e) The members of the advisory council shall serve at the pleasure of the secretary. The members of the advisory council shall serve without compensation, but may be reimbursed for necessary per diem and travel expenses incurred in the performance of the duties of the advisory council, as provided in s. 112.061.~~

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

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

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

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

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

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

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

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

~~(g) Provide professional support services to people who are affected by SIDS.~~

~~(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 public health unit personnel, a summary of the information presented at the annual conference, and statistical data and findings from research relating to SIDS.~~

~~(8) FISCAL CONSTRAINT.—This section may be implemented only to the extent that funding is provided by the Legislature.~~

Section 31. Section 385.202, Florida Statutes, 1996 Supplement, is amended to read:

385.202 Statewide cancer registry.—

(1) Each facility ~~hospital~~ licensed under ~~pursuant to~~ chapter 395 and each freestanding radiation therapy center as defined in s. 408.07 shall report to the Department of Health ~~and Rehabilitative Services~~ such information, specified by the department, by rule, which indicates ~~as will indicate~~ diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for ~~on~~ each cancer diagnosed or ~~patient~~ treated by the facility or center ~~hospital~~. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation ~~of the license of any such hospital~~.

(2) The department shall establish, or cause to have established, by contract with a recognized medical organization in this state and its affiliated institutions, a statewide cancer registry program to ensure that cancer reports required under this section ~~as required in subsection (1)~~ shall be maintained and ~~shall be~~ available for use in the course of any study for the purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or be enforced against any hospital by reason of having provided such information or material to the department.

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

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

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

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

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

(5) The department may, by rule, classify facilities for purposes of reports made to the cancer registry and specify the content and frequency of the reports. In classifying facilities, the department shall exempt certain facilities from reporting cancer information that was previously reported to the department or retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of this section ~~act~~ shall not apply to any facility ~~hospital~~ whose primary function is to provide psychiatric care to its patients.

Section 32. Section 385.203, Florida Statutes, is amended to read:

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

(1) There is created a Diabetes Advisory Council to the diabetes centers, the Board of Regents, 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 to ~~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.

(c)2. ~~The secretary of the department, and~~ By June 30 of each year, ~~the council shall~~ meet with the Secretary of Health 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.

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

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

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

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

(6) The department shall serve as an intermediary for the council if the council coordinates, applies for, or accepts any grants, funds, gifts, or services made available to it by any agency or department of the Federal Government, or any private agency or individual, for assistance in the operation of the council or the diabetes centers established in the various medical schools.

~~(7) The department shall consider the plan of the advisory council in dispersing funds appropriated for the prevention and control of diabetes.~~

Section 33. Section 391.051, Florida Statutes, 1996 Supplement, is amended to read:

391.051 Qualifications of director.—The Director for ~~of~~ Children's Medical Services must be a physician licensed under chapter 458 or chapter 459 who has specialized training and experience in the provision of medical care to children and who has recognized skills in leadership and the promotion of children's health programs. The Director for ~~of~~ Children's Medical Services shall be the deputy secretary and the Deputy State Health Officer for Children's Medical Services and is appointed by and reports to the secretary ~~the division director of the Division of Children's Medical Services as provided under s. 20.43~~.

Section 34. Subsections (1), (2), and (4) of section 392.52, Florida Statutes, are amended to read:

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

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

(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 35. Section 392.565, Florida Statutes, is amended to read:

392.565 Execution of certificate for involuntary hold.—When a person who has active tuberculosis or who is reasonably suspected of having ~~or having been exposed to~~ active tuberculosis presents to a physician licensed under chapter 458 or chapter 459 for examination or treatment and the physician has reason to believe that if the person leaves the treatment location the person will pose a threat to the public health based on test results or the patient's medical history and the physician has reason to believe that the person is not likely to appear at a hearing scheduled under s. 392.55 or s. 392.56, the treating physician shall request the State Health Officer or his or her designee to order that the person be involuntarily held by executing a certificate stating that the person appears to meet the criteria for involuntary examination or treatment and stating the observation upon which that conclusion is based. The sheriff of the county in which the certificate was issued shall take such person into custody and shall deliver the person to the nearest available licensed hospital, or to another location where isolation is available, as appropriate, for observation, examination, and treatment for a period not to exceed 72 hours, pending a hearing scheduled under s. 392.55 or s. 392.56. The certificate must be filed with the circuit court in which the person is involuntarily held and constitutes a petition for a hearing under s. 392.55 or s. 392.56.

Section 36. Subsections (2) and (4) of section 392.62, Florida Statutes, are amended to read:

392.62 Hospitalization and placement programs.—

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

(4) A hospital may, pursuant to court order, place a patient in temporary isolation for a period of no more than 72 continuous hours. The department

shall obtain a court order in the same manner as prescribed in s. 392.57. Nothing in this subsection precludes a hospital from isolating an infectious patient for medical reasons.

Section 37. Subsections (4) and (5) of section 395.3025, Florida Statutes, 1996 Supplement, are amended to read:

395.3025 Patient and personnel records; copies; examination.—

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

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

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

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

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

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

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

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

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

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

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

(5) The Department of Health may examine patient records of a licensed facility, whether held by the facility or the Agency for Health Care Administration, for the purpose of epidemiological investigations. ~~, provided that~~ The unauthorized release of information by agents of the department which would identify an individual patient is a misdemeanor of the first ~~second~~ degree, punishable as provided in s. 775.082 or s. 775.083.

Section 38. Present paragraphs (c) through (l) of subsection (1) of section 395.401, Florida Statutes, are redesignated as paragraphs (d) through (m), respectively, and a new paragraph (c) is added to that subsection, to read:

395.401 Trauma services system plans; verification of trauma centers and pediatric trauma referral centers; procedures; renewal.—

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

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

Section 39. Subsection (1) of section 401.107, Florida Statutes, is amended to read:

401.107 Definitions.—As used in this part, the term:

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

Section 40. Section 401.111, Florida Statutes, is amended to read:

401.111 Emergency medical services grant program; authority.—The department ~~of Health and Rehabilitative Services~~ is hereby authorized to make grants to local agencies and emergency medical services organizations in accordance with any agreement entered into pursuant to this part. These grants shall be designed to assist said agencies and organizations in provid-

ing emergency medical services. The cost of administering this program shall be paid by the department from funds appropriated to it.

Section 41. Section 401.117, Florida Statutes, is amended to read:

401.117 Grant agreements; conditions.—The department ~~of Health and Rehabilitative Services~~ shall use the following guidelines in developing the procedures for grant disbursement:

(1) The need for emergency medical services and the requirements of the population to be served.

(2) All emergency vehicles and attendants must conform to state standards established by law or rule ~~regulation~~ of the department.

(3) All vehicles shall contain minimum equipment and supplies as required by law or rule ~~regulation~~ of the department.

(4) All vehicles shall have at a minimum a direct communications linkup with the operating base and hospital designated as the primary receiving facility.

(5) Emphasis shall be accorded to applications that contain one or more of the following provisions:

(a) Services provided on a county, multicounty, or areawide basis.

(b) A single provider, or a coordinated provider, method of delivering services.

(c) Coordination of all communication links, including police, fire, emergency vehicles, and other related services.

Section 42. Subsections (10) and (21) of section 401.23, Florida Statutes, are amended to read:

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

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

(21) "Secretary" means the Secretary of Health ~~and Rehabilitative Services~~.

Section 43. Paragraphs (a) and (c) of subsection (2) and subsection (5) of section 401.245, Florida Statutes, are amended, and subsection (6) is added to that section, to read:

401.245 Emergency Medical Services Advisory Council.—

(2)(a) No more than 15 members may be appointed to this council. ~~Each district of the department shall, when possible, be represented on the advisory council.~~ Members shall be appointed for 4-year terms in such a manner that each year the terms of approximately one-fourth of the members expire. The chair of the council shall be designated by the secretary. Vacancies shall

be filled for the remainder of unexpired terms in the same manner as the original appointment. Members shall receive no compensation but may be reimbursed for per diem and travel expenses.

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

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

(6) There is established a committee to advise the Department of Health on matters concerning preventative, pre-hospital, hospital, rehabilitative, and other post-hospital medical care for children.

(a) Committee members shall be appointed by the secretary, and shall include, but not be limited to, physicians and other medical professionals that have experience in emergency medicine or expertise in emergency and critical care for children.

(b) Appointments to the committee shall be for a term of two years. Vacancies may be filled for the unexpired term at the discretion of the secretary. The members shall serve without compensation, and shall not be reimbursed for necessary expenses incurred in the performance of their duties, unless there is funding available from the Federal government or contributions or grants from private sources.

Section 44. Section 401.252, Florida Statutes, is amended to read:

401.252 Interfacility transfer.—

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

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

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

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

(2) A licensed basic or advanced life support service may conduct interfacility transfers in a permitted ambulance if the patient's treating physician certifies that the transfer is medically appropriate and the physician provides reasonable transfer orders. An interfacility transfer must be conducted in a permitted ambulance if it is determined that the patient needs, or is likely to need, medical attention during transport. If the emergency medical technician or paramedic believes the level of patient care required during the transfer is beyond his or her capability, the medical director, or his or

her designee, must be contacted for clearance prior to conducting the transfer. If necessary, the medical director, or his or her designee, shall attempt to contact the treating physician for consultation to determine the appropriateness of the transfer.

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

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

Section 45. Subsection (2) of section 401.265, Florida Statutes, is amended to read:

401.265 Medical directors.—

(2) Each medical director shall establish a quality assurance committee to provide for quality assurance review of all emergency medical technicians and paramedics operating under his or her supervision. If the medical director has reasonable belief that conduct by an emergency medical technician or paramedic may constitute one or more grounds for discipline as provided by this part, he or she shall document facts and other information related to the alleged violation. The medical director shall report to the department ~~of Health and Rehabilitation Services~~ any emergency medical technician or paramedic whom the medical director reasonably believes to have acted in a manner which might constitute grounds for disciplinary action. Such a report of disciplinary concern must include a statement and documentation of the specific acts of the disciplinary concern. Within 7 days after receipt of such a report, the department shall provide the emergency medical technician or paramedic a copy of the report of the disciplinary concern and documentation of the specific acts related to the disciplinary concern. If the department determines that the report is insufficient for disciplinary action against the emergency medical technician or paramedic pursuant to s. 401.411, the report shall be expunged from the record of the emergency medical technician or paramedic.

Section 46. Subsection (8) of section 401.27, Florida Statutes, is amended to read:

401.27 Personnel; standards and certification.—

(8) Each emergency medical technician certificate and each paramedic certificate will expire automatically and may be renewed if the holder meets the qualifications for renewal as established by the department. A certificate that is not renewed at the end of the 2-year period will automatically revert to an inactive status for a period not to exceed 180 days. Such certificate may

be reactivated and renewed within the 180 days if the certificateholder meets all other qualifications for renewal and pays a $25 late fee. Reactivation shall be in a manner and on forms prescribed by department rule. The holder of a certificate that expired on December 1, 1996, has until September 30, 1997, to reactivate the certificate in accordance with this subsection.

Section 47. Section 402.105, Florida Statutes, is transferred, renumbered as section 381.85, Florida Statutes, and amended to read:

381.85 ~~402.105~~ Biomedical and social research.—

(1) SHORT TITLE; PURPOSE AND INTENT.—

(a) This section may be cited as the "Florida Biomedical and Social Research Act."

(b) The purpose of this section is to provide a procedure by which proposed research on children or adults will be supported with funds appropriated to the department, and can be efficiently and expeditiously assessed for compliance with the substantive and procedural requirements established by the Review Council for Biomedical and Social Research in rules adopted by the department.

(c) It is the intent of the Legislature that:

1. Research involving human beings be conducted by the department, or with funds appropriated to the department, only when necessary and appropriate, and only after review and approval pursuant to the provisions of this section and related rules.

2. The department and the Review Council for Biomedical and Social Research jointly develop rules under which proposed research on human beings shall be promptly and appropriately submitted for review and approval pursuant to this section.

3. The rules to be adopted by the department and the procedures and criteria to be adopted by the Review Council for Biomedical and Social Research be guided by the ethical standards for human research set forth in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.

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

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

(b) "Research" means a systematic investigation designed to develop or contribute to knowledge that can be generalized.

(c) "Intervention" means physical procedures by which data are gathered and manipulations of the subject or the subject's environment that are performed for research purposes.

(d) "Interaction" means communication or interpersonal contact between investigator and subject.

(e) "Private information" means information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public.

(3) REVIEW COUNCIL FOR BIOMEDICAL AND SOCIAL RESEARCH.—

(a) There is created the Review Council for Biomedical and Social Research to consist of nine members. The Governor, the President of the Senate, and the Speaker of the House of Representatives shall each appoint, no later than January 1, 1991, three members, as follows: one individual knowledgeable in biomedical research, one individual knowledgeable in behavioral research, and one individual from the client advocacy community. The chairperson shall be elected by majority vote of the members.

(b) Members of the Review Council for Biomedical and Social Research shall be appointed to serve terms of 3 years. A member may not serve more than two consecutive terms.

(c) The council shall adopt internal organizational procedures or bylaws necessary for efficient operation of the council.

(d) The council shall have a budget and shall be financed through an annual appropriation made for this purpose in the General Appropriations Act. Each member shall be entitled to receive per diem and expenses for travel, as provided in s. 112.061, while carrying out official business of the council. For administrative purposes only, the council shall be assigned to the Department of Legal Affairs.

(e) The council shall be staffed by an executive director and a secretary who shall be appointed by the council and who shall be exempt from the provisions of part II of chapter 110 relating to the Career Service System.

(f) The council shall meet and conduct business at least quarterly, or more often at the call of the chairperson.

(g) The council shall consult outside experts, target populations, and others to assist in decisionmaking during the review process.

(h) Meetings of the council shall be subject to the provisions of chapter 119 and s. 286.011.

(4) RESEARCH SUBJECT TO REVIEW.—Any research on human beings conducted under the authority of the department shall be subject to review and approval by the Review Council for Biomedical and Social Research. In order to effectuate the review and approval process, the council shall adopt criteria to be used in its review of proposed research, procedures by which proposals for research on human beings by the department are to be submitted to the council, and other procedures necessary to assist in providing an efficient and effective decisionmaking process.

(5) RULES.—The department, in consultation with the Review Council for Biomedical and Social Research, shall adopt rules necessary to carry out the provisions of this section. Such rules shall include, but not be limited to, defining the type of research to which such rules shall apply and prescribing internal departmental procedures for review and approval of research on human beings prior to submission to the council.

Section 48. Section 402.32, Florida Statutes, is transferred, renumbered as section 381.0056, Florida Statutes, and amended to read:

381.0056 ~~402.32~~ School health services program.—

(1) This section ~~shall be known and~~ may be cited as the "School Health Services Act."

(2) The Legislature finds that health services conducted as a part of the total school health program should be carried out to appraise, protect, and promote the health of students. School health services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health, to discover health problems, and to encourage use of the services of their physicians, dentists, and community health agencies.

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

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

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

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

(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~~.

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

(4) The Department of Health ~~and Rehabilitative Services~~ shall have the responsibility, in cooperation with the Department of Education, to supervise the administration of the school health services program and perform periodic program reviews. However, the principal of each school shall have immediate supervisory authority over the health personnel working in the school.

(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;

(b) Make available physical facilities for health services;

(c) Provide inservice health training to school personnel;

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

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

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

(7) The district school board shall:

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

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

(c) Provide inservice health training for school personnel;

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

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

(8) The Department of Health ~~and Rehabilitative Services~~, in cooperation with the Department of Education, may adopt ~~is authorized to promulgate~~ rules necessary to implement this section.

(9) In the absence of negligence, no person shall be liable for any injury caused by an act or omission in the administration of school health services.

Section 49. Section 402.321, Florida Statutes, is transferred, renumbered as section 381.0057, Florida Statutes, and amended to read:

381.0057 ~~402.321~~ Funding for school health services.—

(1) It is the intent of the Legislature that funds in addition to those provided under the School Health Services Act be provided to those school districts and schools where there is a high incidence of medically underserved high-risk children, low birthweight babies, infant mortality, or teenage pregnancy. The purpose of this funding is to phase in those programs which offer the greatest potential for promoting the health of students and reducing teenage pregnancy.

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

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

(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:

(a) Have evidence of a comprehensive inservice staff development plan to ensure delivery of appropriate curriculum.

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

(c) Have a high percentage of subsidized school lunches.

(d) Have a high incidence of medically underserved high-risk children, low birthweight babies, infant mortality, or teenage pregnancy.

(6) Each school district or school program that is funded through the provisions of this section shall provide a mechanism through which a parent may, by written request, exempt a child from all or certain services provided by a school health services program described in subsection (4).

Section 50. Section 402.41, Florida Statutes, is amended to read:

402.41 Educational materials and training concerning human immunodeficiency virus infections and acquired immune deficiency syndrome.—The Department of Health ~~and Rehabilitative Services~~ shall develop educational materials and training about the transmission, control, and prevention of human immunodeficiency virus infections and acquired immune deficiency syndrome and other communicable diseases relevant for use in those facilities licensed under the provisions of this chapter.

Section 51. Section 402.475, Florida Statutes, 1996 Supplement, is transferred, renumbered as section 381.87, Florida Statutes, and amended to read:

381.87 ~~402.475~~ Osteoporosis prevention and education program.—

(1) The Department of Health ~~and Rehabilitative Services~~, using available federal funds, state funds appropriated for that purpose, or other available funding as provided for in this section, shall establish, promote, and maintain an osteoporosis prevention and education program to promote public awareness of the causes of osteoporosis, options for prevention, the value of early detection, and possible treatments, including the benefits and risks of those treatments. The department shall consult with medical professionals, including physicians licensed under chapter 458 or chapter 459, in carrying out these duties. The department may accept, for that purpose, any special grant of money, services, or property from the Federal Government or any of its agencies or from any foundation, organization, or medical school.

(2) The program must include:

(a) Development of a public education and outreach campaign to promote osteoporosis prevention and education, including, but not limited to, the following subjects:

1. The cause and nature of the disease.

2. Risk factors.

3. The role of oophorectomy and hysterectomy.

4. Prevention of osteoporosis, including nutrition, diet, and physical exercise.

5. Diagnostic procedures and appropriate indications for their use.

6. Hormone replacement, including benefits and risks.

7. Environmental safety and injury prevention.

8. Availability of osteoporosis treatment services in the community.

(b) Distribution of educational materials to be made available for consumers, particularly targeted to high-risk groups, through local health departments, local physicians, and other providers, including, but not limited to, health maintenance organizations, hospitals, and clinics, and through women's organizations and the Department of Elderly Affairs.

(c) Development of professional education programs for health care providers to assist them in understanding research findings and the subjects set forth in paragraph (a).

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

Section 52. Section 402.60, Florida Statutes, is transferred, renumbered as section 381.88, Florida Statutes, and amended to read:

381.88 ~~402.60~~ Insect sting emergency treatment.—

(1) This section may be cited as the "Insect Sting Emergency Treatment Act."

(2) The purpose of this section is to provide for the certification of persons who administer lifesaving treatment to persons who have severe adverse reactions to insect stings when a physician is not immediately available.

(3) The Department of Health ~~and Rehabilitative Services~~ may:

(a) Adopt rules necessary to administer this section.

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

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

(d) Collect fees necessary to administer this section.

(4) Educational training programs required by this section must be conducted by a physician licensed to practice medicine in this state. The curriculum must include at a minimum:

(a) Recognition of the symptoms of systemic reactions to insect stings; and

(b) The proper administration of a subcutaneous injection of epinephrine.

(5) A certificate of training may be given to a person who:

(a) Is 18 years of age or older;

(b) Has, or reasonably expects to have, responsibility for at least one other person who has severe adverse reactions to insect stings as a result of his or her occupational or volunteer status, including a camp counselor, scout leader, school teacher, forest ranger, tour guide, or chaperone;

(c) Has successfully completed an educational training program as described in subsection (4).

(6) A person who successfully completes an educational training program may obtain a certificate upon payment of an application fee of $25.

(7) A certificate issued pursuant to this section authorizes the holder thereof to receive, upon presentment of the certificate, from any physician licensed in this state or from the department, a prescription for premeasured doses of epinephrine and the necessary paraphernalia for administration. The certificate also authorizes the holder thereof to possess and administer, in an emergency situation when a physician is not immediately available, the prescribed epinephrine to a person suffering a severe adverse reaction to an insect sting.

Section 53. Section 402.61, Florida Statutes, is transferred, renumbered as section 381.89, Florida Statutes, and amended to read:

381.89 ~~402.61~~ Regulation of tanning facilities.—

(1) As used in this section:

(a) "Tanning facility" means a place of business which provides access to a tanning device by customers.

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

(c) "Tanning device" means equipment that emits electromagnetic radiation of wavelengths between 200 and 400 nanometers and that is used for tanning the skin, including a sunlamp, tanning booth, or tanning bed or any accompanying equipment.

(2) This section does not apply to a tanning facility that uses only phototherapy devices that emit ultraviolet radiation which are used only by or under the direct supervision of a physician licensed under chapter 458 or an osteopathic physician licensed under chapter 459.

(3)(a) A person may not operate a tanning facility unless it is licensed under this section.

(b) The department shall establish procedures for the issuance and annual renewal of licenses and shall establish annual license and renewal fees in an amount necessary to cover the expenses of administering this section. Annual license and renewal fees shall be not less than $125 nor more than $250 per tanning device. Effective October 1, 1991, the fee amount shall be the minimum fee proscribed in this paragraph and such fee amount shall remain in effect until the effective date of a fee schedule adopted by the department.

(c) The department may adopt a system under which licenses expire on staggered dates and the annual renewal fees are prorated monthly to reflect the actual number of months the license is valid.

(d) The department may cancel, revoke, or suspend a license to operate a tanning facility if the licensee:

1. Fails to pay any fee required by this section;

2. Obtains or attempts to obtain a license by fraud; or

3. Violates a provision of this section.

(4)(a) A tanning facility must give each customer a written warning that states that:

1. Not wearing the provided eye protection can cause damage to the eyes.

2. Overexposure causes burns.

3. Repeated exposure can cause premature aging of the skin or skin cancer.

4. Abnormal skin sensitivity or burning may be caused by certain foods, cosmetics, or medications, including, without limitation, tranquilizers, diuretics, antibiotics, high blood pressure medicines, or birth control pills.

5. Any person who takes a prescription or over-the-counter medication should consult a physician before using a tanning device.

6. It does not carry liability insurance for injuries caused by tanning devices or states the limits of any liability insurance it carries.

(b) A tanning facility must post a warning sign in any area where a tanning device is used. Posting this sign does not absolve the facility of any liability. The sign must state:

DANGER, ULTRAVIOLET RADIATION
Follow these instructions:

1. Avoid frequent or lengthy exposure. As with natural sunlight, exposure can cause eye and skin injury or allergic reactions. Repeated exposure

can cause chronic sun damage characterized by wrinkling, dryness, fragility and bruising of the skin or skin cancer.

2. Wear protective eyewear. FAILURE TO USE PROTECTIVE EYEWEAR CAN RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES.

3. Ultraviolet radiation from sunlamps will aggravate the effects of the sun. Therefore, do not sunbathe before or after exposure to ultraviolet radiation.

4. Using medications or cosmetics can increase your sensitivity to ultraviolet radiation. Consult a physician before using a sunlamp if you are using medications, have a history of skin problems, or believe you are especially sensitive to sunlight. Women who are pregnant or on birth control who use this product can develop discolored skin. IF YOU DO NOT TAN IN THE SUN YOU WILL NOT TAN BY USING THIS DEVICE.

(5) A tanning facility may not claim or distribute promotional materials that claim a tanning device is safe or free from risk.

(6) A tanning facility must:

(a) During operating hours, have an operator present who is sufficiently knowledgeable in the correct operation of the tanning devices to inform and assist each customer in the proper use of the devices.

(b) Before each use of a tanning device:

1. Properly sanitize that tanning device equipment, including, without limitation, handrails, headrests, and bed surfaces; and

2. Provide a customer with properly sanitized protective eyewear that protects the eye from ultraviolet radiation and allows adequate vision to maintain balance.

(c) Show each customer how to use suitable physical aids, such as handrails and floor markings, to maintain proper exposure distances recommended by the manufacturer.

(d) Use a timer on each tanning device which is accurate for any selected time interval to plus or minus 10 percent.

(e) Limit each customer to the maximum exposure time recommended by the manufacturer of the tanning device.

(f) Maintain the interior temperature of the tanning facility below 100 °F.

(g) Each time a person uses a tanning facility or executes or renews a contract to use a tanning facility, have him sign a written statement acknowledging that he has read and understands the warnings before using the device and that he agrees to use the protective eyewear.

(h) Display its license in a public area of the tanning facility.

(i) Report any injury or any complaint of injury to the department on forms prescribed by the department and provide a copy of the report to the complainant. The department shall send to the federal Food and Drug Administration a copy of any report of an injury occurring in a tanning facility.

(j) Keep a record, for a period of not less than 4 years, of each customer's use of a tanning device.

(7) A tanning facility may not allow a minor between the ages of 14 and 18 to use a tanning device unless it has on file a statement signed by the minor's parent or legal guardian stating that the parent or legal guardian has read and understands the warnings given by the tanning facility, consents to the minor's use of a tanning device, and agrees that the minor will use the provided protective eyewear.

(8) A minor under the age of 14 must be accompanied by a parent or legal guardian when using a tanning device.

(9) The department shall inspect or investigate a tanning facility as necessary but at least annually.

(10) PENALTIES.—

(a) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082 or s. 775.083:

1. Owning or operating, or soliciting business as, a tanning facility in this state without first procuring a license from the department, unless specifically exempted by this section.

2. Obtaining or attempting to obtain a license by means of fraud, misrepresentation, or concealment.

(b) Each of the following acts constitutes a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083:

1. Failing to maintain the records required by this section or knowingly making false entries in such records.

2. Failing to comply with subsection (7) or subsection (8).

(c) The court may, in addition to other punishment provided for, suspend or revoke the license of any licensee under this section who has been found guilty of any violation listed in paragraph (a) or paragraph (b).

(d) In the event the department or any state attorney shall have probable cause to believe that a tanning facility or other person has violated any provision of paragraph (a), an action may be brought by the department or any state attorney to enjoin such tanning facility or any person from continuing such violation, or engaging therein or doing any acts in furtherance thereof, and for such other relief as to the court seems appropriate.

(11)(a) The department may impose an administrative fine not to exceed $1,000 per violation per day, for the violation of any provision of this section, rule adopted under this section, or term or condition of any license issued by the department.

(b) In determining the amount of fine to be levied for a violation, as provided in paragraph (a), the following factors shall be considered:

1. The severity of the violation and the extent to which the provisions of this act, the rules adopted under this act, or any terms or conditions of any license were violated.

2. Actions taken by the licensee to correct the violation.

3. Any previous violations by the licensee.

(12) The department may institute legal action for injunctive or other relief to enforce this section.

(13) The department shall adopt rules to implement this act.

Section 54. Subsection (41) of section 403.703, Florida Statutes, 1996 Supplement, is amended to read:

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

(41) "Recovered materials processing facility" means a facility engaged solely in the storage, processing, resale, or reuse of recovered materials. Such a facility is not a solid waste management facility if it meets the conditions of s. 403.7045(1)(e)~~(f)~~.

Section 55. Subsection (6) of section 404.031, Florida Statutes, is amended to read:

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

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

Section 56. Section 404.051, Florida Statutes, is amended to read:

404.051 Powers and duties of the Department of Health ~~and Rehabilitative Services~~.—For protection of the public health and safety, the department is authorized to:

(1) Develop comprehensive policies and programs for the evaluation, determination, and amelioration of hazards associated with the use, possession, or disposal of sources of ionizing radiation. Such policies and programs shall be developed with due regard for compatibility or consistency with federal programs for regulation of radiation machines and byproduct, source, and special nuclear materials.

(2) Advise, consult, and cooperate with other agencies of the state, the Federal Government, other states, interstate agencies, political subdivisions, and other organizations concerned with the safe use of sources of radiation.

(3) Encourage, participate in, or conduct studies, investigations, public hearings, training, research, and demonstrations relating to the control of sources of ionizing radiation, the measurement of ionizing radiation, the effect upon public health and safety of exposure to ionizing radiation, and related problems.

(4) Adopt, promulgate, amend, and repeal rules and standards which may provide for licensure, registration, or regulation relating to the manufacture, production, transportation, use, possession, handling, treatment, storage, disposal, sale, lease, or other disposition of radioactive material, including naturally occurring radioactive material and low-level radioactive waste, and radiation machines as may be necessary to carry out the provisions of this chapter. The recommendations of nationally recognized bodies in the field of radiation protection shall be taken into consideration in the adoption, promulgation, amendment, and repeal of such rules and standards.

(5) Require the submission of plans, specifications, and reports for new construction and material alterations on the design and protective shielding of installations for radioactive material and radiation machines, excluding X-ray machines of less than 200,000 volts potential, and on systems for the disposal of radioactive wastes, for the determination of any ionizing radiation hazard; and it may render opinions and approve or disapprove such plans and specifications.

(6) Require all sources of ionizing radiation to be shielded, transported, handled, used, possessed, treated, stored, or disposed of in a manner to provide compliance with the provisions of this chapter and rules and standards adopted hereunder.

(7) Conduct evaluations of the levels of radioactive materials in the environment for the purpose of determining whether there is compliance with, or violation of, the provisions or standards contained in this chapter or the rules issued pursuant hereto or to otherwise protect the public health and safety.

(8) Collect and disseminate information relating to the control of sources of ionizing radiation, including, but not limited to:

(a) Maintenance of files of all radioactive material license applications, issuances, denials, amendments, transfers, renewals, modifications, suspensions, and revocations.

(b) Maintenance of files of all radiation machine registrants requiring registration under the provisions of this chapter.

(c) Maintenance of files of department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission that generate low-level radioactive waste, recording the quarterly amount of low-level

radioactive waste shipped by each licensee to commercial low-level radioactive waste management facilities.

(9) Require, on forms prescribed and furnished by the department, registration and periodic reregistration of radiation machines, and licensing and periodic renewal of licenses for radioactive materials.

(10) Exempt certain sources of ionizing radiation, or kinds of uses or users, from the licensing or registration requirements set forth in this chapter when the department determines that the exemption of such sources of ionizing radiation, or kinds of users or uses, will not constitute a significant risk to the health and safety of the public.

(11) Adopt ~~Promulgate~~ rules pursuant to this chapter which may provide for the recognition of other state and federal licenses as the department deems desirable, subject to such registration requirements as it may prescribe.

(12) Respond to any emergency which involves possible or actual release of radioactive materials, carry out or supervise any required decontamination, and otherwise protect the public health and safety.

(13) Act as the designated state agency in this state responsible for ensuring compliance with the provisions of the Southeast Interstate Low-Level Radioactive Waste Compact and for assessing penalties for noncompliance with such provisions as prescribed in ss. 404.161 and 404.162.

(14) Require department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission to take appropriate measures to reduce the volume of low-level radioactive waste they generate, and to monitor the progress of department licensees and nuclear power plant licensees of the commission in reducing such volume.

(15) Develop and implement a responsible data-management program for the purpose of collecting and analyzing statistical information necessary to protect the public health and safety and to reply to requests from the Southeast Interstate Low-Level Radioactive Waste Commission for data and information.

(16) Accept and administer loans, grants, or other funds or gifts, conditional or otherwise, in furtherance of its functions from the Federal Government and from other sources, public or private.

Section 57. Paragraphs (a) and (b) of subsection (2) of section 404.056, are amended, present paragraphs (e) through (h) of subsection (3) are redesignated as paragraphs (f) through (i), respectively, and a new paragraph (e) is added to subsection (3) of that section, to read:

404.056 Environmental radiation standards and programs; radon protection.—

(2) FLORIDA COORDINATING COUNCIL ON RADON PROTECTION.—

(a) Establishment.—It is declared to be in the best interest of the state that public agencies responsible for and involved in radon protection activities work together to reduce duplication of effort, foster maximum efficient use of existing resources, advise and assist the agencies involved in radon protection and mitigation in implementing the best management practices and the best available technology in limiting exposure to radon, identify outside funding sources and recommend priorities for research into the effects of radon, and enhance communication between all interests involved in radon protection and mitigation activities. Therefore, the Florida Coordinating Council on Radon Protection is hereby established as an advisory body~~, as defined in s. 11.611(3)(a),~~ to the Department of Community Affairs in developing the construction and mitigation standards required by s. 553.98 and to the department ~~of Health and Rehabilitative Services~~ in developing the public information program on radon and radon progeny as required by subsection (4).

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

1. The Secretary of Community Affairs;

2. The Secretary of Health ~~and Rehabilitative Services~~;

3. The Commissioner of Education or a representative;

4. An expert in the mitigation or prevention of radon, the development of building codes designed to control and abate radon, or the development of construction techniques to mitigate the effects of radon in existing buildings, one representative of one of these fields to be jointly appointed by the University of South Florida and Florida Agricultural and Mechanical University, and one representative of one of these fields to be appointed by the University of Florida. Two representatives from any of these fields shall be appointed by the Board of Regents from other universities in the state;

5. One representative each from the Florida Association of the American Institute of Architects, the Florida Engineering Society, the Associated General Contractors Council, the Florida Association of Counties, the Florida League of Cities, the Florida Association of Realtors, the Florida Home Builders Association, and the Florida Phosphate Council; and an elected official of county government, to be appointed by the Association of Counties; and an elected official of city government, to be appointed by the League of Cities;

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

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

(3) CERTIFICATION.—

(e) Any person who practices fraud, deception, or misrepresentation in performing radon gas or radon progeny measurements or in performing mitigation of buildings for radon gas or radon progeny is subject to the penalties provided in s. 404.161.

Section 58. Subsections (2), (3), and (5) of section 404.0614, Florida Statutes, are amended to read:

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

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

(3) The department, after receiving a complete license application, shall notify the Department of Environmental Protection that a complete license application to construct, operate, or close a commercial low-level radioactive waste management facility has been received, shall send a copy of the complete application to the Department of Environmental Protection, and shall request a report from the Department of Environmental Protection describing the ecological, meteorological, topographical, hydrological, geological, and seismological characteristics of the proposed site. Such report shall be completed no later than 180 days from the date the department requests the report. The Department of Environmental Protection shall be reimbursed for the cost of the report from fees collected by the Department of Health ~~and Rehabilitative Services~~ pursuant to subsection (8).

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

Section 59. Subsection (1) of section 404.131, Florida Statutes, 1996 Supplement, is amended to read:

404.131 Fees.—

(1) The department ~~of Health and Rehabilitative Services~~ is authorized to charge and collect reasonable fees for specific and general licenses and for the registration of radiation machines. The fees shall not exceed the estimated costs to the department of performing licensing, registration, inspec-

tion, and other regulatory duties. Unless otherwise provided by law, such fees shall be deposited to the credit of the Radiation Protection Trust Fund, to be held and applied solely for salaries and expenses of the department incurred in implementing and enforcing the provisions of this chapter.

Section 60. Subsections (1), (2), (6), and (8) of section 404.20, Florida Statutes, are amended to read:

404.20 Transportation of radioactive materials.—

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

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

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

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

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

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

(6) Any person desiring to transport radioactive materials into or through the borders of this state, destined to a treatment, storage, or dis-

posal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact, shall obtain a permit from the department ~~of Health and Rehabilitative Services~~ to bring such materials into the state. A permit application shall contain the time at which such radioactive materials will enter the state; a description of the radioactive materials to be shipped; the proposed route over which such radioactive materials will be transported into the state; and, in the event that such radioactive materials will leave the state, the time at which that will occur.

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

Section 61. Subsections (1), (2), (3), (4), and (5) of section 404.22, Florida Statutes, are amended to read:

404.22 Radiation machines and components; inspection.—

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

(2) Any person who enters the state with a radiation machine or component owned by him for the purpose of installing and utilizing the radiation machine shall register the radiation machine with the department ~~of Health and Rehabilitative Services~~. The department shall inspect the radiation machine to determine its compliance with the standards and shall approve or disapprove the radiation machine or shall order adjustments to the radiation machine in accordance with the provisions of subsection (1).

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

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

(5)(a) The department may ~~is authorized to~~ charge and collect reasonable fees annually for the registration and inspection of radiation machines pursuant to this section. Such fees shall include the registration fee provided in s. 404.131 and shall be deposited into the Radiation Protection Trust Fund. Registration shall be on an annual basis. Registration shall consist of having the registrant file, on forms prescribed and furnished by the department, information which includes, but is not limited to: type and number of radiation machines, location of radiation machines, and changes in ownership. ~~Subsequent to fiscal year 1981-1982,~~ The department shall establish by rule a ~~an annual~~ fee schedule based upon the actual costs incurred by the department in carrying out its registration and inspection responsibilities, including the salaries, expenses, and equipment of inspectors, but excluding costs of supervision and program administration. The fee schedule shall reflect differences in the frequency and complexity of inspections necessary to ensure that the radiation machines are functioning in accordance with the applicable standards developed pursuant to this chapter and rules adopted pursuant hereto.

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

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

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

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

4. Radiation machines which are used in the practice of dentistry or podiatry shall be inspected at least once every 5 years but not more often than once every 4 years for an annual fee which is not less than $16 or more than $31 for the first radiation machine within an office or facility and not less than $5 or more than $11 for each additional radiation machine therein.

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

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

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

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

Section 62. Paragraph (e) of subsection (1) and paragraph (f) of subsection (3) of section 408.033, Florida Statutes, are amended to read:

408.033 Local and state health planning.—

(1) LOCAL HEALTH COUNCILS.—

(e) Local health councils may employ personnel or contract for staffing services with persons who possess appropriate qualifications to carry out the councils' purposes. ~~Such personnel shall possess qualifications and be compensated in a manner commensurate with comparable positions in the Career Service System.~~ However, such personnel are ~~shall~~ not ~~be deemed to be~~ state employees.

(3) FUNDING.—

(f) The agency shall deposit in the Health Care Trust Fund all health care facility assessments that are assessed under this subsection and proceeds from the certificate-of-need application fees. The agency shall transfer to the Department of Health an amount ~~which are~~ sufficient to maintain the aggregate funding level for the local health councils and the Statewide Health Council as specified in the General Appropriations Act. The remaining certificate-of-need application fees shall be used only for the purpose of administering the Health Facility and Services Development Act.

Section 63. 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 facility principally supported by a local government or by funds from a charitable organization that holds a current exemption from federal income tax under s. 501(c)(3) of the Internal Revenue Code, a licensed practitioner, ~~or~~ a county health department ~~public health unit~~ established under part I of chapter 154, a patient care center described in s.

391.031, a prescribed pediatric extended care center defined in s. 391.202, a federally supported primary-care program such as a migrant health center or a community health center authorized under s. 329 or s. 330 of the United States Public Health Services Act that ~~which~~ delivers health care services to individuals, or a community facility that receives funds from the state under the Community Alcohol, Drug Abuse, and Mental Health Services Act and provides mental health services to individuals.

Section 64. Subsections (1) and (3) and paragraph (b) of subsection (5) of section 409.905, Florida Statutes, 1996 Supplement, are amended to read:

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

(1) ADVANCED REGISTERED NURSE PRACTITIONER SERVICES.—The agency shall pay for services provided to a recipient by a licensed advanced registered nurse practitioner who has a valid collaboration agreement with a licensed physician on file with the Department of Health ~~Department of Business and Professional Regulation~~ or who provides anesthesia services in accordance with established protocol required by state law and approved by the medical staff of the facility in which the anesthetic service is performed. Reimbursement for such services must be provided in an amount that equals not less than 80 percent of the reimbursement to a physician who provides the same services, unless otherwise provided for in the General Appropriations Act.

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

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

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

Section 65. Subsection (19) of section 409.908, Florida Statutes, 1996 Supplement, is amended to read:

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

(19) County health department ~~public health clinic~~ services may be reimbursed a rate per visit based on total reasonable costs of the clinic, as determined by the agency in accordance with federal regulations under the authority of 42 C.F.R. s. 431.615. ~~However, this cost-based reimbursement shall not be implemented until the State Health Officer has certified that~~

~~cost accounting systems have been modified and are in place prior to implementation in a specific county in order to ensure accurate and timely reporting of Medicaid-related costs in accordance with established Medicaid reimbursement standards. This section shall be repealed effective June 30, 1995, unless otherwise provided for in the General Appropriations Act or other provision of law. The agency shall develop a methodology to adequately evaluate the cost-effectiveness of this method of reimbursement and shall make recommendations to the Legislature based on this evaluation prior to the 1995 regular legislative session.~~

Section 66. Paragraphs (a) and (c) of subsection (3) of section 409.912, Florida Statutes, 1996 Supplement, are 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 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 January 1, 1998 ~~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.

(c) A federally qualified health center or an entity owned by one or more federally qualified health centers or an entity owned by other migrant and community health centers receiving non-Medicaid financial support from the Federal Government to provide health care services on a prepaid or fixed-sum basis to recipients. Such prepaid health care services entity must be licensed under parts I and III of chapter 641 by January 1, 1998, but shall be prohibited from serving Medicaid recipients on a prepaid basis, until such licensure has been obtained ~~July 1, 1997~~. However, such an entity is exempt from s. 641.225 if the entity meets the requirements specified in subsections (14) and (15).

Section 67. 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 Health.

4.~~3.~~ The Secretary of Labor and Employment Security.

5.~~4.~~ The Secretary of Community Affairs.

6.~~5.~~ The Secretary of Commerce.

7.~~6.~~ The president of Enterprise Florida Jobs and Education Partnership, established under s. 288.0475.

8.~~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 68. Subsection (7) of section 414.23, Florida Statutes, 1996 Supplement, is amended to read:

414.23 Evaluation.—The department shall arrange for evaluation of programs operated under this chapter, as follows:

(7) Evaluations described in this section are exempt from the provisions of s. 381.85 ~~s. 402.105~~.

Section 69. Paragraph (c) of subsection (10) of section 414.38, Florida Statutes, 1996 Supplement, is amended to read:

414.38 Pilot work experience and job training for noncustodial parents program.—

(10)

(c) In order to provide evaluation findings with the highest feasible level of scientific validity, the Department of 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. 381.85 ~~s. 402.105~~ or similar provisions of federal or state law do not apply under this section.

Section 70. Section 414.391, Florida Statutes, is created to read:

414.391 Automated fingerprint imaging.—

(1) The Department of Children and Family Services shall develop and implement, as part of the electronic benefits transfer program, a statewide program to prevent public assistance fraud by using a type of automated fingerprint imaging of adult and teen parent applicants for, and adult and teen parent recipients of, public assistance under this chapter.

(2) In adopting rules under this section, the department shall ensure that any automated fingerprint imaging performed by the department is used only to prevent fraud by adult and teen parent recipients of public assistance and is in compliance with state and federal disclosure requirements.

(3) The department shall prepare, by April 1998, a plan for implementation of this program. Implementation shall begin with a pilot of the program in one or more areas of the state by November 1, 1998. Pilot evaluation results shall be used to determine the method of statewide expansion. The priority for use of the savings derived from reducing fraud through this program shall be to expand the program to other areas of the state.

(4) The department shall request any waivers of federal regulations necessary to implement the program within the limits described in this section.

Section 71. Section 414.392, Florida Statutes, is created to read:

414.392 Applicant screening.—At the time of application or reapplication, each adult or teen parent applying for public assistance benefits under this chapter must provide the state with an automated fingerprint image performed by the state, before receiving any benefits.

Section 72. Subsection (2) of section 458.316, Florida Statutes, is amended to read:

458.316 Public health certificate.—

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

(a) The certificate shall authorize the holder to practice only in conjunction with his employment duties with the Department of Health ~~and Rehabilitative Services~~ and shall automatically expire when the holder's relationship with the department is terminated.

(b) The certificate is subject to biennial renewal and shall be renewable only if the secretary of the Department of Health ~~and Rehabilitative Services~~ recommends in writing that the certificate be renewed.

Section 73. Subsections (5) and (15) of section 468.301, Florida Statutes, are amended to read:

468.301 Definitions.—As used in this part, the term:

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

(15) "Secretary" means the Secretary of Health ~~and Rehabilitative Services~~.

Section 74. Present paragraphs (d) through (i) of subsection (1) of section 468.3101, Florida Statutes, are redesignated as paragraphs (e) through (j), respectively, a new paragraph (d) is added to that section, and subsection (2) of that section is reenacted to read:

468.3101 Disciplinary grounds and actions.—

(1) The following acts shall be grounds for disciplinary action as set forth in this section:

(d) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime against a person. A plea of nolo contendere shall be considered a conviction for the purposes of this provision.

(2) If the department finds any person or firm guilty of any of the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties:

(a) Refusal to approve an application for certification.

(b) Revocation or suspension of a certificate.

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

(d) Issuance of a reprimand.

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

Section 75. Subsection (1) of section 468.314, Florida Statutes, is amended to read:

468.314 Advisory Council on Radiation Protection; appointment; terms; powers; duties.—

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

Section 76. Subsections (4) and (5) of section 489.553, Florida Statutes, 1996 Supplement, are amended to read:

489.553 Administration of part; registration qualifications; examination.—

(4) To be eligible for registration by the department as a septic tank contractor, the applicant must:

(a) Be of good moral character. In considering good moral character, the department may consider any matter that has a substantial connection between the good moral character of the applicant and the professional responsibilities of a registered contractor, including, but not limited to: the applicant being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of contracting or the ability to practice contracting; and previous disciplinary action involving septic tank contracting, where all judicial reviews have been completed.

(b) Pass an examination approved by the department which demonstrates that the applicant has a fundamental knowledge of the state laws relating to the installation and maintenance of onsite sewage treatment and disposal systems.

(c) Be at least 18 years of age.

(d) Have a total of at least 3 years of active experience serving an apprenticeship as a skilled workman under the supervision and control of a registered septic tank contractor or a plumbing contractor as defined in s. 489.105 who has provided septic tank contracting services. Related work experience or educational experience may be substituted for no more than 2 years of active contracting experience. Each 30 hours of course work approved by the department will substitute for 6 months of work experience.

(e) Have not had a registration revoked, the effective date of which was less than 5 years before the application.

(5) To be eligible for registration by the department as a master septic tank contractor, the applicant must:

(a) Have been a registered septic tank contractor in Florida for at least 3 years or a plumbing contractor certified under part I of this chapter who has provided septic tank contracting services for at least 3 years.

(b) Take and complete, to the satisfaction of the department, a minimum of 30 hours of approved coursework.

(c) Pass an examination approved by the department which demonstrates that the applicant has advanced knowledge relating to the installation and maintenance of onsite sewage treatment and disposal systems, including, but not limited to, the fundamental knowledge required to close residential repair jobs, design systems, and perform soil evaluations, when determined to meet site-evaluation expertise established by rule.

(d) Be reviewed by the department for any major infractions of this chapter or other law relating to onsite sewage treatment and disposal.

Section 77. Subsection (1) of section 514.011, Florida Statutes, is amended to read:

514.011 Definitions.—As used in this chapter:

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

Section 78. Subsection (3) of section 514.028, Florida Statutes, is amended to read:

514.028 Advisory review board.—

(3) Members shall ~~not~~ be reimbursed for travel expenses incurred in connection with service on the advisory review board pursuant to s. 112.061.

Section 79. Subsection (3) of section 627.4236, Florida Statutes, is amended to read:

627.4236 Coverage for bone marrow transplant procedures.—

(3)(a) The Agency for Health Care Administration shall ~~Secretary of Health and Rehabilitative Services must~~ adopt rules specifying the bone marrow transplant procedures that are accepted within the appropriate oncological specialty and are not experimental for purposes of this section. The rules must be based upon recommendations of an advisory panel appointed by the director of the agency ~~secretary~~, composed of:

1. One adult oncologist, selected from a list of three names recommended by the Florida Medical Association;

2. One pediatric oncologist, selected from a list of three names recommended by the Florida Pediatric Society;

3. One representative of the J. Hillis Miller Health Center at the University of Florida;

4. One representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.;

5. One consumer representative, selected from a list of three names recommended by the Insurance Commissioner;

6. One representative of the Health Insurance Association of America;

7. Two representatives of health insurers, one of whom represents the insurer with the largest Florida health insurance premium volume and one of whom represents the insurer with the second largest Florida health insurance premium volume; and

8. One representative of the insurer with the largest Florida small group health insurance premium volume.

(b) The director shall also ~~secretary must~~ appoint a member of the advisory panel to serve as chairperson.

(c) The agency shall ~~Office of the Deputy Secretary for Health of the Department of Health and Rehabilitative Services must~~ provide, within existing resources, staff support to enable the panel to carry out its responsibilities under this section.

(d) In making recommendations and adopting rules under this section, the advisory panel and the director ~~secretary~~ shall:

1. Take into account findings, studies, or research of the federal Agency for Health Care Policy, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, and Congressional Office of Technology Assessment, and any other relevant information.

2. Consider whether the federal Food and Drug Administration or National Cancer Institute are conducting or sponsoring assessment procedures to determine the safety and efficacy of the procedure or substantially similar procedures, or of any part of such procedures.

3. Consider practices of providers with respect to requesting or requiring patients to sign a written acknowledgment that a bone marrow transplant procedure is experimental.

(e) The advisory panel shall conduct, at least biennially, a review of scientific evidence to ensure that its recommendations are based on current research findings and that insurance policies offer coverage for the latest medically acceptable bone marrow transplant procedures.

Section 80. Subsection (1) of section 766.101, Florida Statutes, 1996 Supplement, is amended to read:

766.101 Medical review committee, immunity from liability.—

(1) As used in this section:

(a) The term "medical review committee" or "committee" means:

1.a. A committee of a hospital or ambulatory surgical center licensed under chapter 395 or a health maintenance organization certificated under part I of chapter 641,

b. A committee of a state or local professional society of health care providers,

c. A committee of a medical staff of a licensed hospital or nursing home, provided the medical staff operates pursuant to written bylaws that have been approved by the governing board of the hospital or nursing home,

d. A committee of the Department of Corrections or the Correctional Medical Authority as created under s. 945.602, or employees, agents, or consultants of either the department or the authority or both,

e. A committee of a professional service corporation formed under chapter 621 or a corporation organized under chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in s. 458.305(3), and which has at least 25 health care providers who routinely provide health care services directly to patients,

f. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in s. 394.907, provided the quality assurance program operates pursuant to the guidelines which have been approved by the governing board of the agency,

g. A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines which have been approved by the governing board of the agency,

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

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

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

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

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

Section 81. Paragraph (b) of subsection (4) of section 766.314, Florida Statutes, 1996 Supplement, is amended to read:

766.314 Assessments; plan of operation.—

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

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

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

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

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

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

b. A retired physician who has withdrawn from the practice of medicine but who maintains an active license as evidenced by an affidavit filed with the Department of Business and Professional Regulation. Prior to reentering the practice of medicine in this state, a retired physician as herein defined must notify the Board of Medicine or the Board of Osteopathic Medicine and pay the appropriate assessments pursuant to this section;

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

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

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

f. A physician who is employed full time by the State of Florida and whose practice is confined to state-owned correctional institutions, a county

health department, or ~~and~~ state-owned mental health or developmental services facilities, or who is employed full time by the Department of Health.

Section 82. Section 28.101, Florida Statutes, 1996 Supplement, is amended to read:

28.101 Petitions and records of dissolution of marriage; additional charges.—

(1) When a party petitions for a dissolution of marriage, in addition to the filing charges in s. 28.241, the clerk shall collect and receive:

(a) A charge of $5. On a monthly basis, the clerk shall transfer the moneys collected pursuant to this paragraph ~~to the Department of Health and Rehabilitative Services~~ for deposit in the Child Welfare Training Trust Fund created in s. 402.40.

(b) A charge of $5. On a monthly basis, the clerk shall transfer the moneys collected pursuant to this paragraph to the State Treasury for deposit in the Displaced Homemaker Trust Fund created in s. 410.30. If a petitioner does not have sufficient funds with which to pay this fee and signs an affidavit so stating, all or a portion of the fee shall be waived subject to a subsequent order of the court relative to the payment of the fee.

(c) A charge of $18. On a monthly basis, the clerk shall transfer the moneys collected pursuant to this paragraph to the State Treasury for deposit in the Domestic Violence Trust Fund. Such funds which are generated shall be directed to the Department of Children and Family ~~Health and Rehabilitative~~ Services for the specific purpose of funding domestic violence centers.

(2) Upon receipt of a final judgment of dissolution of marriage for filing, and in addition to the filing charges in s. 28.241, the clerk shall collect and receive a service charge of $7 pursuant to s. 382.023 for the recording and reporting of such final judgment of dissolution of marriage to the Department of Health ~~and Rehabilitative Services~~.

Section 83. Paragraph (g) of subsection (3) of section 28.222, Florida Statutes, is amended to read:

28.222 Clerk to be county recorder.—

(3) The clerk of the circuit court shall record the following kinds of instruments presented to him or her for recording, upon payment of the service charges prescribed by law:

(g) Certified copies of death certificates authorized for issuance by the Department of Health ~~and Rehabilitative Services~~ which exclude the information that is confidential under s. 382.008~~(6)~~, and certified copies of death certificates issued by another state whether or not they exclude the information described as confidential in s. 382.008~~(6)~~.

Section 84. Paragraph (b) of subsection (1) of section 63.062, Florida Statutes, is amended to read:

63.062 Persons required to consent to adoption.—

(1) Unless consent is excused by the court, a petition to adopt a minor may be granted only if written consent has been executed after the birth of the minor by:

(b) The father of the minor, if:

1. The minor was conceived or born while the father was married to the mother.

2. The minor is his child by adoption.

3. The minor has been established by court proceeding to be his child.

4. He has acknowledged in writing, signed in the presence of a competent witness, that he is the father of the minor and has filed such acknowledgment with the Office of Vital Statistics of the Department of Health ~~and Rehabilitative Services~~.

5. He has provided the child with support in a repetitive, customary manner.

Section 85. Section 63.165, Florida Statutes, is amended to read:

63.165 State registry of adoption information; duty to inform and explain.—Notwithstanding any other law to the contrary, the department shall maintain a registry with the last known names and addresses of an adoptee and his or her natural parents and adoptive parents and any other identifying information which the adoptee, natural parents, or adoptive parents desire to include in the registry. The registry shall be open with respect to all adoptions in the state, regardless of when they took place. The registry shall be available for those persons choosing to enter information therein, but no one shall be required to do so.

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

(2) The department may charge a reasonable fee to any person seeking to enter, change, or use information in the registry. The department shall deposit such fees in a trust fund to be used by the department only for the efficient administration of this section. The department and agencies shall

make counseling available for a fee to all persons seeking to use the registry, and the department shall inform all affected persons of the availability of such counseling.

(3) The department, intermediary, or licensed child-placing agency must inform the birth parents before parental rights are terminated, and the adoptive parents before placement, in writing, of the existence and purpose of the registry established under this section ~~s. 382.027~~, but failure to do so does not affect the validity of any proceeding under this chapter.

Section 86. Subsection (4) of section 68.07, Florida Statutes, is amended to read:

68.07 Change of name.—

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

Section 87. Section 382.002, Florida Statutes, is amended to read:

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

~~(1) "Applicant" means the person requesting a copy of a vital record.~~

(1)~~(2)~~ "~~Computer~~ Certification" or "certified" means a document ~~produced by computer or other electromagnetic equipment~~ containing all or a part of the exact information contained on the original vital record, and which, when issued ~~certified~~ by the State Registrar, has the full force and effect of the original vital record.

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

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

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

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

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

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

(7)~~(9)~~ "Funeral director" means a licensed funeral director or direct disposer licensed pursuant to chapter 470 or other person who first assumes custody of or effects the final disposition of a dead body or a fetus~~,~~ as described ~~defined~~ in subsection (5) ~~(7)~~.

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

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

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

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

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

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

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

(14)~~(16)~~ "Vital statistics" means a system of registration, collection, preservation, amendment, and certification of vital records, the collection of other reports required by this act, and activities related thereto, including the tabulation, analysis, and publication of data obtained from vital records.

Section 88. Subsections (2), (6), (7), (8), and (10) of section 382.003, Florida Statutes, are amended to read:

382.003 Powers and duties of the department.—The department may:

(2) Procure the complete registration of all vital records ~~the same~~ in each registration district ~~as constituted in subsection (4)~~ and in the Office of Vital Statistics.

(6) Investigate cases of irregularity or violation of law, and all local registrars of vital statistics shall aid the department in such investigations. When necessary, the department shall report cases of violations of any of the provisions of this chapter to the state attorney having charge of the prosecution of misdemeanors in the registration district in which the ~~such~~ violation occurs ~~shall occur~~.

(7) Approve all forms used in registering, recording, certifying, and preserving vital records, or in otherwise carrying out the purposes of this chapter, and no other forms shall be used other than those approved by the department. The department is responsible for the careful examination of the certificates received monthly from the local registrars and marriage certificates and dissolution of marriage reports received from the circuit and county courts. A certificate that is complete and satisfactory shall be accepted and given a state file number and considered a state-filed record. If any such certificates are incomplete or unsatisfactory, the department shall require ~~such~~ further information to be supplied as may be necessary to make the record complete and satisfactory. All physicians, midwives, informants, or funeral directors, and all other persons having knowledge of the facts, are required to supply, upon a form approved by the department or upon the original certificate, such information as they may possess regarding any vital record~~, as requested by the department~~.

(8) Prepare and publish an annual report of vital statistics and such other reports as may be required ~~by the department~~.

(10) Adopt, promulgate, and enforce rules necessary for the creation, issuance, recording, rescinding, maintenance, and processing ~~preservation and protection~~ of vital records and for carrying out the ~~other~~ provisions of ss. 382.004-382.014 and ss. 382.016-382.019 ~~this chapter~~.

Section 89. Section 382.004, Florida Statutes, is amended to read:

382.004 Reproduction ~~Microfilming~~ and destruction of ~~destroying~~ records.—

(1) The department is authorized to photograph, microphotograph, reproduce on film, or reproduce by electronic means vital records in such a manner that the data on each page are in exact conformity with the original record.

(2) The department is ~~hereby~~ authorized to destroy any of the original vital records after they have been photographed or reproduced in exact conformity with the original record and after approval for destruction in accordance with chapter 257.

(3) Photographs, microphotographs, or reproductions of any record in the form of film, prints, or electronically produced certifications made in compliance with the provisions of this chapter and certified by the department shall have the same force and effect as the originals thereof, ~~and~~ shall be treated as originals for the purpose of their admissibility in any court or case, and shall be prima facie evidence in all courts and cases of the facts stated therein ~~where the documents have been duly certified by the department~~.

Section 90. Section 382.005, Florida Statutes, is amended to read:

382.005 Duties of local registrars.—

(1) Each local registrar is charged with the strict and thorough enforcement of the provisions of this chapter and rules adopted hereunder in his or her registration district, and ~~he or she~~ shall make an immediate report to the department of any violation or apparent violation of this law or rules adopted hereunder.

(2) Each local registrar shall make available blank forms as necessary ~~to such persons as required of them~~ and shall examine ~~be responsible for the careful examination of~~ each certificate of live birth, death, or fetal death when presented for registration~~,~~ in order to ascertain whether or not it has been completed in accordance with the provisions of this chapter and adopted~~,~~ rules ~~adopted hereunder, and the instructions of the department~~. All birth, death, and fetal death certificates shall be typewritten ~~or printed legibly~~ in permanent black ink, and a certificate is not complete and correct if it does not supply each item of information called for ~~therein~~ or satisfactorily account for its omission.

~~(3) If any certificate of death or fetal death is incomplete or unsatisfactory, the local registrar shall call attention to the defect in the record and may withhold the burial, removal, or other permit until such defects are corrected. If the certificate of death or fetal death is properly executed and complete, the local registrar shall then issue a burial, removal, or other permit to the funeral director; provided, that in case the death occurred from some disease which is held by the department to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the dead body shall be issued by the local registrar, except under such conditions as may be prescribed by the department.~~

~~(4) If a certificate of birth is incomplete, the local registrar shall immediately notify the institution where the birth occurred or the informant, and require the completion of the missing items of information, if they can be obtained prior to issuing certified copies of the record.~~

(3)~~(5)~~ The local registrar or his or her deputy, if ~~so~~ authorized by the department, shall sign as registrar in attestation of the date of registration ~~in his or her office~~ and may also make and preserve a local record of each birth, death, and fetal death certificate registered by him or her, in such manner as directed by the department. ~~And~~ The local registrar ~~or deputy~~

shall~~, on or before the 7th day of each month,~~ transmit daily to the department all original certificates registered~~ by him or her for the preceding month. And~~ If no births~~, or~~ deaths, or ~~no~~ fetal deaths occurred in any month, the local registrar or deputy shall, on the 7th day of the following month, report that fact to the department on a form provided for such purpose.

(4)~~(6)~~ Each local registrar, immediately upon ~~his or her acceptance of~~ appointment, shall designate one or more deputy registrars to act on behalf of the local registrar ~~appoint a chief deputy registrar, who shall act in the local registrar's stead in case of his or her absence or disability and may appoint other deputy registrars~~.

Section 91. Section 382.006, Florida Statutes, is amended to read:

382.006 Burial-transit permit.—

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

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

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

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

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

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

(5) Rules of the department may provide for the issuance of a burial-transit permit prior to the filing of a certificate of death or fetal death upon

conditions designed to assure compliance with the purposes of this chapter in cases in which compliance with the requirement that the certificate be filed prior to the issuance of the permit would result in undue hardship.

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

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

Section 92. Section 382.007, Florida Statutes, is amended to read:

382.007 Final dispositions prohibited without burial-transit ~~burial~~ permit; records of dead bodies disposed.—A ~~No~~ person in charge of any premises on which final dispositions are made shall not inter or permit the interment or other disposition of any dead body unless it is accompanied by a burial-transit permit ~~burial, other disposition, or removal permit as herein provided~~. Any such person shall endorse upon the permit the date of interment, or other disposition, over his or her signature, and shall return all permits so endorsed to the local registrar of the district where the place of final disposition is located ~~his or her district~~ within 10 days from the date of interment or other disposition. He or she shall keep a record of all dead bodies interred or otherwise disposed of on the premises under his or her charge, in each case stating the name of each deceased person, place of death, date of burial or other disposition, and name and address of the funeral director which record shall at all times be open to official inspection.~~; provided, that~~ The funeral director, when burying a dead body in a cemetery ~~or burial grounds~~ having no person in charge, shall sign the burial-transit ~~burial or removal~~ permit, giving the date of burial, and shall write across the face of the permit the words "No person in charge," and file the ~~burial or removal~~ permit within 10 days after burial with the local registrar of the district in which the cemetery is located. ~~Permits filed with the local registrar under the provisions of this section may be destroyed by the official custodian after the expiration of 3 years from the date of such filing.~~

Section 93. Section 382.008, Florida Statutes, 1996 Supplement, is amended to read:

382.008 Death and fetal death registration.—

(1) A certificate for each death and fetal death which occurs in this state shall be filed on a form prescribed by the department ~~registered~~ with the local registrar of the district in which the death occurred within 5 days after such death and prior to final disposition ~~or removal of the dead body or fetus from the state~~, and shall be registered by such registrar if it has been completed and filed in accordance with this chapter or adopted rules. In addition, each certificate of death or fetal death:

(a) If requested by the informant, shall include aliases or "also known as" (AKA) names of a decedent in addition to the decedent's name of record. Aliases shall be entered on the face of the death certificate in the space provided for name if there is sufficient space. If there is not sufficient space, aliases may be recorded on the back of the certificate and shall be considered part of the official record of death ~~The certificate of death or fetal death shall be in the form prescribed by the department~~;

(b) If the place of death is unknown, ~~a certificate~~ shall be registered in the registration district in which the ~~a~~ dead body or fetus is found within 5 days after such occurrence; and

(c) If death occurs in a moving conveyance, ~~a death certificate~~ shall be registered in the registration district in which the dead body was first removed from such conveyance.

(2) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death ~~certificate~~. In the absence of the funeral director ~~such a person~~, the physician or other person in attendance at or after the death shall file the certificate of death or fetal death. The person who files ~~registers~~ the certificate shall obtain ~~the~~ personal data from the next of kin or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail, by the physician or medical examiner responsible for furnishing such information. For fetal deaths, the physician, midwife, or hospital administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.

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

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

1. An autopsy is pending.

2. Toxicology, laboratory, or other diagnostic reports have not been completed.

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

(b) If the physician or medical examiner has indicated that he or she will sign and complete the medical certification of cause of death, but will not be

available until after the 5-day registration deadline, the local registrar may grant an extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar.

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

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

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

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

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

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

Section 94. Section 382.011, Florida Statutes, is amended to read:

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

(1) In the case of any death or fetal death due to causes or conditions listed in s. 406.11, or where the death occurred more than 30 days after the decedent was last treated by a physician unless the death was medically expected as certified by an attending physician ~~occurring without medical attendance~~, or where there is reason to believe that the death may have been

due to unlawful act or neglect, the funeral director or other person to whose attention the death may come shall refer the case to the medical examiner of the district in which the death occurred for ~~his or her~~ investigation and determination of ~~certification; and the medical examiner shall certify the cause of death, as required for a burial permit, and to properly classify~~ the cause of death.

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

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

Section 95. Section 382.012, Florida Statutes, is amended to read:

382.012 Presumptive death certificate.—

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

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

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

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

Section 96. Section 382.013, Florida Statutes, is amended to read:

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

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

(1) FILING.—

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

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

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

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

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

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

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

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

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

(2) PATERNITY.—

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

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

(c) If the mother is not married at the time of birth, the name of the father may not be entered on the birth certificate without the execution of a con-

senting affidavit signed by both the mother and the person to be named as the father. The facility shall provide the mother and the person to be named as the father with the affidavit, as well as information provided by the Title IV-D agency established pursuant to s. 409.2557, regarding the benefits of voluntary establishment of paternity. Upon request of the mother and the person to be named as the father, the facility shall assist in the execution of the affidavit.

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

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

(3) NAME OF CHILD.—

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

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

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

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

(4) UNDETERMINED PARENTAGE.—A birth certificate shall be registered for every child of undetermined parentage showing all known or approximate facts relating to the birth. To assist in later determination, information concerning the place and circumstances under which the child was found shall be included on the portion of the birth certificate relating to marital status and medical details. In the event the child is later identified to the satisfaction of the department, a new birth certificate shall be prepared which shall bear the same number as the original birth certificate, and the original certificate shall be sealed and filed, shall be confidential and exempt from the provisions of s. 119.07(1), and shall not be opened to inspection by, nor shall certified copies of the same be issued except by court order to, any person other than the registrant if of legal age.

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

Section 97. 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 participate ~~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 98. Section 382.015, Florida Statutes, 1996 Supplement, is amended to read:

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

(1) ADOPTION AND ANNULMENT OF ADOPTION.—

(a) Upon receipt of the report or certified copy of an adoption decree, together with the information necessary to identify the original certificate of live birth, and establish a new certificate ~~of an adoption from a clerk of the court, or upon receipt of a certified copy of a final decree of adoption, together with all necessary information, from any registrant or adoptive parent of a registrant~~, the department shall prepare and file a new birth certificate, absent objection by the court decreeing the adoption, the adoptive parents, or the adoptee if of legal age. The ~~, which~~ certificate shall bear the same file number as the original birth certificate. All names and identifying information relating to the adoptive parents ~~statistical particulars~~ entered on the new certificate shall refer to the adoptive parents, but nothing in the ~~said~~ certificate shall refer to or designate the ~~said~~ parents as being adoptive. All other items not affected by adoption shall be copied as on the original certificate, including the date of registration and filing.

(b) Upon receipt of the report or certified copy of an annulment-of-adoption decree, together with the sufficient information to identify the

original certificate of live birth, the department shall, if a new certificate of birth was filed following an adoption report or decree, remove the new certificate and restore the original certificate to its original place in the files, and the certificate so removed shall be sealed by the department.

(c) Upon receipt of a report or certified copy of an adoption decree or annulment-of-adoption decree for a person born in another state, the department shall forward the report or decree to the state of the registrant's birth. If the adoptee was born in Canada, the department shall send a copy of the report or decree to the appropriate birth registration authority in Canada.

(2) DETERMINATION OF PATERNITY.—

(a) Upon receipt of the report or ~~of a determination of paternity from a clerk of the court, or upon receipt of~~ a certified copy of a final decree ~~or judgment~~ of determination of paternity, or upon written request and receipt of a consenting affidavit signed by both parents acknowledging the paternity of the registrant, together with sufficient information to identify the original certificate of live birth ~~all necessary information from a registrant or the parent or parents of a registrant, or upon receipt of evidence of the marriage of the parents of a person subsequent to the birth of said person~~, the department shall prepare and file a new birth certificate which ~~certificate~~ shall bear the same file number as the original birth certificate. If paternity has been established pursuant to court order, the registrant's name shall be entered as decreed by the court. Otherwise, the surname of the registrant may be changed from that shown on the original birth certificate at the request of the parents or the registrant if of legal age. The names and identifying information of the parents ~~statistical particulars~~ shall be entered as of the date of the registrant's birth ~~but as though the parents were married at that time~~.

(b) If the parents marry each other at any time after the registrant's birth, the department shall, upon request of the parents or registrant if of legal age and proof of the marriage, amend the certificate with regard to the parent's marital status as though the parents were married at the time of birth.

(c) If a father's name is already listed on the birth certificate, the birth certificate may only be amended to add a different father's name upon court order. If a change in the registrant's surname is also desired, such change must be included in the court order determining paternity or the name must be changed pursuant to s. 68.07.

(3) AFFIRMATION OF PARENTAL STATUS.—Upon receipt of an order of affirmation of parental status issued pursuant to s. 742.16, together with sufficient information to identify the original certificate of live birth, the department shall prepare and file a new birth certificate which shall bear the same file number as the original birth certificate. The names and identifying information of the registrant's parents entered on the new certificate shall be the commissioning couple, but the new certificate may not make reference to or designate the parents as the commissioning couple.

~~(3) ANNULMENT OF ADOPTION.—Upon receipt of the report of an annulment of an adoption from a clerk of the court, or upon receipt of a certified copy of a final decree, or judgment of the annulment of adoption, the department shall, if a new certificate of birth was filed, based upon an adoption order, remove such new certificate and restore the original certificate to its original place in the files and the certificate so removed shall then be destroyed by the department.~~

~~(4) DUTY OF DEPARTMENT UPON RECEIPT OF REPORTS ON CHILDREN NOT BORN IN THIS STATE.—Upon receipt of a report of an adoption, determination of paternity, or annulment of an adoption from a clerk of the court, in which report it affirmatively appears that the person involved was born in a state other than the State of Florida, it shall be the duty of the department to forward a copy of such report to the State Registrar or comparable official of the state in which said person was born.~~

(4)~~(5)~~ SUBSTITUTION OF NEW CERTIFICATE OF BIRTH FOR ORIGINAL.—When a new certificate of birth is prepared, the department shall substitute the new certificate of birth for the original certificate ~~one~~ on file ~~in the Office of Vital Statistics~~. All copies of the original certificate of live birth in the custody of a local registrar or other state custodian of vital records shall be forwarded to the State Registrar. Thereafter, when a certified copy of the certificate of birth of such person or portion thereof is issued, it shall be a copy of the new certificate of birth or portion thereof, except when a court ~~an~~ order requires ~~of a court of competent jurisdiction shall require the~~ issuance of a certified copy of the original certificate of birth. In~~,~~ ~~and in the case of~~ an adoption, change in paternity, affirmation of parental status, undetermined parentage, or court-ordered substitution, the department shall place the original certificate of birth and all papers pertaining thereto under seal, not to be broken ~~or opened~~ except by order of a court of competent jurisdiction or as otherwise provided by law. ~~The original birth certificate is confidential and exempt from the provisions of s. 119.07(1). In the case of an adoptive child, access to the original certificate of birth shall be governed by s. 63.162.~~

(5) FORM.—Except for certificates of foreign birth which are registered as provided in s. 382.017, and delayed certificates of birth which are registered as provided in ss. 382.019 and 382.0195, all original, new, or amended certificates of live birth shall be identical in form, regardless of the marital status of the parents or the fact that the registrant is adopted or of undetermined parentage.

(6) RULES.—The department shall adopt and enforce all rules necessary for carrying out the provisions of this section.

Section 99. Section 382.016, Florida Statutes, is amended:

(Substantial rewording of section. See
s. 382.016, F.S., for present text.)

382.016 Amendment of records.—

(1) The department, upon receipt of the fee prescribed in s. 382.0255, documentary evidence of any misstatement, error, or omission occurring in any birth, death, or fetal death record as may be required by department rule, and an affidavit setting forth the changes to be made, shall amend or replace the original certificate as necessary. However, except for a misspelling or an omission on a death certificate with regard to the name of the surviving spouse, the department may not change the name of the surviving spouse on the certificate except by order of a court of competent jurisdiction.

(2) Until a child's first birthday, the child's given name or surname may be amended upon receipt of the fees prescribed in s. 382.0255 and an affidavit signed by each parent named on the original birth certificate or by the registrant's guardian. If both parents are named on the certificate but both are not willing or available to sign the affidavit, the registrant's name may only be amended by court order.

Section 100. Section 382.017, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 382.017, F.S., for present text.)

382.017 Foreign births.—

(1) Upon request, the department shall prepare and register a certificate of foreign birth for an adoptee born in a foreign country who is not a citizen of the United States and whose judgment of adoption was entered by a court of competent jurisdiction of this state. The certificate shall be established upon receipt of the report or certified copy of the adoption decree, proof of the date and place of the adoptee's birth, and a request that the certificate be prepared from the court, the adopting parents, or the adoptee if of legal age. The certificate shall be labeled "Certificate of Foreign Birth" and shall show the true country and date of birth of the adoptee, and must include a statement that the certificate is not evidence of United States citizenship. After registering the certificate of foreign birth in the new name of the adoptee, the department shall place the adoption report or decree under seal, not to be broken except pursuant to court order.

(2) If the adoptee was born in a foreign country but was a citizen of the United States at the time of birth, the department shall not prepare a certificate of foreign birth but shall notify the adoptive parents, or the adoptee if of legal age, of the procedure for obtaining a revised birth certificate through the United States Department of State.

Section 101. Section 382.018, Florida Statutes, is renumbered as section 382.0195, Florida Statutes, and amended to read:

(Substantial rewording of section. See s. 382.018, F.S., for present text.)

382.0195 Court-issued delayed birth certificate.—

(1) In addition to the provisions of s. 382.019, any state resident or person born in this state who does not have a birth certificate may, at any time after

birth, file a petition in the circuit court in the county of residence or in the alleged county of his or her birth, setting forth the date, place, and parentage of birth and petitioning the court to issue a delayed birth certificate. The petition must be on a form furnished by the department and must be accompanied by a certified statement from the state registrar of the alleged state of birth, stating that, based on the facts submitted by the petitioner, a birth certificate for the petitioner is not on file.

(2) Upon the filing of the petition, the court shall hold a hearing at which time such evidence may be presented as may be required by the court to establish the fact of the petitioner's birth and the date, place, and parentage of his or her birth. However, a certificate may not be granted based solely on the uncorroborated testimony of the petitioner.

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

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

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

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

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

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

Section 102. Section 382.019, Florida Statutes, is amended to read:

382.019 Delayed registration ~~Filing of certificates of birth, death, or fetal death in cases where no certificate was filed at time of birth, death, or fetal death.—~~

(1) Registration after 1 year is a delayed registration, and the department may, upon receipt of the fee required under s. 382.0255, and proof of the birth, death, or fetal death as prescribed by this section or rule, register a delayed certificate if the department does not already have a certificate of the birth, death, or fetal death on file. ~~If at any time after the birth, death, or fetal death of any person within the state, a copy of the official record or portion thereof of said birth, death, or fetal death is necessary and, after search by the department or its representative, it should appear that no such certificate of birth, death, or fetal death was prepared or filed, the physician, midwife, or funeral director responsible for the report, or father, mother, older brother or sister, or other person knowing the facts may file with the department such certificate of birth, death, or fetal death, together~~

~~with such sworn statements and affidavits and other evidence as may be required by rule of the department.~~

(2) The department may require such supporting documents ~~affidavits~~ to be presented and such proof to be filed as it deems ~~may deem advisable or~~ necessary and sufficient to establish the truth of the facts ~~endeavored~~ to be ~~made or~~ recorded by the certificate, ~~provided for in subsection (1)~~ and may withhold registering ~~filing of~~ the birth, death, or fetal death certificate ~~involved~~ until its requirements are met ~~complied with~~.

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

(4) A delayed certificate of birth filed under this section shall include a summary statement of the evidence submitted in support of the delayed registration.

(5) A delayed certificate of birth submitted for registration under this section shall be signed before a notarizing official by the registrant if of legal age, or by the parent or guardian of a minor registrant.

(6) A person may not establish more than one birth certificate, and a delayed certificate of birth may not be registered for a deceased person.

(7) A delayed death or fetal death record shall be registered on a certificate of death or fetal death and marked "delayed."

Section 103. Section 382.021, Florida Statutes, is amended to read:

382.021 Department to receive marriage licenses.—

~~(1) Upon the return of each marriage license to the issuing county court judge or clerk of the circuit court, as provided and issued under chapter 741, the issuing county court judge or clerk of the circuit court shall forthwith record the same, and shall,~~ On or before the 5th day of each month, the county court judge or clerk of the circuit court shall transmit all ~~the~~ original marriage licenses, with endorsements ~~thereon~~, received ~~by him or her~~ during the preceding calendar month, to the department. Any marriage licenses issued and not returned ~~to the issuing county court judge or clerk of the circuit court~~ or any marriage licenses returned but ~~to the issuing county court judge or clerk of the circuit court and~~ not recorded ~~by him or her so as to be transmitted to the department~~ shall be reported by the issuing county court judge or clerk of the circuit court to the department at the time of transmitting the recorded licenses on the forms to be prescribed and furnished by the department. If during any month no marriage licenses are issued or returned ~~to a county court judge or clerk of the circuit court~~, the county court judge or clerk of the circuit court shall report such fact to the department upon forms prescribed and furnished by the department.

~~(2) From and after October 1, 1987, marriage licenses shall be valid only for a period of 60 days after issuance, and no person shall perform any~~

~~ceremony of marriage after the expiration date of such license. The county court judge or clerk of the circuit court shall recite on each marriage license the final date that such is so valid.~~

Section 104. Section 382.022, Florida Statutes, is amended to read:

382.022 ~~County court judges and clerks of the circuit courts to transmit~~ Marriage application fees ~~monthly~~.—Upon the receipt of each application for the issuance of a marriage license, the county court judge or clerk of the circuit court shall, pursuant to s. 741.02, collect and receive a fee of $4 which shall be transmitted, on or before the 10th day of each month, ~~each of the several county court judges and clerks of the circuit courts of the state shall transmit~~ to the department to defray part of the cost of maintaining marriage records~~, for deposit in the trust fund provided in s. 382.025(9), the fees collected by him or her under the provisions of s. 741.02 during the preceding calendar months~~.

Section 105. Section 382.023, Florida Statutes, is amended to read:

(Substantial rewording of section. See
s. 382.023, F.S., for present text.)

382.023 Department to receive dissolution-of-marriage records; fees.—Clerks of the circuit courts shall collect for their services at the time of the filing of a final judgment of dissolution of marriage a fee of $7, of which $3 shall be retained by the circuit court as a part of the cost in the cause in which the judgment is granted. The remaining $4, together with a record of each and every judgment of dissolution of marriage granted by the court during the preceding calendar month, giving names of parties and such other data as required by forms prescribed by the department, shall be transmitted to the department, on or before the 10th day of each month, to defray part of the cost of maintaining the dissolution-of-marriage records.

Section 106. Section 382.025, Florida Statutes, 1996 Supplement, is amended to read:

382.025 Certified copies of vital records~~, birth records, and other records~~; confidentiality; research ~~copies as evidence; searches of records; fees; disposition of fees~~.—

(1) BIRTH RECORDS.—All birth records of this state shall be confidential and are exempt from the provisions of s. 119.07(1).

(a)~~(2)~~ Certified copies of the original birth certificate ~~and computer certifications and birth cards in such form as the department may designate~~ or a ~~any~~ new or amended ~~amendatory~~ certificate, or affidavits thereof, are confidential and exempt from the provisions of s. 119.07(1) and, upon receipt of a request and payment of the fee prescribed in s. 382.0255, shall be issued only as authorized by the department and in the form prescribed by the department, and only:

1. To the registrant, if of legal age;

2. To the registrant's ~~his or her~~ parent or guardian or other legal representative;

3. Upon receipt of the registrant's death certificate, to the registrant's spouse or to the registrant's child, grandchild, or sibling, if of legal age, or to the legal representative of any of such persons;

4. To any person if the birth record is over 100 years old and not under seal pursuant to court order;

5. To a law enforcement agency for official purposes; ~~the purpose of facilitating the prosecution of offenses under s. 794.011, s. 794.05, s. 800.04 and s. 827.04(4); or~~

6. To any agency of the state or the United States for official purposes upon approval of the department; or

7. Upon order of any court of competent jurisdiction.

(b)~~(3)~~ To protect the integrity of vital records and prevent the fraudulent use of the birth certificates of deceased persons, the department shall match birth and death certificates and post the fact of death to the appropriate birth certificate. A certification of a birth certificate of a deceased registrant shall be marked "deceased." ~~All such computer certificates of birth or birth cards, including those for persons born out of wedlock or of undetermined parentage or for persons for whom paternity has been determined or for adopted persons, shall be identical in form.~~

(c) The department shall issue, upon request and upon payment of an additional fee as prescribed under s. 382.0255, a commemorative birth certificate representing that the birth of the person named thereon is recorded in the office of the registrar. The certificate issued under this paragraph shall be in a form consistent with the need to protect the integrity of vital records but shall be suitable for display. It may bear the seal of the state printed thereon and may be signed by the Governor.

(2)~~(4)~~ OTHER RECORDS.—

(a) The department shall authorize the issuance of a certified copy ~~or computer certification~~ of all or part of any marriage, dissolution of marriage, or death or fetal death certificate, excluding that portion which is confidential ~~pursuant to s. 382.008(6)~~ and exempt from the provisions of s. 119.07(1) as provided under s. 382.008, to any person requesting it upon receipt of a request and payment of the fee prescribed by this section. A ~~copy or computer~~ certification of the death ~~certificate~~ or fetal death certificate which includes~~, including~~ the confidential portions~~,~~ shall be issued only:

1. To the registrant's spouse or parent, or to the registrant's child, grandchild, or sibling, if of legal age, or to any family member who provides a will, insurance policy, or other document that demonstrates the family member's interest in the estate of the registrant, or to any person who provides documentation that he or she is acting on behalf of any of them; ~~immediate family or guardian, the representative of the family or guardian, or~~

2. To any agency of the state or local government or the United States for official purposes upon approval of the department; or

3. Upon order of any court of competent jurisdiction.

(b) All portions of a certificate of death shall cease to be exempt from the provisions of s. 119.07(1) 50 years after the date of death.

(c) The department shall issue, upon request and upon payment of an additional fee prescribed by this section, a commemorative marriage license representing that the marriage of the persons named thereon is recorded in the office of the registrar. The certificate issued under this paragraph shall be in a form consistent with the need to protect the integrity of vital records but shall be suitable for display. It may bear the seal of the state printed thereon and may be signed by the Governor.

~~(5) Any copy of any record or part thereof filed under the provisions of this act when properly certified by the department shall be prima facie evidence in all courts and cases of the facts therein stated.~~

~~(6) The department is entitled to fees as follows:~~

~~(a) Not less than $3 or more than $5 for the first calendar year of records searched for a vital record and not less than $1 or more than $2 for each additional calendar year of records searched, up to a maximum of $50. If the record is located, this fee entitles the applicant to one computer certification of the record or a photocopy or birth card if computer certification is not available. An additional fee of not less than $3 or more than $5 is required if a photocopy, short-form photocopy, or birth card is requested in place of or in addition to a computer certification.~~

~~(b) Not less than $10 or more than $20 for processing and filing a delayed certification of birth, death, or fetal death. This fee entitles the applicant to one certification of the record, if filed.~~

~~(c) Not less than $10 or more than $20 for processing and filing a change of name, a correction on a death record, or a correction on a birth record. This fee entitles the applicant to one certification of the corrected record.~~

~~(d) Not less than $10 or more than $20 for processing and filing a new birth certificate for reason of adoption or for reason of determination of paternity. This fee entitles the applicant to one certification of the new certificate.~~

~~(e) Not less than $2 or more than $4 for each certification of a vital record in excess of one certification for which a fee for search or a filing fee is paid, when ordered at the same time.~~

~~(f) Not less than $5 or more than $10 for processing and forwarding each exemplified copy of a vital record.~~

~~(g) Twenty-five dollars for a commemorative certificate of birth or marriage. Fees collected pursuant to this paragraph in excess of expenses shall~~

~~be deposited by the department in the Maternal and Child Health Block Grant Trust Fund.~~

~~(h) Not less than $5 or more than $10 for each search of state census records.~~

~~(i) Not less than $5 or more than $10 for expedited processing of an initial certified copy or certified statement of a vital record.~~

~~(j) Not less than 5 cents or more than 10 cents for each vital record listed on computer tape or printout plus cost of preparation and handling or a fee consistent with a nationally negotiated or established schedule of charges.~~

~~(7) Until rules establishing fees under subsection (6) are promulgated by the department, the fees assessed pursuant to this subsection shall be the minimum fees cited. All fees are due and payable at the time that services are requested and are nonrefundable, except that, when a search is conducted and no vital record is found, any fees paid for additional copies shall be refunded.~~

(3)~~(8)~~ RECORDS AND DATA DISTRIBUTION.—The department may issue vital records or data to~~:~~ ~~federal, state, local, or other public or private agencies, as specified in this subsection. Issuance of such records or data is exempt from the provisions of s. 119.07(1). The copies of records or data issued pursuant to this subsection shall remain the property of the department. The department shall govern what use may be made of these records and data.~~

(a) A ~~The~~ federal agency ~~responsible for national vital statistics may be furnished such copies or data from the system of vital statistics as are required for national statistics~~, if the agency shares in the cost of collecting, processing, and transmitting such data and if the data is only used by the federal agency for statistical purposes or for other purposes specifically authorized by the department.

~~(b) Federal, state, local, and other public or private agencies may, upon request, be furnished copies or data from the system of vital statistics for statistical or administrative purposes upon such terms or conditions as may be prescribed by the department, but such copies or data may not be used for purposes other than those for which they are requested unless specifically authorized by the department.~~

(b)~~(c) The department may, by agreement, transmit copies of records and other reports to~~ An office of vital statistics for a jurisdiction outside this state, pursuant to an agreement with the department, when such records or other reports relate to residents of that jurisdiction or persons born in that jurisdiction. The agreement must require that the copies be used for statistical and administrative purposes only, and ~~the agreement~~ must provide for the retention and disposition of such copies.

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

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

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

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

(4)~~(10)~~ CERTIFIED COPIES OF ORIGINAL CERTIFICATES.—Only the state registrar and local registrars are authorized to ~~No person shall prepare or~~ issue any certificate which purports to be a certified copy of an original~~, or a copy of an original,~~ certificate of live birth, death, or fetal death~~, except as authorized in this act or rules adopted hereunder~~. Except as provided in this section, preparing or issuing certificates is exempt from the provisions of s. 119.07(1).

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

~~(11) The fee charged for each request for a certified birth certificate or birth record as issued by the department or by the local registrar shall be subject to a nonrefundable additional fee of $4, due and payable at the time the request is made. The state and local registrars shall collect the additional fee and deposit it in the appropriate department trust funds. On a quarterly basis, the department shall transfer $2 of each additional fee collected by the state and local registrars to the General Revenue Fund and $1.50 to the Child Welfare Training Trust Fund created in s. 402.40. Fifty cents of the fee shall be available for appropriation to the department for administration of this chapter.~~

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

~~thereon and may be signed by the Governor. It shall have the same status as evidence as the original birth certificate. Funds derived from such fee in excess of departmental expenses shall be deposited by the department into the Maternal and Child Health Block Grant Trust Fund for use in the Regional Perinatal Intensive Care Centers (RPICC) Program to prevent child abuse and neglect.~~

~~(b) In addition to the original marriage license or copy thereof, the State Registrar shall issue upon request and upon payment of an additional fee prescribed by this section a marriage license representing that the marriage of the persons named thereon is recorded in the office of the registrar. The certificate issued under this paragraph shall be in a form consistent with the need to protect the integrity of vital records but shall be suitable for display. It may bear the seal of the state printed thereon and may be signed by the Governor. It shall have the same status as evidence as the original marriage license. Funds derived from such fee in excess of departmental expenses shall be deposited by the department into the Maternal and Child Health Block Grant Trust Fund for use in funding the Improved Pregnancy Outcome Program.~~

Section 107. Section 382.0255, Florida Statutes, is created to read:

382.0255 Fees.—

(1) The department is entitled to fees, as follows:

(a) Not less than $3 or more than $5 for the first calendar year of records searched or retrieved and a computer certification of the record, a photocopy or birth card if a computer certification is not available, or, if no record is located, a certified statement to that effect. An additional fee of not less than $3 or more than $5 if a photocopy is requested in place of or in addition to a computer certification. Additional fees of not less than $1 or more than $2, up to a maximum total of $50, shall be charged for additional calendar years of records searched or retrieved.

(b) Not less than $10 or more than $20 for processing and filing a delayed certification of birth, death, fetal death, or presumptive death. This fee entitles the applicant to one certification of the record if filed.

(c) Not less than $10 or more than $20 for processing and filing a change of name, an amendment to a death record, or an amendment to a birth record. This fee entitles the applicant to one certification of the corrected record.

(d) Not less than $10 or more than $20 for processing and filing a new birth certificate due to an adoption, affirmation of parental status, or determination of paternity. This fee entitles the applicant to one certification of the new certificate.

(e) Not less than $2 or more than $4 for each additional certification of the same vital record when ordered at the same time as the initial certification.

(f) Not less than $5 or more than $10 for processing and forwarding each exemplified copy of a vital record.

(g) Not less than $5 or more than $10 for an expedited processing of a vital record.

(h) Not less than 5 cents or more than 10 cents for each vital record listed on electronic media plus a reasonable charge for the cost of preparation, as defined by department rule.

(i) Twenty-five dollars for a commemorative certificate of birth or marriage. Fees collected pursuant to this paragraph in excess of expenses shall be available for use by the Regional Perinatal Intensive Care Centers (RPICC) Program to prevent child abuse and neglect. Funds derived from the issuance of commemorative marriage certificates shall be available for use by the Improved Pregnancy Outcome Program.

(2) The fee charged for each request for a certification of a birth record issued by the department or by the local registrar shall be subject to an additional fee of $4 which shall be deposited in the appropriate departmental trust fund. On a quarterly basis, the department shall transfer $2 of this additional fee to the General Revenue Fund and $1.50 to the Child Welfare Training Trust Fund created in s. 402.40. Fifty cents of the fee shall be available for appropriation to the department for administration of this chapter.

(3) Fees shall be established by rule. However, until rules are adopted, the fees assessed pursuant to this section shall be the minimum fees cited. The fees established by rule must be sufficient to meet the cost of providing the service. All fees shall be paid by the person requesting the record, are due and payable at the time services are requested, and are nonrefundable, except that, when a search is conducted and no vital record is found, any fees paid for additional certified copies shall be refunded. The department may waive all or part of the fees required under this section for any government entity.

(4) The department shall keep an account of all fees required under this chapter, and deposit such fees in a trust fund used by the department to pay for the efficient administration of this chapter and services provided. It is the intent of the Legislature that the total fees assessed under this chapter be in an amount sufficient to meet the cost of carrying out the provisions of this chapter.

Section 108. Section 382.026, Florida Statutes, is amended to read:

382.026 Penalties.—

(1) Any person who willfully and knowingly makes any false statement in a certificate, record, or report required by this chapter, or in an application for an amendment thereof, or in an application for a certified copy of a vital record, or who willfully and knowingly supplies false information, intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof, commits a felony of the

third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084 ~~makes or alters any certificate or record or certification therefrom provided for in this chapter, or who shall willfully furnish false or fraudulent information affecting any certificate or record required by this chapter, is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083~~.

(2) Any person who, without lawful authority and with the intent to deceive, makes, counterfeits, alters, amends, or mutilates any certificate, record, or report required by this chapter, or a certified copy of such certificate, record, or report, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) Any person who willfully and knowingly obtains, possesses, uses, sells, or furnishes to another, or attempts to obtain, possess, use, sell, or furnish to another, for any purpose of deception, any certificate, record, or report required by this chapter, or any certified copy thereof so made, counterfeited, altered, amended, or mutilated, or which is false in whole or in part, or which relates to the birth of another person, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(4) Any employee of the department charged with responsibility for maintaining vital records who willfully or knowingly furnishes or possesses a certificate of live birth, death, or fetal death, or a certified copy of a certificate of birth, death, or fetal death, with the knowledge or intention that it be used for purposes of deception commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(5) Any person who, without lawful authority, possesses any certificate, record, or report required by this chapter or a copy or certified copy of such certificate, record, or report, knowing same to have been stolen or otherwise unlawfully obtained, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(6) Any person who is authorized by this chapter to certify the cause of death of a person and who charges a fee for making such certification commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(7)~~(2)~~ Any person who knowingly transports or accepts for transport, inters, or otherwise disposes of a dead body without an accompanying permit issued in accordance with the provisions of this chapter commits~~, is guilty of~~ a misdemeanor of the second degree, punishable as provided in s. 775.083.

(8)~~(3)~~ Except where a different penalty is provided for in this section, any person who violates any of the provisions of this chapter, or the rules ~~and regulations~~ of the department, or who neglects or refuses to perform any of the duties imposed upon him or her thereunder, commits ~~is guilty of~~ a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(9)~~(4)~~ In addition to any other sanction or penalty authorized by law, the department may impose a fine which may not exceed $1,000 ~~$500~~ for each

violation of this chapter ~~s. 382.006, s. 382.007, s. 382.008, or s. 382.013,~~ or rules adopted thereunder. ~~Notice of intent to impose such fine must be given by the department to the alleged violator.~~ Each day that a violation continues may constitute a separate violation. In determining the amount of any fine to be imposed for a violation, the department shall consider the following factors:

(a) The gravity of the violation or extent to which the provisions of the applicable statute or rule were violated.

(b) Any action taken by the alleged violator to correct the violation or assure that the violation will not reoccur.

(c) Any previous violation.

~~(5)~~ All fines collected under this subsection ~~subsections (1)-(4)~~ shall be deposited in a ~~the~~ trust fund used by the department to pay for the efficient administration of this chapter and services provided ~~for in s. 382.025(9)~~.

(10) The department shall adopt and enforce all rules to carry out the provisions of this section.

Section 109. 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 110. 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 111. Paragraph (c) of subsection (5) of section 402.40, Florida Statutes, 1996 Supplement, is amended to read:

402.40 Child welfare training academies established; Child Welfare Standards and Training Council created; responsibilities of council; Child Welfare Training Trust Fund created.—

(5) CHILD WELFARE TRAINING TRUST FUND.—

(c) In addition to the funds generated by paragraph (b), the trust fund shall receive funds generated from an additional fee on birth certificates and dissolution of marriage filings, as specified in ss. 382.0255 ~~382.025~~ and 28.101, respectively, and may receive funds from any other public or private source.

Section 112. Section 460.414, Florida Statutes, is amended to read:

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

Section 113. Section 741.041, Florida Statutes, is amended to read:

741.041 Marriage license application valid for 60 ~~30~~ days.—Marriage licenses shall be valid only for a period of 60 days after issuance, and no person shall perform any ceremony of marriage after the expiration date of such license. The county court judge or clerk of the circuit court shall recite on each marriage license the final date that the license is valid ~~license applications shall be valid only for a period of 30 days after receipt by an applicant, and no clerk of the circuit court shall issue a license for the marriage of two people more than 30 days after the application was received by the applicant~~.

Section 114. Subsection (1) of section 742.10, Florida Statutes, is amended to read:

742.10 Establishment of paternity for children born out of wedlock.—

(1) This chapter provides the primary jurisdiction and procedures for the determination of paternity for children born out of wedlock. When the establishment of paternity has been raised and determined within an adjudicatory hearing brought under the statutes governing inheritance, or dependency under workers' compensation or similar compensation programs, ~~or vital statistics,~~ or when an affidavit acknowledging paternity or a stipulation of paternity is executed by both parties and filed with the clerk of the court, or when a consenting affidavit as provided for in s. 382.013 or s. 382.015 ~~s. 382.013(6)(b)~~ is executed by both parties, it shall constitute the establishment of paternity for purposes of this chapter. If no adjudicatory proceeding was held, a voluntary acknowledgment of paternity shall create a rebuttable presumption, as defined by s. 90.304, of paternity. Except for consenting affidavits under seal pursuant to s. 382.015, the Office ~~Bureau~~ of Vital Statistics shall provide certified copies of ~~consenting~~ affidavits to the Title IV-D agency upon request.

Section 115. Subsection (8) of section 742.16, Florida Statutes, 1996 Supplement, is amended to read:

742.16 Expedited affirmation of parental status for gestational surrogacy.—

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

Section 116. Subsections (1) and (2) and paragraphs (b) and (c) of subsection (7) of section 945.602, Florida Statutes, 1996 Supplement, are amended to read:

945.602 State of Florida Correctional Medical Authority; creation; members.—

(1) There is created ~~in the Department of Corrections~~ the State of Florida Correctional Medical Authority, which for administrative purposes shall be assigned to the Department of Health. The governing board of the authority shall be composed of nine persons appointed by the Governor subject to confirmation by the Senate. One member must be a member of the Florida Hospital Association; one member must be a member of the Florida League of Hospitals; one member must be a member of the Association of Community ~~Voluntary~~ Hospitals and Health Systems of Florida; and one member must be a member of the Florida Medical Association. The authority shall contract with the Department of Health for the provision of administrative support services, including purchasing, personnel, general services, and budgetary matters. ~~The Department of Corrections shall provide administrative support and service to the authority.~~ The authority shall not be subject to control, supervision, or direction by the Department of Health or the Department of Corrections. The authority shall annually elect one member to serve as chairman. Members shall be appointed for terms of 4 years each. Each member is authorized to continue to serve upon the expiration of his term until his successor is duly appointed as provided in this section. Before entering upon his duties, each member of the authority shall take and subscribe to the oath or affirmation required by the State Constitution.

(2) A member of the authority may not be a current employee of the Department of Corrections. Not more than one member of the authority may be a former employee of the Department of Corrections and such member, if appointed, may not be appointed to a term of office which begins within 5 years after the date of his or her last employment with ~~by~~ the Department of Corrections.

(7)

(b) Neither the provisions of this section nor those of chapter 119, or of s. 154.207(7), shall apply to any health care provider under contract with the Department of Corrections except to the extent such provisions would apply

to any similar provider ~~entity~~ not under contract with the Department of Corrections.

(c) Notwithstanding any general or special law, rule, regulation, or ordinance of any local agency to the contrary, service as a member of an authority by a trustee, director, officer, or employee of a health facility shall not in and of itself constitute a conflict of interest. However, any member of the authority who is employed by, or has received income from, a health facility under consideration by the authority or the Department of Corrections shall not vote on any matter related to such facility.

Section 117. Section 945.603, Florida Statutes, 1996 Supplement, is amended to read:

945.603 Powers and duties of authority.—The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the Secretary of Corrections on the professional conduct of primary, convalescent, dental, and mental health care and the management of costs consistent with quality care, by advising the Governor and the Legislature on the status of the Department of Corrections' ~~department's~~ health care delivery system, and by assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections institutions. For this purpose, the authority has the authority to:

(1) Review and advise the Secretary of Corrections on cost containment measures the Department of Corrections could implement.

(2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of nurse practitioner and physician assistant personnel to act as physician extenders as these relate to inmates in the Department of Corrections.

(3) Develop and recommend to the Governor and the Legislature an annual budget for all or part of the operation of the State of Florida prison health care system.

(4) Review and advise the Secretary of Corrections on contracts between the Department of Corrections and third parties for quality management programs.

(5) Review and advise the Secretary of Corrections on minimum standards needed to ensure that an adequate physical and mental health care delivery system is maintained by the Department of Corrections.

(6) Review and advise the Secretary of Corrections on the sufficiency, adequacy, and effectiveness of the Department of Corrections' ~~department's~~ Office of Health Services' quality management program.

(7) Review and advise the Secretary of Corrections on the projected medical needs of the inmate population and the types of programs and resources required to meet such needs.

(8) Review and advise the Secretary of Corrections on the adequacy of preservice, inservice, and continuing medical education programs for all health care personnel and, if necessary, recommend changes to such programs within the Department of Corrections.

(9) Identify and recommend to the Secretary of Corrections the professional incentives required to attract and retain qualified professional health care staff within the prison health care system.

(10) Coordinate the development of prospective payment arrangements as described in s. 408.50 when appropriate for the acquisition of inmate health care services.

(11) Review the Department of Corrections' ~~department's~~ health services plan and advise the Secretary of Corrections on its implementation.

(12) Sue and be sued in its own name and plead and be impleaded.

(13) Make and execute agreements of lease, contracts, deeds, mortgages, notes, and other instruments necessary or convenient in the exercise of its powers and functions under this act.

(14) Employ or contract with health care providers, medical personnel, management consultants, consulting engineers, architects, surveyors, attorneys, accountants, financial experts, and such other employees, entities, or agents as may be necessary in its judgment to carry out the mandates of the Correctional Medical Authority and fix their compensation.

(15) Recommend to the Legislature such performance and financial audits of the Office of Health Services in the Department of Corrections as the authority considers advisable.

Section 118. Section 945.6031, Florida Statutes, 1996 Supplement, is amended to read:

945.6031 Required reports and surveys.—

(1) Not less than annually, the authority shall report to the Governor and the Legislature the status of the Department of Corrections' ~~department's~~ health care delivery system. The report must include, but need not be limited to:

(a) Recommendations regarding cost containment measures the Department of Corrections could implement; and

(b) Recommendations regarding performance and financial audits of the Department of Corrections' Office of Health Services.

(2) The authority shall conduct surveys of the physical and mental health care system at each correctional institution at least triennially and shall report the survey findings for each institution to the Secretary of Corrections.

(3) Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The

Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within 3 calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies. Within 60 calendar days following a survey, the authority shall submit a report to the Secretary of Corrections indicating deficiencies found at the institution.

(4) Within 30 calendar days after the receipt of a survey report from the authority, the Department of Corrections shall file a written corrective action plan with the authority, indicating the actions which will be taken to address deficiencies determined by the authority to exist at an institution. Each plan shall set forth an estimate of the time and resources needed to correct identified deficiencies.

(5) The authority shall monitor the Department of Corrections' ~~department's~~ implementation of corrective actions which have been taken at each institution to address deficiencies related to the Department of Corrections' ~~department's~~ provision of physical and mental health care services found to exist by the authority.

(6) Failure of the Department of Corrections to file a corrective action plan or to timely implement the provisions of a corrective action plan correcting identified deficiencies may result in the initiation of the dispute resolution procedures by the authority pursuant to s. 945.6035.

Section 119. Subsections (1) and (2) of section 945.6032, Florida Statutes, 1996 Supplement, are amended to read:

945.6032 Quality management program requirements.—

(1) The authority shall appoint a medical review committee pursuant to s. 766.101 to provide oversight for the Department of Corrections' inmate health care ~~department's~~ quality management program. The authority shall also designate one of its members to serve on the Department of Corrections' ~~department's~~ medical review committee in order to ensure coordination between the department and the authority with regard to issues of quality management and to enhance the authority's oversight of the Department of Corrections' ~~department's~~ quality management system.

(2) The authority's medical review committee shall review amendments to the Department of Corrections' inmate health care ~~department's~~ quality management program prior to implementation by the department.

Section 120. All powers, duties, functions, rules, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of the Agency for Health Care Administration related to rural health networks and rural health network cooperative agreements as provided in sections 381.0406 and 381.04065, Florida Statutes, and local health councils as established in section 408.033, Florida Statutes, are transferred by a type two transfer, as defined in section 20.06, Florida Statutes, to the Department of Health. The Department of Health may organize, classify, and

manage the positions transferred in a manner that will reduce duplication, achieve maximum efficiency, and ensure accountability.

Section 121. All powers, duties, functions, rules, records, personnel, property, and unexpended balances of appropriations, allocations, and other funds of the Correctional Medical Authority are transferred by a type two transfer, as defined in section 20.06, Florida Statutes, to the Department of Health.

Section 122. The administrative rules of the agencies involved in this reorganization that are in effect immediately prior to the effective date of this act shall remain in effect until specifically changed in the manner provided by law.

Section 123. This act shall not affect the validity of any judicial or administrative proceeding pending on the effective date of this act, and any agency to which are transferred the powers, duties, and functions relating to the pending proceeding shall be substituted as a party in interest for that proceeding.

Section 124. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared severable.

Section 125. Sections 110.1125, 381.81, 382.024, 387.01, 387.02, 387.03, 387.04, 387.05, 387.06, 387.07, 387.08, 387.09, 387.10, 402.37, 501.061, 501.065, 501.071, 501.081, 501.085, 501.091, 501.095, 501.101, 501.105, 501.111, 501.115, 501.121, and 501.124, Florida Statutes; paragraph (e) of subsection (1) of section 403.7045, Florida Statutes; section 381.698, Florida Statutes, as amended by chapter 95-148, Laws of Florida; section 382.014, Florida Statutes, as amended by chapters 96-215 and 96-406, Laws of Florida; section 382.027, Florida Statutes, as amended by chapters 95-148 and 96-406, Laws of Florida; and section 501.075, Florida Statutes, as amended by chapter 96-406, Laws of Florida, are repealed.

Section 126. Effective June 30, 1997, subsection (12) of section 766.1115, as created by section 1 of chapter 92-278, Laws of Florida, is repealed.

Section 127. (1) Each person who applies for initial licensure as a physician under chapter 458, chapter 459, chapter 460, or chapter 461, Florida Statutes, must, at the time of application, and each physician who applies for license renewal under chapter 458, chapter 459, chapter 460, or chapter 461, Florida Statutes, must, in conjunction with the renewal of such license and under procedures adopted by the Department of Health, and in addition to any other information that may be required from the applicant, furnish the following information to the Department of Health:

(a)1. The name of each medical school that the applicant has attended, with the dates of attendance and the date of graduation, and a description of all graduate medical education completed by the applicant, excluding any

coursework taken to satisfy medical licensure continuing education requirements.

2. The name of each hospital at which the applicant has privileges.

3. The address at which the applicant will primarily conduct his or her practice.

4. Any certification that the applicant has received from a specialty board that is recognized by the board to which the applicant is applying.

5. The year that the applicant began practicing medicine.

6. Any appointment to the faculty of a medical school which the applicant currently holds and an indication as to whether the applicant has had the responsibility for graduate medical education within the most recent l0 years.

7. A description of any criminal offense of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony or misdemeanor if committed in this state must be reported. If the applicant indicates that a criminal offense is under appeal and submits a copy of the notice for appeal of that criminal offense, the department must state that the criminal offense is under appeal if the criminal offense is reported in the applicant's profile. If the applicant indicates to the department that a criminal offense is under appeal, the applicant must, upon disposition of the appeal, submit to the department a copy of the final written order of disposition.

8. A description of any final disciplinary action taken within the previous 10 years against the applicant by the agency regulating the profession that the applicant is or has been licensed to practice, whether in this state or in any other jurisdiction, by a specialty board that is recognized by the American Board of Medical Specialities, the American Osteopathic Association, or a similar national organization, or by a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home. Disciplinary action includes resignation from or nonrenewal of medical staff membership or the restriction of privileges at a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is under appeal and submits a copy of the document initiating an appeal of the disciplinary action, the department must state that the disciplinary action is under appeal if the disciplinary action is reported in the applicant's profile.

(b) In addition to the information required under paragraph (a), each applicant who seeks licensure under chapter 458, chapter 459, or chapter 461, Florida Statutes, and who has practiced previously in this state or in another jurisdiction or a foreign country must provide the information required of licensees under those chapters pursuant to section 455.247, Flor-

ida Statutes. An applicant for licensure under chapter 460, Florida Statutes, who has practiced previously in this state or in another jurisdiction or a foreign country must provide the same information as is required of licensees under chapter 458, Florida Statutes, pursuant to section 455.247, Florida Statutes.

(2) Before the issuance of the licensure renewal notice required by section 455.273, Florida Statutes, the Department of Health shall send a notice to each person licensed under chapter 458, chapter 459, chapter 460, or chapter 461, Florida Statutes, at the licensee's last known address of record with the department, regarding the requirements for information to be submitted by those practitioners pursuant to this section in conjunction with the renewal of such license and under procedures adopted by the department.

(3) Each person who has submitted information pursuant to subsection (1) must update that information in writing by notifying the Department of Health within 45 days after the occurrence of an event or the attainment of a status that is required to be reported by subsection (1). Failure to comply with the requirements of this subsection to update and submit information constitutes a ground for disciplinary action under each respective licensing chapter and section 455.227(1)(k), Florida Statutes. For failure to comply with the requirements of this subsection to update and submit information, the department or board, as appropriate, may:

(a) Refuse to issue a license to any person applying for initial licensure who fails to submit and update the required information.

(b) Issue a citation to any licensee who fails to submit and update the required information and may fine the licensee up to $50 for each day that the licensee is not in compliance with this subsection. The citation must clearly state that the licensee may choose, in lieu of accepting the citation, to follow the procedure under section 455.225, Florida Statutes. If the licensee disputes the matter in the citation, the procedures set forth in section 455.225, Florida Statutes, must be followed. However, if the licensee does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the licensee's last known address.

(4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in accordance with section 458.311, section 458.313, section 459.0055, section 460.406, or section 461.006, Florida Statutes.

(b) An applicant for renewed licensure must submit a set of fingerprints for the initial renewal of his or her license after January 1, 2000, to the agency regulating that profession in accordance with procedures established under section 458.3l9, section 459.008, section 460.407, or section 461.007, Florida Statutes.

(c) The Department of Health shall submit the fingerprints provided by an applicant for initial licensure to the Florida Department of Law Enforce-

ment for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The department shall submit the fingerprints provided by an applicant for a renewed license to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's license after January 1, 2000; for any subsequent renewal of the applicant's license the department shall submit the required information for a statewide criminal history check of the applicant.

(5) Each person who is required to submit information pursuant to this section may submit additional information. Such information may include, but is not limited to:

(a) Information regarding publications in peer-reviewed medical literature within the previous l0 years.

(b) Information regarding professional or community-service activities or awards.

(c) Languages, other than English, used by the applicant to communicate with patients and identification of any translating service that may be available at the place where the applicant primarily conducts his or her practice.

(d) An indication of whether the person participates in the Medicaid program.

Section 128. (1) Beginning July 1, 1999, the Department of Health shall compile the information submitted pursuant to section 1 into a practitioner profile of the applicant submitting the information, except that the Department of Health may develop a format to compile uniformly any information submitted under paragraph 1(4)(b).

(2) On the profile required under subsection (1), the department shall indicate if the information provided under section 1(1)(a)7. is not corroborated by a criminal history check conducted according to this subsection. If the information provided under section 1(1)(a)7. is corroborated by the criminal history check, the fact that the criminal history check was performed need not be indicated on the profile. The department, or the board having regulatory authority over the practitioner acting on behalf of the department, shall investigate any information received by the department or the board when it has reasonable grounds to believe that the practitioner has violated any law that relates to the practitioner's practice.

(3) The Department of Health may include in each practitioner's practitioner profile that criminal information that directly relates to the practitioner's ability to competently practice his or her profession. The department must include in each practitioner's practitioner profile the following statement: "The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public."

(4) The Department of Health shall include, with respect to a practitioner licensed under chapter 458 or chapter 459, Florida Statutes, a statement of how the practitioner has elected to comply with the financial responsibility requirements of section 458.320 or section 459.0085, Florida Statutes. The department shall include, with respect to practitioners licensed under chapter 458, chapter 459, or chapter 461, Florida Statutes, information relating to liability actions which has been reported under section 455.247 or section 627.912, Florida Statutes, within the previous 10 years for any paid claim that exceeds $5,000. Such claims information shall be reported in the context of comparing an individual practitioner's claims to the experience of other physicians within the same specialty to the extent such information is available to the Department of Health. If information relating to a liability action is included in a practitioner's practitioner profile, the profile must also include the following statement: "Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred."

(5) The Department of Health may include in the practitioner's practitioner profile any other information that is a public record of any governmental entity and that relates to a practitioner's ability to competently practice his or her profession. However, the department must consult with the board having regulatory authority over the practitioner before such information is included in his or her profile.

(6) Upon the completion of a practitioner profile under this section, the Department of Health shall furnish the practitioner who is the subject of the profile a copy of it. The practitioner has a period of 30 days in which to review the profile and to correct any factual inaccuracies in it. The Department of Health shall make the profile available to the public at the end of the 30-day period. The department shall make the profiles available to the public through the World Wide Web and other commonly used means of distribution.

(7) Making a practitioner profile available to the public under this section does not constitute agency action for which a hearing under section 120.57, Florida Statutes, may be sought.

Section 129. The Department of Health shall update each practitioner's practitioner profile periodically. An updated profile is subject to the same requirements as an original profile with respect to the period within which the practitioner may review the profile for the purpose of correcting factual inaccuracies.

Section 130. Effective upon this act becoming a law, the Department of Health must develop or contract for a computer system to accommodate the new data collection and storage requirements under this act pending the development and operation of a computer system by the Department of Health for handling the collection, input, revision, and update of data submitted by physicians as a part of their initial licensure or renewal to be compiled into individual practitioner profiles. The Department of Health

must incorporate any data required by this act into the computer system used in conjunction with the regulation of health care professions under its jurisdiction. The department must develop, by the year 2000, a schedule and procedures for each practitioner within a health care profession regulated within the Division of Medical Quality Assurance to submit relevant information to be compiled into a profile to be made available to the public. The Department of Health is authorized to contract with and negotiate any interagency agreement necessary to develop and implement the practitioner profiles. The Department of Health shall have access to any information or record maintained by the Agency for Health Care Administration, including any information or record that is otherwise confidential and exempt from the provisions of chapter 119, Florida Statutes, and Section 24(a), Article I of the State Constitution, so that the Department of Health may corroborate any information that physicians are required to report under section 1 of this act.

Section 131. Effective upon this act becoming a law, the Department of Health shall adopt rules for the form of a practitioner profile that the agency is required to prepare. The Department of Health, pursuant to chapter 120, Florida Statutes, must hold public workshops for purposes of rule development to implement this section. An agency to which information is to be submitted under this act may adopt by rule a form for the submission of the information required under section 1.

Section 132. Information in superseded practitioner profiles must be maintained by the Department of Health, in accordance with general law and the rules of the Department of State.

Section 133. Paragraph (g) is added to subsection (1) of section 458.311, Florida Statutes, 1996 Supplement, to read:

458.311 Licensure by examination; requirements; fees.—

(1) Any person desiring to be licensed as a physician shall apply to the department to take the licensure examination. The department shall examine each applicant whom the board certifies:

(g) Has submitted to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant.

Section 134. Subsection (1) of section 458.313, Florida Statutes, 1996 Supplement, is amended to read:

458.313 Licensure by endorsement; requirements; fees.—

(1) The department shall issue a license by endorsement to any applicant who, upon applying to the department and remitting a fee not to exceed $500 set by the board, demonstrates to the board that he:

(a) Has met the qualifications for licensure in s. 458.311(1)(b)-(g) ~~s. 458.311(1)(b)-(f)~~;

(b) Has obtained a passing score, as established by rule of the board, on the licensure examination of the Federation of State Medical Boards of the United States, Inc. (FLEX), the United States Medical Licensing Examination (USMLE), or the examination of the National Board of Medical Examiners, or on a combination thereof, provided that said examination or combination of examinations required shall have been so taken within the 10 years immediately preceding the filing of his application for licensure under this section; and

(c) Shows evidence of the active licensed practice of medicine in another jurisdiction, for at least 2 of the immediately preceding 4 years, or completion of board-approved postgraduate training within the year preceding the filing of an application for licensure.

Section 135. Subsection (1) of section 458.319, Florida Statutes, is amended to read:

458.319 Renewal of license.—

(1) The department shall renew a license upon receipt of the renewal application, evidence that the applicant has actively practiced medicine or has been on the active teaching faculty of an accredited medical school within the previous 4 years, and a fee not to exceed $500; provided, however, that if the licensee is either a resident physician, assistant resident physician, fellow, house physician, or intern in an approved postgraduate training program, as defined by the board by rule, the fee shall not exceed $100 per annum. If the licensee has not actively practiced medicine within the previous 4 years, the board shall require that the licensee successfully complete a board-approved clinical competency examination prior to renewal of the license. “Actively practiced medicine” means that practice of medicine by physicians, including those employed by any governmental entity in community or public health, as defined by this chapter, including physicians practicing administrative medicine. An applicant for a renewed license must also submit the information required under section 1 to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the statewide criminal background check of the applicant. The applicant must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a national criminal background check of the applicant for the initial renewal of his or her license after January 1, 2000. If the applicant fails to submit either the information required under section 1 or a set of fingerprints to the department as required by this section, the department shall issue a notice of noncompliance, and the applicant will be given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is issued, the department or board, as appropriate, may issue a citation to the applicant and may fine the applicant up to $50 for each day that the applicant is not in compliance with the requirements of section 1 of this act. The citation must clearly state that the applicant may choose, in lieu of accepting the citation, to follow the procedure under s. 455.225. If the applicant disputes the matter in the citation, the procedures set forth in s. 455.225 must

be followed. However, if the applicant does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the applicant's last known address. If an applicant has submitted fingerprints to the department for a national criminal history check upon initial licensure and is renewing his or her license for the first time, then the applicant need only submit the information and fee required for a statewide criminal history check.

Section 136. Subsection (1) of section 459.0055, Florida Statutes, 1996 Supplement, is amended to read:

459.0055 General licensure requirements.—

(1) Except as otherwise provided herein, any person desiring to be licensed or certified as an osteopathic physician pursuant to this chapter shall:

(a) Complete an application form and submit the appropriate fee to the department;

(b) Be at least 21 years of age;

(c) Be of good moral character;

(d) Have completed at least 3 years of preprofessional postsecondary education;

(e) Have not previously committed any act which would constitute a violation of this chapter, unless the board determines that such act does not adversely affect the applicant's present ability and fitness to practice osteopathic medicine;

(f) Not be under investigation in any jurisdiction for an act which would constitute a violation of this chapter. If, upon completion of such investigation, it is determined that the applicant has committed an act which would constitute a violation of this chapter, the applicant shall be ineligible for licensure unless the board determines that such act does not adversely affect the applicant's present ability and fitness to practice osteopathic medicine;

(g) Have not had an application for a license to practice osteopathic medicine denied or a license to practice osteopathic medicine revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction unless the board determines that the grounds on which such action was taken do not adversely affect the applicant's present ability and fitness to practice osteopathic medicine. A licensing authority's acceptance of a physician's relinquishment of license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician, shall be considered action against the osteopathic physician's license;

(h) Have met the criteria set forth in s. 459.006, s. 459.007, s. 459.0075, s. 459.0077, or s. 459.021, whichever is applicable;~~.~~

(i) Submit to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant.

Section 137. Subsection (1) of section 459.008, Florida Statutes, is amended to read:

459.008 Renewal of licenses and certificates.—

(1) The department shall renew a license or certificate upon receipt of the renewal application and fee. An applicant for a renewed license must also submit the information required under section 1 to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the statewide criminal background check of the applicant. The applicant must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department for a national criminal background check of the applicant for the initial renewal of his or her license after January 1, 2000. If the applicant fails to submit either the information required under section 1 or a set of fingerprints to the department as required by this section, the department shall issue a notice of noncompliance, and the applicant will be given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is issued, the department or board, as appropriate, may issue a citation to the applicant and may fine the applicant up to $50 for each day that the applicant is not in compliance with the requirements of section 1 of this act. The citation must clearly state that the applicant may choose, in lieu of accepting the citation, to follow the procedure under s. 455.225. If the applicant disputes the matter in the citation, the procedures set forth in s. 455.225 must be followed. However, if the applicant does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the applicant's last known address. If an applicant has submitted fingerprints to the department for a national criminal history check upon initial licensure and is renewing his or her license for the first time, then the applicant need only submit the information and fee required for a statewide criminal history check.

Section 138. Paragraph (g) is added to subsection (1) of section 460.406, Florida Statutes, 1996 Supplement, to read:

460.406 Licensure by examination.—

(1) Any person desiring to be licensed as a chiropractic physician shall apply to the department to take the licensure examination. There shall be an application fee set by the board not to exceed $100 which shall be nonrefundable. There shall also be an examination fee not to exceed $500 plus the actual per applicant cost to the department for purchase of portions of the examination from the National Board of Chiropractic Examiners or a similar national organization, which may be refundable if the applicant is found

ineligible to take the examination. The department shall examine each applicant who the board certifies has:

(g) Submitted to the department a set of fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant.

Section 139. Subsection (1) of section 460.407, Florida Statutes, is amended to read:

460.407 Renewal of license.—

(1) The department shall renew a license upon receipt of the renewal application and the fee set by the board not to exceed $500. An applicant for a renewed license must also submit the information required under section 1 to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the statewide criminal background check of the applicant. The applicant must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a national criminal background check of the applicant for the initial renewal of his or her license after January 1, 2000. If the applicant fails to submit either the information required under section 1 or a set of fingerprints to the department as required by this section, the department shall issue a notice of noncompliance, and the applicant will be given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is issued, the department or board, as appropriate, may issue a citation to the applicant and may fine the applicant up to $50 for each day that the applicant is not in compliance with the requirements of section 1 of this act. The citation must clearly state that the applicant may choose, in lieu of accepting the citation, to follow the procedure under s. 455.225. If the applicant disputes the matter in the citation, the procedures set forth in s. 455.225 must be followed. However, if the applicant does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the applicant's last known address. If an applicant has submitted fingerprints to the department for a national criminal history check upon initial licensure and is renewing his or her license for the first time, then the applicant need only submit the information and fee required for a statewide criminal history check.

Section 140. Paragraph (f) is added to subsection (1) of section 461.006, Florida Statutes, to read:

461.006 Licensure by examination.—

(1) Any person desiring to be licensed as a podiatrist shall apply to the department to take the licensure examination. The department shall examine each applicant who the board certifies:

(f) Has submitted to the department a set of fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant.

Section 141. Subsection (1) of section 461.007, Florida Statutes, is amended to read:

461.007 Renewal of license.—

(1) The department shall renew a license upon receipt of the renewal application and a fee not to exceed $350 set by the board. An applicant for a renewed license must also submit the information required under section 1 to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the statewide criminal background check of the applicant. The applicant must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for a national criminal background check of the applicant for the initial renewal of his or her license after January 1, 2000. If the applicant fails to submit either the information required under section 1 or a set of fingerprints to the department as required by this section, the department shall issue a notice of noncompliance, and the applicant will be given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is issued, the department or board, as appropriate, may issue a citation to the applicant and may fine the applicant up to $50 for each day that the applicant is not in compliance with the requirements of section 1 of this act. The citation must clearly state that the applicant may choose, in lieu of accepting the citation, to follow the procedure under s. 455.225. If the applicant disputes the matter in the citation, the procedures set forth in s. 455.225 must be followed. However, if the applicant does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the applicant's last known address. If an applicant has submitted fingerprints to the department for a national criminal history check upon initial licensure and is renewing his or her license for the first time, then the applicant need only submit the information and fee required for a statewide criminal history check.

Section 142. Section 455.225, Florida Statutes, 1996 Supplement, is amended to read:

455.225 Disciplinary proceedings.—Disciplinary proceedings for each board shall be within the jurisdiction of the department or the Agency for Health Care Administration, as appropriate.

(1)(a) The department or the Agency for Health Care Administration, for the boards under their respective jurisdictions, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint is legally

sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department or the agency, or of any rule adopted by the department, the agency, or a regulatory board in the department or the agency has occurred. In order to determine legal sufficiency, the department or the agency may require supporting information or documentation. The department or the agency may investigate, and the department, the agency, or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department or the agency may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department or the agency has reason to believe, after preliminary inquiry, that the alleged violations in the complaint are true. The department or the agency may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department or the agency has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department or the agency may initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, a rule of the agency, or a rule of a board.

(b) Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), and 461.013(6), when an investigation of any subject is undertaken, the department or the agency shall promptly furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in such complaint or document within 20 days after service to the subject of the complaint or document. The subject's written response shall be considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the secretary, or the secretary's designee, and the chairman of the respective board or the chairman of its probable cause panel agree in writing that such notification would be detrimental to the investigation, the department or the agency may withhold notification. The department or the agency may conduct an investigation without notification to any subject if the act under investigation is a criminal offense.

(2) The department and the Agency for Health Care Administration shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints. For purposes of this section, it is the intent of the Legislature that the term "expeditiously" means that the agency, for disciplinary cases under its jurisdiction, should complete the report of its initial investigative findings and recommendations concerning the existence of probable cause within 6 months after its receipt of the complaint. The failure of the agency, for disciplinary cases under its jurisdiction, to comply with the time limits of this section while investigating a complaint against a licensee constitutes harmless error in any subsequent disciplinary action unless a court finds that either the fairness of the proceeding or the correctness of the action may

have been impaired by a material error in procedure or a failure to follow prescribed procedure. When its investigation is complete and legally sufficient, the department or the agency shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative report of the department or the agency. The report shall contain the investigative findings and the recommendations of the department or the agency concerning the existence of probable cause. At any time after legal sufficiency is found, the department or the agency may dismiss any case, or any part thereof, if the department or the agency determines that there is insufficient evidence to support the prosecution of allegations contained therein. The department or the agency shall provide a detailed report to the appropriate probable cause panel prior to dismissal of any case or part thereof, and to the subject of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of probable cause, such report is confidential and exempt from s. 119.07(1). The probable cause panel shall have access, upon request, to the investigative files pertaining to a case prior to dismissal of such case. If the department or the agency dismisses a case, the probable cause panel may retain independent legal counsel, employ investigators, and continue the investigation and prosecution of the case as it deems necessary.

(3) As an alternative to the provisions of subsections (1) and (2), when a complaint is received, the department or the agency may provide a licensee with a notice of noncompliance for an initial offense of a minor violation. Each board, or the department or the agency if there is no board, shall establish by rule those minor violations under this provision which do not endanger the public health, safety, and welfare and which do not demonstrate a serious inability to practice the profession. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.

(4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department or the Agency for Health Care Administration, as appropriate. Each regulatory board shall provide by rule that the determination of probable cause shall be made by a panel of its members or by the department or the agency. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the panel or panels may be a former board member. The length of term or repetition of service of any such former board member on a probable cause panel may vary according to the direction of the board when authorized by board rule. Any probable cause panel must include one of the board's former or present consumer members, if one is available, willing to serve, and is authorized to do so by the board chairman. Any probable cause panel must include a present board member. Any probable cause panel must include a former or present professional board member. However, any former professional board member serving on the probable cause panel must hold an active valid license for that profession. All proceedings of the panel are exempt from s. 286.011 until 10 days after probable cause has been found to exist by the panel or until the subject of the investigation waives his privilege of confidentiality. The probable cause panel may make a reasonable request, and upon such request the department or the

agency shall provide such additional investigative information as is necessary to the determination of probable cause. A request for additional investigative information shall be made within 15 days from the date of receipt by the probable cause panel of the investigative report of the department or the agency. The probable cause panel or the department or the agency, as may be appropriate, shall make its determination of probable cause within 30 days after receipt by it of the final investigative report of the department or the agency. The secretary may grant extensions of the 15-day and the 30-day time limits. ~~If the probable cause panel does not find probable cause within the 30-day time limit, as may be extended, or if the probable cause panel finds no probable cause, the department or the agency may determine, within 10 days after the panel fails to determine probable cause or 10 days after the time limit has elapsed, that probable cause exists.~~ In lieu of a finding of probable cause, the probable cause panel, or the department or the agency when there is no board, may issue a letter of guidance to the subject. If, within the 30-day time limit, as may be extended, the probable cause panel does not make a determination regarding the existence of probable cause or does not issue a letter of guidance in lieu of a finding of probable cause, the agency, for disciplinary cases under its jurisdiction, must make a determination regarding the existence of probable cause within 10 days after the expiration of the time limit. If the probable cause panel finds that probable cause exists, it shall direct the department or the agency to file a formal complaint against the licensee. The department or the agency shall follow the directions of the probable cause panel regarding the filing of a formal complaint. If directed to do so, the department or the agency shall file a formal complaint against the subject of the investigation and prosecute that complaint pursuant to chapter 120. However, the department or the agency may decide not to prosecute the complaint if it finds that probable cause had been improvidently found by the panel. In such cases, the department or the agency shall refer the matter to the board. The board may then file a formal complaint and prosecute the complaint pursuant to chapter 120. The department or the agency shall also refer to the board any investigation or disciplinary proceeding not before the Division of Administrative Hearings pursuant to chapter 120 or otherwise completed by the department or the agency within 1 year after the filing of a complaint. The agency, for disciplinary cases under its jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department or agency within 1 year after the filing of the complaint. Annually, the agency, for disciplinary cases under its jurisdiction if there is no board, or each board must establish a plan to reduce or otherwise close any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the agency within 1 year after the filing of the complaint. A probable cause panel or a board may retain independent legal counsel, employ investigators, and continue the investigation as it deems necessary; all costs thereof shall be paid from the Health Care Trust Fund or the Professional Regulation Trust Fund, as appropriate. All proceedings of the probable cause panel are exempt from s. 120.525.

(5) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if

there are any disputed issues of material fact. The administrative law judge shall issue a recommended order pursuant to chapter 120. If any party raises an issue of disputed fact during an informal hearing, the hearing shall be terminated and a formal hearing pursuant to chapter 120 shall be held.

(6) The appropriate board, with those members of the panel, if any, who reviewed the investigation pursuant to subsection (4) being excused, or the department when there is no board, shall determine and issue the final order in each disciplinary case. Such order shall constitute final agency action. Any consent order or agreed settlement shall be subject to the approval of the department or the agency.

(7) The department or the Agency for Health Care Administration, as appropriate, shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.

(8) Any proceeding for the purpose of summary suspension of a license, or for the restriction of the license, of a licensee pursuant to s. 120.60(6) shall be conducted by the Secretary of Business and Professional Regulation or his designee or the Director of Health Care Administration or his designee, as appropriate, who shall issue the final summary order.

(9)(a) The department or the Agency for Health Care Administration, as appropriate, shall periodically notify the person who filed the complaint of the status of the investigation, whether probable cause has been found, and the status of any civil action or administrative proceeding or appeal.

(b) In any disciplinary case under the jurisdiction of the Agency for Health Care Administration for which probable cause has been found, the Agency for Health Care Administration shall provide to the person who filed the complaint a copy of the administrative complaint and:

1. A written explanation of how an administrative complaint is resolved by the disciplinary process.

2. A written explanation of how and when the person may participate in the disciplinary process.

3. A written notice of any hearing before the Division of Administrative Hearings or the regulatory board at which final agency action may be taken.

(c) In any disciplinary case for which probable cause is not found, the Agency for Health Care Administration shall so inform the person who filed the complaint and notify that person that he or she may, within 60 days, provide any additional information to the probable cause panel which may be relevant to the decision. In any administrative proceeding under s. 120.57, the person who filed the disciplinary complaint shall have the right to present oral or written communication relating to the alleged disciplinary violations or to the appropriate penalty.

(10) The complaint and all information obtained pursuant to the investigation by the department or the Agency for Health Care Administration are confidential and exempt from s. 119.07(1) until 10 days after probable cause

has been found to exist by the probable cause panel or by the department or the agency, or until the regulated professional or subject of the investigation waives his privilege of confidentiality, whichever occurs first. Upon completion of the investigation and pursuant to a written request by the subject, the department or the agency shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 455.241, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation, if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 455.241. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days, unless an extension of time has been granted by the department or the agency. This subsection does not prohibit the department or the Agency for Health Care Administration from providing such information to any law enforcement agency or to any other regulatory agency.

(11) A privilege against civil liability is hereby granted to any complainant or any witness with regard to information furnished with respect to any investigation or proceeding pursuant to this section, unless the complainant or witness acted in bad faith or with malice in providing such information.

(12)(a) No person who reports in any capacity, whether or not required by law, information to the department or the Division of Health Quality Assurance of the Agency for Health Care Administration with regard to the incompetence, impairment, or unprofessional conduct of any health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, or chapter 466 shall be held liable in any civil action for reporting against such health care provider if such person acts without intentional fraud or malice.

(b) No facility licensed under chapter 395, health maintenance organization certificated under part I of chapter 641, physician licensed under chapter 458, or osteopathic physician licensed under chapter 459 shall discharge, threaten to discharge, intimidate, or coerce any employee or staff member by reason of such employee's or staff member's report to the agency about a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 who may be guilty of incompetence, impairment, or unprofessional conduct so long as such report is given without intentional fraud or malice.

(c) In any civil suit brought outside the protections of paragraphs (a) and (b), where intentional fraud or malice is alleged, the person alleging intentional fraud or malice shall be liable for all court costs and for the other party's reasonable attorney's fees if intentional fraud or malice is not proved.

Section 143. Present subsections (8) and (9) of section 455.2285, Florida Statutes, are renumbered as subsections (9) and (10), respectively, and a new subsection (8) is added to that section, to read:

455.2285 Annual report concerning finances, administrative complaints, disciplinary actions, and recommendations.—The department and the Agency for Health Care Administration are each directed to prepare and submit a report to the President of the Senate and Speaker of the House of Representatives by November 1 of each year. In addition to finances and any other information the Legislature may require, the report shall include statistics and relevant information, profession by profession, detailing:

(8) A description of any effort by the agency, for any disciplinary cases under its jurisdiction, to reduce or otherwise close any investigation or disciplinary proceeding not before the Division of Administrative Hearings under chapter 120 or otherwise not completed within 1 year after the initial filing of a complaint under this chapter.

Section 144. Subsection (5) of section 458.320, Florida Statutes, 1996 Supplement, is amended to read:

458.320 Financial responsibility.—

(5) The requirements of subsections (1), (2), and (3) shall not apply to:

(a) Any person licensed under this chapter who practices medicine exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(14).

(b) Any person whose license has become inactive under this chapter and who is not practicing medicine in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after January 1, 1987, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

(c) Any person holding a limited license pursuant to s. 458.317 and practicing under the scope of such limited license.

(d) Any person licensed or certified under this chapter who practices only in conjunction with his teaching duties at an accredited medical school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the medical school.

(e) Any person holding an active license under this chapter who is not practicing medicine in this state. If such person initiates or resumes any practice of medicine in this state, he must notify the department of such activity.

(f) Any person holding an active license under this chapter who meets all of the following criteria:

1. The licensee has held an active license to practice in this state or another state or some combination thereof for more than 15 years.

2. The licensee has either retired from the practice of medicine or maintains a part-time practice of no more than 1,000 patient contact hours per year.

3. The licensee has had no more than two claims for medical malpractice resulting in an indemnity exceeding $10,000 within the previous 5-year period.

4. The licensee has not been convicted of, or pled guilty or nolo contendere to, any criminal violation specified in this chapter or the medical practice act of any other state.

5. The licensee has not been subject within the last 10 years of practice to license revocation or suspension for any period of time; probation for a period of 3 years or longer; or a fine of $500 or more for a violation of this chapter or the medical practice act of another jurisdiction. The regulatory agency's acceptance of a physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the physician's license, shall be construed as action against the physician's license for the purposes of this paragraph.

6. The licensee has submitted a form supplying necessary information as required by the department and an affidavit affirming compliance with the provisions of this paragraph.

7. The licensee shall submit biennially to the department certification stating compliance with the provisions of this paragraph. The licensee shall, upon request, demonstrate to the department information verifying compliance with this paragraph.

A licensee who meets the requirements of this paragraph shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time physicians who meet state requirements are exempt from the financial responsibility law. YOUR DOCTOR MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law.

(g) Any person holding an active license under this chapter who agrees to meet all of the following criteria:

1. Upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement

agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the judgment creditor the lesser of the entire amount of the judgment with all accrued interest or either $100,000, if the physician is licensed pursuant to this chapter but does not maintain hospital staff privileges, or $250,000, if the physician is licensed pursuant to this chapter and maintains hospital staff privileges, within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. Such adverse final judgment shall include any cross-claim, counterclaim, or claim for indemnity or contribution arising from the claim of medical malpractice. Upon notification of the existence of an unsatisfied judgment or payment pursuant to this subparagraph, the department shall notify the licensee by certified mail that he shall be subject to disciplinary action unless, within 30 days from the date of mailing, he either:

a. Shows proof that the unsatisfied judgment has been paid in the amount specified in this subparagraph; or

b. Furnishes the department with a copy of a timely filed notice of appeal and either:

(I) A copy of a supersedeas bond properly posted in the amount required by law; or

(II) An order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.

2. The Department of Health shall issue an emergency order suspending the license of any licensee who, after 30 days following receipt of a notice from the Department of Health, has failed to: satisfy a medical malpractice claim against him or her; furnish the Department of Health a copy of a timely filed notice of appeal; furnish the Department of Health a copy of a supersedeas bond properly posted in the amount required by law; or furnish the Department of Health an order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.

3.~~2.~~ Upon the next meeting of the probable cause panel of the board following 30 days after the date of mailing the notice of disciplinary action to the licensee, the panel shall make a determination of whether probable cause exists to take disciplinary action against the licensee pursuant to subparagraph 1.

4.~~3.~~ If the board determines that the factual requirements of subparagraph 1. are met, it shall take disciplinary action as it deems appropriate against the licensee. Such disciplinary action shall include, at a minimum, probation of the license with the restriction that the licensee must make payments to the judgment creditor on a schedule determined by the board to be reasonable and within the financial capability of the physician. Notwithstanding any other disciplinary penalty imposed, the disciplinary penalty may include suspension of the license for a period not to exceed 5 years. In the event that an agreement to satisfy a judgment has been met, the board shall remove any restriction on the license.

5.~~4.~~ The licensee has completed a form supplying necessary information as required by the department.

A licensee who meets the requirements of this paragraph shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

Section 145. Subsection (5) of section 459.0085, Florida Statutes, 1996 Supplement, is amended to read:

459.0085 Financial responsibility.—

(5) The requirements of subsections (1), (2), and (3) shall not apply to:

(a) Any person licensed under this chapter who practices medicine exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, and subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(14).

(b) Any person whose license has become inactive under this chapter and who is not practicing medicine in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after January 1, 1987, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

(c) Any person holding a limited license pursuant to s. 459.0075 and practicing under the scope of such limited license.

(d) Any person licensed or certified under this chapter who practices only in conjunction with his teaching duties at a college of osteopathic medicine. Such person may engage in the practice of osteopathic medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the college of osteopathic medicine.

(e) Any person holding an active license under this chapter who is not practicing osteopathic medicine in this state. If such person initiates or resumes any practice of osteopathic medicine in this state, he must notify the department of such activity.

(f) Any person holding an active license under this chapter who meets all of the following criteria:

1. The licensee has held an active license to practice in this state or another state or some combination thereof for more than 15 years.

2. The licensee has either retired from the practice of osteopathic medicine or maintains a part-time practice of osteopathic medicine of no more than 1,000 patient contact hours per year.

3. The licensee has had no more than two claims for medical malpractice resulting in an indemnity exceeding $10,000 within the previous 5-year period.

4. The licensee has not been convicted of, or pled guilty or nolo contendere to, any criminal violation specified in this chapter or the practice act of any other state.

5. The licensee has not been subject within the last 10 years of practice to license revocation or suspension for any period of time, probation for a period of 3 years or longer, or a fine of $500 or more for a violation of this chapter or the medical practice act of another jurisdiction. The regulatory agency's acceptance of an osteopathic physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician's license, shall be construed as action against the physician's license for the purposes of this paragraph.

6. The licensee has submitted a form supplying necessary information as required by the department and an affidavit affirming compliance with the provisions of this paragraph.

7. The licensee shall submit biennially to the department a certification stating compliance with the provisions of this paragraph. The licensee shall, upon request, demonstrate to the department information verifying compliance with this paragraph.

A licensee who meets the requirements of this paragraph shall be required either to post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or to provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law.

(g) Any person holding an active license under this chapter who agrees to meet all of the following criteria:

1. Upon the entry of an adverse final judgment arising from a medical malpractice arbitration award, from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either in contract or tort, the licensee shall pay the judgment creditor the lesser of the entire amount of the judgment with all accrued interest or either $100,000, if the osteopathic physician is licensed pursuant to this chapter but does not maintain hospital staff privileges, or $250,000, if the osteopathic physician is licensed pursuant to this chapter and maintains hospital staff privileges, within 60 days after the date such judgment became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. Such adverse final judgment shall include any cross-claim, counterclaim, or claim for indemnity or contribution arising from the claim of medical malpractice. Upon notification of the existence of an unsatisfied judgment or payment pursuant to this subparagraph, the department shall notify the licensee by certified mail that he shall be subject to disciplinary action unless, within 30 days from the date of mailing, he either:

a. Shows proof that the unsatisfied judgment has been paid in the amount specified in this subparagraph; or

b. Furnishes the department with a copy of a timely filed notice of appeal and either:

(I) A copy of a supersedeas bond properly posted in the amount required by law; or

(II) An order from a court of competent jurisdiction staying execution on the final judgment, pending disposition of the appeal.

2. The Department of Health shall issue an emergency order suspending the license of any licensee who, after 30 days following receipt of a notice from the Department of Health, has failed to: satisfy a medical malpractice claim against him or her; furnish the Department of Health a copy of a timely filed notice of appeal; furnish the Department of Health a copy of a supersedeas bond properly posted in the amount required by law; or furnish the Department of Health an order from a court of competent jurisdiction staying execution on the final judgment pending disposition of the appeal.

3.~~2.~~ Upon the next meeting of the probable cause panel of the board following 30 days after the date of mailing the notice of disciplinary action to the licensee, the panel shall make a determination of whether probable cause exists to take disciplinary action against the licensee pursuant to subparagraph 1.

4.~~3.~~ If the board determines that the factual requirements of subparagraph 1. are met, it shall take disciplinary action as it deems appropriate against the licensee. Such disciplinary action shall include, at a minimum, probation of the license with the restriction that the licensee must make payments to the judgment creditor on a schedule determined by the board to be reasonable and within the financial capability of the osteopathic physician. Notwithstanding any other disciplinary penalty imposed, the disciplinary penalty may include suspension of the license for a period not to exceed

5 years. In the event that an agreement to satisfy a judgment has been met, the board shall remove any restriction on the license.

5.~~4.~~ The licensee has completed a form supplying necessary information as required by the department.

A licensee who meets the requirements of this paragraph shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients or provide a written statement to any person to whom medical services are being provided. Such sign or statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

Section 146. Section 455.2478, Florida Statutes, is created to read:

455.2478 Reports of professional liability actions; bankruptcies; Department of Health's responsibility to provide.—

(1) The report of a claim or action for damages for personal injury which is required to be provided to the Department of Health under s. 455.247 or s. 627.912 is public information except for the name of the claimant or injured person, which remains confidential as provided in s. 455.247(2)(d) and s. 627.912(2)(e). The Department of Health shall, upon request, make such report available to any person.

(2) Any information in the possession of the Department of Health which relates to a bankruptcy proceeding by a practitioner of medicine licensed under chapter 458, a practitioner of osteopathic medicine licensed under chapter 459, a podiatrist licensed under chapter 461, or a dentist licensed under chapter 466 is public information. The Department of Health shall, upon request, make such information available to any person.

Section 147. Section 627.912, Florida Statutes, 1996 Supplement, is amended to read:

627.912 Professional liability claims and actions; reports by insurers.—

(1) Each self-insurer authorized under s. 627.357 and each insurer or joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under ~~pursuant to the provisions of~~ chapter 458, to a practitioner of osteopathic medicine licensed under ~~pursuant to the provisions of~~ chapter 459, to a podiatrist licensed under ~~pursuant to the provisions of~~ chapter 461, to a dentist licensed under ~~pursuant to the provisions of~~ chapter 466, to a hospital licensed under ~~pursuant to the provisions of~~ chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under

part I of chapter 641, to clinics included in chapter 390, to an ambulatory surgical center as defined in s. 395.002, or to a member of The Florida Bar shall report in duplicate to the Department of Insurance any claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent, if the claim resulted in:

(a) A final judgment in any amount.

(b) A settlement in any amount.

(c) A final disposition not resulting in payment on behalf of the insured.

Reports shall be filed with the department and, if the insured party is licensed under ~~pursuant to~~ chapter 458, chapter 459, chapter 461, or chapter 466, with the Agency for Health Care Administration ~~Department of Business and Professional Regulation~~, no later than 30 ~~60~~ days following the occurrence of any event listed in paragraph (a), paragraph (b), or paragraph (c). The Agency for Health Care Administration ~~Department of Business and Professional Regulation~~ shall review each report and determine whether any of the incidents that resulted in the claim potentially involved conduct by the licensee that is subject to disciplinary action, in which case the provisions of s. 455.225 shall apply. The Agency for Health Care Administration ~~Department of Business and Professional Regulation~~, as part of the annual report required by s. 455.2285, shall publish annual statistics, without identifying licensees, on the reports it receives, including final action taken on such reports by the agency ~~Department of Business and Professional Regulation~~ or the appropriate regulatory board.

(2) The reports required by subsection (1) shall contain:

(a) The name, address, and specialty coverage of the insured.

(b) The insured's policy number.

(c) The date of the occurrence which created the claim.

(d) The date the claim was reported to the insurer or self-insurer.

(e) The name and address of the injured person. This information is confidential and exempt from the provisions of s. 119.07(1), and must not be disclosed by the department without the injured person's consent, except for disclosure by the department to the Agency for Health Care Administration ~~Department of Business and Professional Regulation~~. This information may be used by the department for purposes of identifying multiple or duplicate claims arising out of the same occurrence.

(f) The date of suit, if filed.

(g) The injured person's age and sex.

(h) The total number and names of all defendants involved in the claim.

(i) The date and amount of judgment or settlement, if any, including the itemization of the verdict ~~as required under s. 768.48~~, together with a copy of the settlement or judgment.

(j) In the case of a settlement, such information as the department may require with regard to the injured person's incurred and anticipated medical expense, wage loss, and other expenses.

(k) The loss adjustment expense paid to defense counsel, and all other allocated loss adjustment expense paid.

(l) The date and reason for final disposition, if no judgment or settlement.

(m) A summary of the occurrence which created the claim, which shall include:

1. The name of the institution, if any, and the location within the institution at which the injury occurred.

2. The final diagnosis for which treatment was sought or rendered, including the patient's actual condition.

3. A description of the misdiagnosis made, if any, of the patient's actual condition.

4. The operation, diagnostic, or treatment procedure causing the injury.

5. A description of the principal injury giving rise to the claim.

6. The safety management steps that have been taken by the insured to make similar occurrences or injuries less likely in the future.

(n) Any other information required by the department to analyze and evaluate the nature, causes, location, cost, and damages involved in professional liability cases.

(3) Upon request by the Agency for Health Care Administration ~~Department of Business and Professional Regulation~~, the department shall provide the ~~that~~ agency ~~department~~ with any information received under ~~pursuant to~~ this section related to persons licensed under chapter 458, chapter 459, chapter 461, or chapter 466. For purposes of safety management, the department shall annually provide the Department of Health ~~and Rehabilitative Services~~ with copies of the reports in cases resulting in an indemnity being paid to the claimants.

(4) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any insurer reporting hereunder or its agents or employees or the department or its employees for any action taken by them under ~~pursuant to~~ this section. The department may impose a fine of $250 per day per case, not to exceed $1,000 per case, against an insurer that violates the requirements of this section. This subsection applies to claims accruing on or after October 1, 1997.

Section 148. The Agency for Health Care Administration shall establish a toll-free telephone number for public reporting of complaints relating to medical treatment or services provided by health care professionals.

Section 149. Subsection (1) of section 458.316, Florida Statutes, is amended to read:

458.316 Public health certificate.—

(1) Any person desiring to obtain a public health certificate shall submit an application fee not to exceed $300 and shall demonstrate to the board that he is a graduate of an accredited medical school and holds a master of public health degree or is board eligible or certified in public health or preventive medicine, or is licensed to practice medicine without restriction in another jurisdiction in the United States and holds a master of public health degree or is board eligible or certified in public health or preventive medicine, and shall meet the requirements in s. 458.311(1)(a)-(g) ~~s. 458.311(1)(a)-(f)~~ and (5).

Section 150. Section 458.3165, Florida Statutes, is amended to read:

458.3165 Public psychiatry certificate.—The board shall issue a public psychiatry certificate to an individual who remits an application fee not to exceed $300, as set by the board, who is a board-certified psychiatrist, who is licensed to practice medicine without restriction in another state, and who meets the requirements in s. 458.311(1)(a)-(g) ~~s. 458.311(1)(a)-(f)~~ and (5).

(1) Such certificate shall:

(a) Authorize the holder to practice only in a public mental health facility or program funded in part or entirely by state funds.

(b) Be issued and renewable biennially if the secretary of the Department of Health and Rehabilitative Services and the chairman of the department of psychiatry at one of the public medical schools or the chairman of the department of psychiatry at the accredited medical school at the University of Miami recommend in writing that the certificate be issued or renewed.

(c) Automatically expire if the holder's relationship with a public mental health facility or program expires.

(d) Not be issued to a person who has been adjudged unqualified or guilty of any of the prohibited acts in this chapter.

(2) The board may take disciplinary action against a certificateholder for noncompliance with any part of this section or for any reason for which a regular licensee may be subject to discipline.

Section 151. Paragraph (a) of subsection (1) of section 458.317, Florida Statutes, is amended to read:

458.317 Limited licenses.—

(1)(a) Any person desiring to obtain a limited license shall:

1. Submit to the board, with an application and fee not to exceed $300, an affidavit stating that he has been licensed to practice medicine in any jurisdiction in the United States for at least 10 years and has retired or intends to retire from the practice of medicine and intends to practice only pursuant to the restrictions of a limited license granted pursuant to this section. If the person applying for a limited license submits a notarized statement from the employing agency or institution stating that he will not receive monetary compensation for any service involving the practice of medicine, the application fee and all licensure fees shall be waived.

2. Meet the requirements in s. 458.311(1)(b)-(g) ~~s. 458.311(1)(b)-(f)~~ and (5). If the applicant graduated from medical school prior to 1946, the board or its appropriate committee may accept military medical training or medical experience as a substitute for the approved 1-year residency requirement in s. 458.311(1)(f).

Section 152. Except as otherwise provided in this act, this act shall take effect July 1, 1997.

Became a law without the Governor's approval May 30, 1997.

Filed in Office Secretary of State May 29, 1997.