

CHAPTER 385

CHRONIC DISEASES

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385.101 Short title.—Sections 385.101–385.103 may be cited as the “Chronic Diseases Act.”

History.—s. 92, ch. 86-220.

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

(1) Chronic diseases exist in high proportions among the people of this state. These chronic diseases include, but are not limited to, heart disease, hypertension, diabetes, renal disease, cancer, and chronic obstructive lung disease. These diseases are often inter-related, and they directly and indirectly account for a high rate of death and illness.

(2) Advances in medical knowledge and technology have assisted in the prevention of chronic diseases. Comprehensive approaches stressing application of current treatment, continuing research, professional training, and patient education should be encouraged.

(3) A comprehensive program dealing with the early detection and prevention of chronic diseases is required to make knowledge and therapy available to all people of this state. The mobilization of scientific, medical, and educational resources under one comprehensive chronic disease act will facilitate the prevention and treatment of these diseases and their symptoms and result in a decline in death and illness among the people of this state.

History.—s. 93, ch. 86-220.

385.103 Chronic disease control program.—

(1) **DEFINITIONS.**—As used in this act:

(a) “Chronic disease control program” means a program including at least the following elements:

1. Health screening;
2. Risk factor detection;
3. Appropriate intervention to enable and encourage risk factor reversal; and
4. Nutrition counseling.

(b) “Community health education program” means a program involving the planned and coordinated use of the educational resources available in a community in an effort to:

1. Motivate and assist citizens to adopt and maintain healthful practices and lifestyles;

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

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

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

(c) “Comprehensive health improvement project” means a program combining the required elements of both a chronic disease control program and a community health education program into a unified program over which a single administrative entity has authority and responsibility.

(d) “Department” means the Department of Health and Rehabilitative Services.

(e) “District” means a service district of the department.

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

(2) **OPERATION OF COMPREHENSIVE HEALTH IMPROVEMENT PROJECTS.**—

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

(b) Existing community resources, when available, shall be used to support the programs. The department shall seek funding for the programs from federal and state financial assistance programs which presently exist or which may be hereafter created. Additional services, as appropriate, may be incorporated into a program to the extent that resources are available. The department may accept gifts and grants in order to carry out a program.

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

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

(e) If the department determines that it is necessary for clients to help pay for services provided by a program, the department may require clients to make con-

tribution therefor in either money or personal services. The amount of money or value of the personal services shall be fixed according to a fee schedule established by the department or by the entity developing the program. In establishing the fee schedule, the department or the entity developing the program shall take into account the expenses and resources of a client and his or her overall ability to pay for the services.

(f) The department shall adopt rules governing the operation of the community health improvement projects. These rules shall include guidelines for intake and enrollment of clients into the projects.

History.—ss. 1, 2, ch. 78-331; s. 5, ch. 82-213; ss. 7, 94, ch. 86-220; s. 3, ch. 92-174; s. 7, ch. 93-200; s. 4, ch. 93-267; s. 70, ch. 95-143; s. 683, ch. 95-148.

Note.—Former s. 381.605.

385.202 Statewide cancer registry.—

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

(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 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 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.

This exemption is subject to the Open Government Sunset Review Act in accordance with ¹s. 119.14.

(4) Funds appropriated for this act shall be utilized for the purposes of establishing, administering, compiling, processing, and providing suitable biometric and statistical analyses to the reporting hospitals and shall be utilized to help defray the expenses incurred by the reporting hospitals in providing information to the cancer registry. Such reporting hospitals shall be reimbursed for reasonable costs.

(5) The provisions of this act shall not apply to any hospital whose primary function is to provide psychiatric care to its patients.

History.—ss. 2, 3, 4, 9, ch. 78-171; s. 5, ch. 82-213; s. 2, ch. 83-234; s. 96, ch. 86-220; s. 1, ch. 90-6; s. 3, ch. 95-188.

Note.—

A. Repealed by s. 1, ch. 95-217.

B. Section 4, ch. 95-217, provides that "[n]otwithstanding any provision of law to the contrary, exemptions from chapter 119, Florida Statutes, or chapter 286, Florida Statutes, which are prescribed by law and are specifically made subject to the Open Government Sunset Review Act in accordance with section 119.14, Florida Statutes, are not subject to review under that act, and are not abrogated by the operation of that act, after October 1, 1995."

Note.—Former s. 381.3812.

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

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

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

(b) Provide advice and consultation to:

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

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

(c) By October 1, 1991, and, subsequently, no later than October 1 of each year preceding a legislative session for which a biennial budget is submitted, submit to the Governor and the Legislature a diabetes state plan. The plan must be developed with administrative assistance from the department and must contain information regarding: the problems of diabetes in Florida; the resources currently available and needed to address the problems; the goals and methods by which the department, the diabetes centers, the council, and the health care community should address the problems; and an evaluation scheme for assessing progress. The plan shall set the overall policy and procedures for establishing a statewide health care delivery system for diabetes mellitus.

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

(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 for Health or his or her designee; one representative from the Children's Medical Services 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.

(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.

History.—ss. 1, 2, 3, ch. 80-62; ss. 1, 4, ch. 82-46; s. 2, ch. 83-265; ss. 6, 97, ch. 86-220; ss. 3, 5, 6, ch. 89-93; s. 5, ch. 91-429; s. 684, ch. 95-148.

Note.—Chapter 91-109 provides for a change from biennial to annual budgeting.

Note.—Former s. 381.345.

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

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

(2) Any person who makes fraudulent application for and obtains insulin under the provisions of this chapter is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

History.—s. 2, ch. 29834, 1955; ss. 19, 35, ch. 63-106; s. 330, ch. 71-136; s. 79, ch. 77-147; s. 98, ch. 86-220; s. 55, ch. 91-221; s. 685, ch. 95-148.

Note.—Former ss. 381.341, 381.411(4).

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

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

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

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

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

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

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

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

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

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

(2) Nothing in this section shall be construed to commit the state to provide direct financial assistance to patients requiring chronic dialysis therapy.

History.—s. 1, ch. 71-139; s. 266, ch. 77-147; s. 99, ch. 86-220.

Note.—Former s. 402.21.

385.206 Hematology-oncology care center program.—

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

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

(b) "Hematology" means the study, diagnosis, and treatment of blood and blood-forming tissues.

(c) "Oncology" means the study, diagnosis, and treatment of malignant neoplasms or cancer.

(d) "Hemophilia" or "other hemostatic disorder" means a bleeding disorder resulting from a genetic abnormality of mechanisms related to the control of bleeding.

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

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

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

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

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

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

(a) Grant disbursements may be made to centers which meet the following criteria:

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

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

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

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

History.—ss. 1, 2, 3, 4, 5, ch. 81-31; s. 100, ch. 86-220; s. 686, ch. 95-148.

Note.—Former s. 402.212.

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

(1) The Legislature finds and intends that epilepsy is recognized as a developmental disability and a handicapping condition. The Legislature further intends that persons with epilepsy are entitled to the protection and benefits available to all persons through the equal and nondiscriminatory application and implementation of statutes, rules, programs, and services.

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

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

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

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

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

(e) Institute and maintain an educational program among physicians, hospitals, county public health units, and the public concerning epilepsy, including the dissemination of information and the conducting of educational programs concerning the prevention of epilepsy and methods developed and used for the care and treatment of persons with epilepsy.

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

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

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

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

(4) The department shall adopt rules to implement this section.

(5) Nothing in this section shall be construed to obligate the state to provide direct financial assistance to clients requiring epilepsy therapy.

History.—s. 3, ch. 88-398; s. 1, ch. 90-141.

Note.—Substituted by the editors for a reference to s. 318.18(11) to conform to the redesignation of subunits caused by an insertion of a new subsection (8) by s. 21, ch. 93-164.

385.209 Dissemination of information on cholesterol health risks.—

(1) It is the intent of the Legislature to make available to the citizens of the state comprehensive information regarding the health risks associated with, and the prevention, control, and treatment of, elevated levels of cholesterol in the bloodstream.

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

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

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

(3) Such literature shall include, but not be limited to, the latest information with respect to:

(a) Relationship between high blood cholesterol levels and coronary artery disease.

(b) Populations at risk of developing high blood cholesterol levels.

(c) Signs and symptoms.

(d) Risk reduction behavior.

(e) Access to screening and medical evaluation.

(f) Access to and efficacy of treatment.

History.—s. 1, ch. 88-265.