

CHAPTER 2024-246

Committee Substitute for Committee Substitute for Committee Substitute for Senate Bill No. 1582

An act relating to the Department of Health; amending s. 381.0101, F.S.; defining the term “environmental health technician”; exempting environmental health technicians from certain certification requirements under certain circumstances; requiring the department, in conjunction with the Department of Environmental Protection, to adopt rules that establish certain standards for environmental health technician certification; requiring the Department of Health to adopt by rule certain standards for environmental health technician certification; revising provisions related to exemptions and fees to conform to changes made by the act; creating s. 381.991, F.S.; creating the Andrew John Anderson Pediatric Rare Disease Grant Program within the department for a specified purpose; subject to an appropriation by the Legislature, requiring the program to award grants for certain scientific and clinical research; specifying entities eligible to apply for the grants; specifying the types of applications that may be considered for grant funding; providing for a competitive, peer-reviewed application and selection process; providing that the remaining balance of appropriations for the program as of a specified date may be carried forward for a specified timeframe under certain circumstances; amending s. 383.14, F.S.; providing that any health care practitioner present at a birth or responsible for primary care during the neonatal period has the primary responsibility of administering certain screenings; defining the term “health care practitioner”; deleting identification and screening requirements for newborns and their families for certain environmental and health risk factors; deleting certain related duties of the department; revising the definition of the term “health care practitioner” to include licensed genetic counselors; requiring that blood specimens for screenings of newborns be collected before a specified age; requiring that newborns have a blood specimen collected for newborn screenings, rather than only a test for phenylketonuria, before a specified age; deleting certain rulemaking authority of the department; deleting a requirement that the department furnish certain forms to specified entities; deleting the requirement that such entities report the results of certain screenings to the department; making technical and conforming changes; deleting a requirement that the department submit certain certifications as part of its legislative budget request; requiring certain health care practitioners to prepare and send all newborn screening specimen cards to the State Public Health Laboratory; defining the term “health care practitioner”; amending s. 383.145, F.S.; defining the term “toddler”; revising hearing loss screening requirements to include infants and toddlers; revising hearing loss screening requirements for licensed birth centers; requiring licensed birth centers to complete newborn hearing loss screenings before discharge, with an exception; amending s. 383.147, F.S.; revising sickle cell disease and sickle cell trait screening

requirements; requiring screening providers to notify a newborn's parent or guardian, rather than the newborn's primary care physician, of certain information; authorizing the parents or guardians of a newborn to opt out of the newborn's inclusion in the sickle cell registry; specifying the manner in which a parent or guardian may opt out; authorizing certain persons other than newborns who have been identified as having sickle cell disease or carrying a sickle cell trait to choose to be included in the registry; creating s. 383.148, F.S.; requiring the department to promote the screening of pregnant women and infants for specified environmental risk factors; requiring the department to develop a multilevel screening process for prenatal and postnatal risk screenings; specifying requirements for such screening processes; providing construction; requiring persons who object to a screening to give a written statement of such objection to the physician or other person required to administer and report the screening; amending s. 1004.435, F.S.; revising the membership of the Florida Cancer Control and Research Advisory Council; revising quorum requirements for council actions; amending ss. 383.318, 395.1053, and 456.0496, F.S.; conforming cross-references; requiring the department to grant certain applicants 90 days to cure deficiencies with their medical marijuana treatment center license applications pursuant to a specified errors and omissions process; requiring the department to grant such applicants a marijuana treatment center license if they cure the deficiencies within the specified timeframe; providing construction; providing that the death of an applicant during the cure process may not be a reason to deny the application or any resulting legal challenge; requiring the department to issue the license to the estate of a deceased applicant in the event of a successful cure or legal challenge; providing effective dates.

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

Section 1. Present subsections (5), (6), and (7) of section 381.0101, Florida Statutes, are redesignated as subsections (6), (7), and (8), respectively, a new subsection (5) is added to that section, and subsections (1), (2), and (4) and present subsections (5) and (6) of that section are amended, to read:

381.0101 Environmental health professionals.—

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

(a) “Board” means the Environmental Health Professionals Advisory Board.

~~(c)(b)~~ “Department” means the Department of Health.

~~(d)(e)~~ “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.

(e)(d) “Environmental health professional” means a person who is employed or assigned the responsibility for assessing the environmental health or sanitary conditions, as defined by the department, 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. Environmental health professionals may be either field, supervisory, or administrative staff members.

(b)(e) “Certified” means a person who has displayed competency to perform evaluations of environmental or sanitary conditions through examination.

(f) “Environmental health technician” means a person who is employed or assigned the responsibility for conducting septic inspections under the supervision of a certified environmental health professional. An environmental health technician must have completed training approved by the department and have the knowledge, skills, and abilities to carry out these tasks.

(h)(f) “Registered sanitarian,” “R.S.,” “Registered Environmental Health Specialist,” or “R.E.H.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 protection program work.

(2) ~~CERTIFICATION; EXEMPTIONS REQUIRED.~~—A person may not 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. This section does not apply to any of the following:

(a) Persons performing inspections of public food service establishments licensed under chapter 509; ~~or~~

(b) Persons performing site evaluations in order to determine proper placement and installation of onsite wastewater treatment and disposal systems who have successfully completed a department-approved soils morphology course and who are working under the direct responsible charge of an engineer licensed under chapter 471.

(c) Environmental health technicians employed by a department as defined in s. 20.03 who are assigned the responsibility for conducting septic tank inspections under the supervision of an environmental health professional certified in onsite sewage treatment and disposal.

(4) STANDARDS FOR CERTIFICATION.—The department shall adopt rules that establish definitions of terms and minimum standards of education, training, or experience for those persons subject to this subsection ~~section~~. The rules must also address the process for application, examination, issuance, expiration, and renewal of certification and 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. A person may not 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 persons who begin employment in a primary environmental health program on or after September 21, 1994, must be certified in that program within 6 months after employment.

2. Persons employed in the primary environmental health program of a food protection program or an onsite sewage treatment and disposal system prior to September 21, 1994, shall be considered certified 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) ~~(6)~~.

3. Persons employed in the primary environmental health program of a food protection program or an onsite sewage treatment and disposal system 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 contact hours of continuing education for each program area in which they maintain certification, subject to a maximum of 48 hours for multiprogram certification.

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

(f) A certificateholder shall notify the department within 60 days after any change of name or address from that which appears on the current certificate.

(5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN CERTIFICATION.—The department, in conjunction with the Department of Environmental Protection, shall adopt rules that establish definitions of terms and minimum standards of education, training, and experience for those persons subject to this subsection. The rules must also address the process for application, examination, issuance, expiration, and renewal of certification, and ethical standards of practice for the profession.

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

(b) A person conducting septic inspections must be certified by examination to be knowledgeable in the area of onsite sewage treatment and disposal.

(c) An applicant for certification as an environmental health technician must, at a minimum, have received a high school diploma or its equivalent.

(d) An applicant for certification as an environmental health technician must be employed by a department as defined in s. 20.30.

(e) An applicant for certification as an environmental health technician must complete supervised field inspection work as prescribed by department rule before examination.

(f) A certified environmental health technician must renew his or her certification biennially by completing at least 24 contact hours of continuing education for each program area in which he or she maintains certification, subject to a maximum of 48 hours for multiprogram certification.

(g) A certified environmental health technician shall notify the department within 60 days after any change of name or address from that which appears on the current certificate.

~~(6)(5)~~ 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.~~

(7)(6) FEES.—The department shall charge fees in amounts necessary to meet the cost of providing environmental health professional certification. Fees for certification shall be not less than \$10 or more than \$300 and shall be set by rule. Application, examination, and certification costs shall be included in this fee. Fees for renewal of a certificate shall be no less than \$25 nor more than \$150 per biennium.

Section 2. Section 381.991, Florida Statutes, is created to read:

381.991 Andrew John Anderson Pediatric Rare Disease Grant Program.

(1)(a) There is created within the Department of Health the Andrew John Anderson Pediatric Rare Disease Grant Program. The purpose of the program is to advance the progress of research and cures for pediatric rare diseases by awarding grants through a competitive, peer-reviewed process.

(b) Subject to an annual appropriation by the Legislature, the program shall award grants for scientific and clinical research to further the search for new diagnostics, treatments, and cures for pediatric rare diseases.

(2)(a) Applications for grants for pediatric rare disease research may be submitted by any university or established research institute in the state. All qualified investigators in the state, regardless of institutional affiliation, shall have equal access and opportunity to compete for the research funding. Preference may be given to grant proposals that foster collaboration among institutions, researchers, and community practitioners, as such proposals support the advancement of treatments and cures of pediatric rare diseases through basic or applied research. Grants shall be awarded by the department, after consultation with the Rare Disease Advisory Council, pursuant to s. 381.99, on the basis of scientific merit, as determined by the competitive, peer-reviewed process to ensure objectivity, consistency, and high quality. The following types of applications may be considered for funding:

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

(b) To ensure appropriate and fair evaluation of grant applications based on scientific merit, the department shall appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores shall be forwarded to the council and must be considered in determining which proposals shall be recommended for funding.

(c) The council and the peer review panels shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest. A member of the council or panel may not

participate in any discussion or decision of the council or panel with respect to a research proposal by any firm, entity, or agency that the member is associated with as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

(d) Notwithstanding s. 216.301 and pursuant to s. 216.351, the balance of any appropriation from the General Revenue Fund for the Andrew John Anderson Pediatric Rare Disease Grant Program that is not disbursed but that is obligated pursuant to contract or committed to be expended by June 30 of the fiscal year in which the funds are appropriated may be carried forward for up to 5 years after the effective date of the original appropriation.

Section 3. Present subsection (5) of section 383.14, Florida Statutes, is redesignated as subsection (6), a new subsection (5) is added to that section, and subsections (1), (2), and (3) of that section are amended, to read:

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

(1) SCREENING REQUIREMENTS.—To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. Any health care practitioner present at a birth or responsible for primary care during the neonatal period has the primary responsibility of administering screenings as required in ss. 383.14 and 383.145. As used in this subsection, the term “health care practitioner” means a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, an advanced practice registered nurse licensed under part I of chapter 464, or a midwife licensed under chapter 467 The department shall also promote the identification and screening of all newborns in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

~~(a) Prenatal screening.—The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition. The primary health care provider shall complete the risk assessment instrument and~~

report the results to the Office of Vital Statistics so that the woman may immediately be notified and referred to appropriate health, education, and social services.

~~(b) *Postnatal screening.*—A risk factor analysis using the department’s designated risk assessment instrument shall also be conducted as part of the medical screening process upon the birth of a child and submitted to the department’s Office of Vital Statistics for recording and other purposes provided for in this chapter. The department’s screening process for risk assessment shall include a scoring mechanism and procedures that establish thresholds for notification, further assessment, referral, and eligibility for services by professionals or paraprofessionals consistent with the level of risk. Procedures for developing and using the screening instrument, notification, referral, and care coordination services, reporting requirements, management information, and maintenance of a computer-driven registry in the Office of Vital Statistics which ensures privacy safeguards must be consistent with the provisions and plans established under chapter 411, Pub. L. No. 99-457, and this chapter. Procedures established for reporting information and maintaining a confidential registry must include a mechanism for a centralized information depository at the state and county levels. The department shall coordinate with existing risk assessment systems and information registries. The department must ensure, to the maximum extent possible, that the screening information registry is integrated with the department’s automated data systems, including the Florida On-line Recipient Integrated Data Access (FLORIDA) system.~~

~~(a) *Blood specimens for newborn screenings.*—Newborn Tests and screenings must be performed by the State Public Health Laboratory, in coordination with Children’s Medical Services, at such times and in such manner as is prescribed by the department after consultation with the Genetics and Newborn Screening Advisory Council and the Department of Education.~~

~~(b)(e) *Release of screening results.*—Notwithstanding any law to the contrary, the State Public Health Laboratory may release, directly or through the Children’s Medical Services program, the results of a newborn’s hearing and metabolic tests or screenings to the newborn’s health care practitioner, the newborn’s parent or legal guardian, the newborn’s personal representative, or a person designated by the newborn’s parent or legal guardian. As used in this paragraph, the term “health care practitioner” means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; an advanced practice registered nurse, registered nurse, or licensed practical nurse licensed under part I of chapter 464; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468; or a dietician or nutritionist licensed under part X of chapter 468; or a genetic counselor licensed under part III of chapter 483.~~

(2) RULES.—

(a) After consultation with the Genetics and Newborn Screening Advisory Council, the department shall adopt and enforce rules requiring that every newborn in this state shall:

1. Before becoming 1 week of age, have a blood specimen collected for newborn screenings ~~be subjected to a test for phenylketonuria;~~

2. Be tested for any condition included on the federal Recommended Uniform Screening Panel which the council advises the department should be included under the state's screening program. After the council recommends that a condition be included, the department shall submit a legislative budget request to seek an appropriation to add testing of the condition to the newborn screening program. The department shall expand statewide screening of newborns to include screening for such conditions within 18 months after the council renders such advice, if a test approved by the United States Food and Drug Administration or a test offered by an alternative vendor is available. If such a test is not available within 18 months after the council makes its recommendation, the department shall implement such screening as soon as a test offered by the United States Food and Drug Administration or by an alternative vendor is available; and

3. At the appropriate age, be tested for such other metabolic diseases and hereditary or congenital disorders as the department may deem necessary from time to time.

~~(b) After consultation with the Department of Education, the department shall adopt and enforce rules requiring every newborn in this state to be screened for environmental risk factors that place children and their families at risk for increased morbidity, mortality, and other negative outcomes.~~

~~(b)(e)~~ The department shall adopt such additional rules as are found necessary for the administration of this section and ss. 383.145 and 383.148 s. 383.145, including rules providing definitions of terms, rules relating to the methods used and time or times for testing as accepted medical practice indicates, rules relating to charging and collecting fees for the administration of the newborn screening program authorized by this section, rules for processing requests and releasing test and screening results, and rules requiring mandatory reporting of the results of tests and screenings for these conditions to the department.

(3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department shall administer and provide certain services to implement the provisions of this section and shall:

(a) Assure the availability and quality of the necessary laboratory tests and materials.

~~(b) Furnish all physicians, county health departments, perinatal centers, birthing centers, and hospitals forms on which environmental~~

~~screening and the results of tests for phenylketonuria and such other disorders for which testing may be required from time to time shall be reported to the department.~~

~~(e) Promote education of the public about the prevention and management of metabolic, hereditary, and congenital disorders and dangers associated with environmental risk factors.~~

~~(c)(d) Maintain a confidential registry of cases, including information of importance for the purpose of follow-up ~~followup~~ services to prevent intellectual disabilities, to correct or ameliorate physical disabilities, and for epidemiologic studies, if indicated. Such registry shall be exempt from the provisions of s. 119.07(1).~~

~~(d)(e) Supply the necessary dietary treatment products where practicable for diagnosed cases of phenylketonuria and other metabolic diseases for as long as medically indicated when the products are not otherwise available. Provide nutrition education and supplemental foods to those families eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children as provided in s. 383.011.~~

~~(e)(f) Promote the availability of genetic studies, services, and counseling in order that the parents, siblings, and affected newborns may benefit from detection and available knowledge of the condition.~~

~~(f)(g) Have the authority to charge and collect fees for the administration of the newborn screening program, authorized in this section, as follows:~~

~~1. A fee not to exceed \$15 will be charged for each live birth, as recorded by the Office of Vital Statistics, occurring in a hospital licensed under part I of chapter 395 or a birth center licensed under s. 383.305 per year. The department shall calculate the annual assessment for each hospital and birth center, and this assessment must be paid in equal amounts quarterly. Quarterly, The department shall generate and issue ~~mail~~ to each hospital and birth center a statement of the amount due.~~

~~2. As part of the department's legislative budget request prepared pursuant to chapter 216, the department shall submit a certification by the department's inspector general, or the director of auditing within the inspector general's office, of the annual costs of the uniform testing and reporting procedures of the newborn screening program. In certifying the annual costs, the department's inspector general or the director of auditing within the inspector general's office shall calculate the direct costs of the uniform testing and reporting procedures, including applicable administrative costs. Administrative costs shall be limited to those department costs which are reasonably and directly associated with the administration of the uniform testing and reporting procedures of the newborn screening program.~~

~~(g)(h) Have the authority to bill third-party payors for newborn screening tests.~~

(h)(i) Create and make available electronically a pamphlet with information on screening for, and the treatment of, preventable infant and childhood eye and vision disorders, including, but not limited to, retinoblastoma and amblyopia.

All provisions of this subsection must be coordinated with the provisions and plans established under this chapter, chapter 411, and Pub. L. No. 99-457.

(5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS. Any health care practitioner whose duty it is to administer screenings under this section shall prepare and send all newborn screening specimen cards to the State Public Health Laboratory in accordance with rules adopted under this section. As used in this subsection, the term “health care practitioner” means a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, an advanced practice registered nurse licensed under part I of chapter 464, or a midwife licensed under chapter 467.

Section 4. Paragraph (k) is added to subsection (2) of section 383.145, Florida Statutes, and subsection (3) of that section is amended, to read:

383.145 Newborn, and infant, and toddler hearing screening.—

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

(k) “Toddler” means a child from 12 months to 36 months of age.

(3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ON-GOING SERVICES.—

(a) Each hospital or other state-licensed birth birthing facility that provides maternity and newborn care services shall ensure that all newborns are, before discharge, screened for the detection of hearing loss to prevent the consequences of unidentified disorders. If a newborn fails the screening for the detection of hearing loss, the hospital or other state-licensed birth birthing facility must administer a test approved by the United States Food and Drug Administration or another diagnostically equivalent test on the newborn to screen for congenital cytomegalovirus before the newborn becomes 21 days of age or before discharge, whichever occurs earlier.

(b) Each licensed birth center that provides maternity and newborn care services shall ensure that all newborns are, before discharge, screened for the detection of hearing loss. Within 7 days after the birth, the licensed birth center must ensure that all newborns who do not pass the hearing screening are referred for to an appointment audiologist, a hospital, or another newborn hearing screening provider for a test to screen for congenital cytomegalovirus before the newborn becomes 21 days of age screening for the detection of hearing loss to prevent the consequences of unidentified disorders. The referral for appointment must be made within 7 days after

discharge. Written documentation of the referral must be placed in the newborn's medical chart.

(c) If the parent or legal guardian of the newborn objects to the screening, the screening must not be completed. In such case, the physician, midwife, or other person attending the newborn shall maintain a record that the screening has not been performed and attach a written objection that must be signed by the parent or guardian.

(d) For home births, the health care provider in attendance is responsible for coordination and referral to an audiologist, a hospital, or another newborn hearing screening provider. The health care provider in attendance must make the referral for appointment within 7 days after the birth. In cases in which the home birth is not attended by a health care provider, the newborn's primary health care provider is responsible for coordinating the referral.

(e) For home births and births in a licensed birth center, if a newborn is referred to a newborn hearing screening provider and the newborn fails the screening for the detection of hearing loss, the newborn's primary health care provider must refer the newborn for administration of a test approved by the United States Food and Drug Administration or another diagnostically equivalent test on the newborn to screen for congenital cytomegalovirus.

(f) All newborn and infant hearing screenings must be conducted by an audiologist, a physician, or an appropriately supervised individual who has completed documented training specifically for newborn hearing screening. Every hospital that provides maternity or newborn care services shall obtain the services of an audiologist, a physician, or another newborn hearing screening provider, through employment or contract or written memorandum of understanding, for the purposes of appropriate staff training, screening program supervision, monitoring the scoring and interpretation of test results, rendering of appropriate recommendations, and coordination of appropriate follow-up services. Appropriate documentation of the screening completion, results, interpretation, and recommendations must be placed in the medical record within 24 hours after completion of the screening procedure.

(g) The screening of a newborn's hearing must be completed before the newborn is discharged from the hospital or licensed birth center. However, if the screening is not completed before discharge due to scheduling or temporary staffing limitations, the screening must be completed within 21 days after the birth. Screenings completed after discharge or performed because of initial screening failure must be completed by an audiologist, a physician, a hospital, or another newborn hearing screening provider.

(h) Each hospital shall formally designate a lead physician responsible for programmatic oversight for newborn hearing screening. Each birth center shall designate a licensed health care provider to provide such

programmatic oversight and to ensure that the appropriate referrals are being completed.

(i) When ordered by the treating physician, screening of a newborn's, infant's, or toddler's hearing must include auditory brainstem responses, or evoked otoacoustic emissions, or appropriate technology as approved by the United States Food and Drug Administration.

(j) The results of any test conducted pursuant to this section, including, but not limited to, newborn hearing loss screening, congenital cytomegalovirus testing, and any related diagnostic testing, must be reported to the department within 7 days after receipt of such results.

(k) The initial procedure for screening the hearing of the newborn or infant and any medically necessary follow-up reevaluations leading to diagnosis shall be a covered benefit for Medicaid patients covered by a fee-for-service program. For Medicaid patients enrolled in HMOs, providers shall be reimbursed directly by the Medicaid Program Office at the Medicaid rate. This service may not be considered a covered service for the purposes of establishing the payment rate for Medicaid HMOs. All health insurance policies and health maintenance organizations as provided under ss. 627.6416, 627.6579, and 641.31(30), except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, or Medicare supplement, or to the supplemental policies, shall compensate providers for the covered benefit at the contracted rate. Nonhospital-based providers are eligible to bill Medicaid for the professional and technical component of each procedure code.

(l) A child who is diagnosed as having permanent hearing loss must be referred to the primary care physician for medical management, treatment, and follow-up services. Furthermore, in accordance with Part C of the Individuals with Disabilities Education Act, Pub. L. No. 108-446, Infants and Toddlers with Disabilities, any child from birth to 36 months of age who is diagnosed as having hearing loss that requires ongoing special hearing services must be referred to the Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.

Section 5. Section 383.147, Florida Statutes, is amended to read:

383.147 ~~Newborn and infant screenings for Sickle cell~~ disease and sickle cell trait hemoglobin variants; registry.—

(1) ~~If a screening provider detects that a newborn as or an infant, as those terms are defined in s. 383.145(2); is identified as having sickle cell disease or carrying a sickle cell trait through the newborn screening program as described in s. 383.14, the department hemoglobin variant, it must;~~

~~(a) Notify the parent or guardian of the newborn and provide information regarding the availability and benefits of genetic counseling. primary care physician of the newborn or infant and~~

~~(b) Submit the results of such screening to the Department of Health for inclusion in the sickle cell registry established under paragraph (2)(a), unless the parent or guardian of the newborn provides an opt-out form obtained from the department, or otherwise indicates in writing to the department his or her objection to having the newborn included in the sickle cell registry. The primary care physician must provide to the parent or guardian of the newborn or infant information regarding the availability and benefits of genetic counseling.~~

~~(2)(a) The Department of Health shall contract with a community-based sickle cell disease medical treatment and research center to establish and maintain a registry for individuals newborns and infants who are identified as having sickle cell disease or carrying a sickle cell trait hemoglobin variant. The sickle cell registry must track sickle cell disease outcome measures, except as provided in paragraph (1)(b). A parent or guardian of a newborn or an infant in the registry may request to have his or her child removed from the registry by submitting a form prescribed by the department by rule.~~

~~(b) In addition to newborns identified and included in the registry under subsection (1), persons living in this state who have been identified as having sickle cell disease or carrying a sickle cell trait may choose to be included in the registry by providing the department with notification as prescribed by rule.~~

~~(c) The Department of Health shall also establish a system to ensure that the community-based sickle cell disease medical treatment and research center notifies the parent or guardian of a child who has been included in the registry that a follow-up consultation with a physician is recommended. Such notice must be provided to the parent or guardian of such child at least once during early adolescence and once during late adolescence. The department shall make every reasonable effort to notify persons included in the registry who are 18 years of age that they may request to be removed from the registry by submitting a form prescribed by the department by rule. The department shall also provide to such persons information regarding available educational services, genetic counseling, and other beneficial resources.~~

~~(3) The Department of Health shall adopt rules to implement this section.~~

Section 6. Section 383.148, Florida Statutes, is created to read:

383.148 ENVIRONMENTAL RISK SCREENING.—

(1) RISK SCREENING.—To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all pregnant women and infants in this state for environmental risk factors, such as low income, poor education, maternal and family stress, mental health, substance use disorder, and other high-risk conditions, and promote education of the public about the dangers associated with environmental risk factors.

(2) PRENATAL RISK SCREENING REQUIREMENTS.—The department shall develop a multilevel screening process that includes a risk assessment instrument to identify women at risk for a preterm birth or other high-risk condition.

(a) A primary health care provider must complete the risk screening at a pregnant woman's first prenatal visit using the form and in the manner prescribed by rules adopted under this section, so that the woman may immediately be notified and referred to appropriate health, education, and social services.

(b) This subsection does not apply if the pregnant woman objects to the screening in a manner prescribed by department rule.

(3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department shall develop a multilevel screening process that includes a risk assessment instrument to identify factors associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management.

(a) A hospital or birth center must complete the risk screening immediately following the birth of the infant, before discharge from the hospital or birth center, using the form and in the manner prescribed by rules adopted under this section.

(b) This subsection does not apply if a parent or guardian of the newborn objects to the screening in a manner prescribed by department rule.

Section 7. Paragraphs (a) and (d) of subsection (4) of section 1004.435, Florida Statutes, are amended to read:

1004.435 Cancer control and research.—

(4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL; CREATION; COMPOSITION.—

(a) There is created within the H. Lee Moffitt Cancer Center and Research Institute, Inc., the Florida Cancer Control and Research Advisory Council. The council shall consist of ~~16~~ 15 members, which includes the chairperson, all of whom must be residents of this state. The State Surgeon General or his or her designee within the Department of Health shall be one of the ~~16~~ 15 members. Members, except those appointed by the Governor, the

Speaker of the House of Representatives, or the President of the Senate, must be appointed by the chief executive officer of the institution or organization represented, or his or her designee. One member must be a representative of the American Cancer Society; one member must be a representative of the Sylvester Comprehensive Cancer Center of the University of Miami; one member must be a representative of the University of Florida Shands Cancer Center; one member must be a representative of the Florida Nurses Association who specializes in the field of oncology and is not from an institution or organization already represented on the council; one member must be a representative of the Florida Osteopathic Medical Association who specializes in the field of oncology; one member must be a member of the Florida Medical Association who specializes in the field of oncology and who represents a cancer center not already represented on the council; one member must be a representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.; one member must be a representative of the Mayo Clinic in Jacksonville; one member must be a member of the Florida Hospital Association who specializes in the field of oncology and who represents a comprehensive cancer center not already represented on the council; one member must be a representative of the Association of Community Cancer Centers; one member must specialize in pediatric oncology research or clinical care appointed by the Governor; one member must specialize in oncology clinical care or research appointed by the President of the Senate; one member must be a current or former cancer patient or a current or former caregiver to a cancer patient appointed by the Speaker of the House of Representatives; one member must be a member of the House of Representatives appointed by the Speaker of the House of Representatives; and one member must be a member of the Senate appointed by the President of the Senate. At least four of the members must be individuals who are minority persons as defined by s. 288.703.

(d) The council shall meet no less than semiannually at the call of the chairperson or, in his or her absence or incapacity, at the call of the State Surgeon General. ~~Nine~~ ~~Eight~~ members constitute a quorum for the purpose of exercising all of the powers of the council. A vote of the majority of the members present is sufficient for all actions of the council.

Section 8. Paragraph (i) of subsection (3) of section 383.318, Florida Statutes, is amended to read:

383.318 Postpartum care for birth center clients and infants.—

(3) The birth center shall provide a postpartum evaluation and followup care that includes all of the following:

(i) Provision of the informational pamphlet on infant and childhood eye and vision disorders created by the department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

Section 9. Section 395.1053, Florida Statutes, is amended to read:

395.1053 Postpartum education.—A hospital that provides birthing services shall incorporate information on safe sleep practices and the possible causes of Sudden Unexpected Infant Death into the hospital's postpartum instruction on the care of newborns and provide to each parent the informational pamphlet on infant and childhood eye and vision disorders created by the department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

Section 10. Section 456.0496, Florida Statutes, is amended to read:

456.0496 Provision of information on eye and vision disorders to parents during planned out-of-hospital births.—A health care practitioner who attends an out-of-hospital birth must ensure that the informational pamphlet on infant and childhood eye and vision disorders created by the department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each parent after such a birth.

Section 11. (1) Effective upon this act becoming a law and notwithstanding any provision of s. 381.986(8)(a)2.b., Florida Statutes, to the contrary, the Department of Health must grant an applicant 90 days to cure, pursuant to the errors and omissions process established in department Form DH8035-OMMU-10/2021 as incorporated by the department in rule 64ER21-16, Florida Administrative Code, any remaining deficiencies cited by the department regarding the application if the applicant:

(a) Applied for a medical marijuana treatment center license during the application window created by the department to accept applications for licensure pursuant to s. 381.986(8)(a)2.b., Florida Statutes; and

(b) Has not been awarded a license, either from the initial application process or through the cure process established in section 2 of chapter 2023-292, Laws of Florida.

(2) If the applicant cures the deficiencies within the 90-day timeframe, the department must issue a medical marijuana treatment center license to the applicant.

(3) For purposes of the cure process detailed in subsections (1) and (2), the department must consider all deficiencies with an applicant's application to be cured if the sole remaining deficiency cited is:

(a) A failure to meet the requirement in s. 381.986(8)(b)1., Florida Statutes; or

(b) The applicant died after March 25, 2022. In the case of the death of an applicant under this paragraph, the department must issue the license to the heirs of the applicant.

(4) If an applicant who was alive as of February 1, 2024, dies before the completion of the cure process detailed in subsections (1) and (2), the death of the applicant may not be a reason to deny the application during the cure process or any resulting legal challenges. In such case, and in the event of a

successful cure or challenge, the department must issue the license to the estate of the applicant.

Section 12. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2024.

Approved by the Governor June 18, 2024.

Filed in Office Secretary of State June 18, 2024.