

1 A bill to be entitled
2 An act relating to reducing fetal and infant
3 mortality; amending s. 381.84, F.S.; revising the
4 purpose and requirements for the Comprehensive
5 Statewide Tobacco Education and Use Prevention
6 Program; revising a provision relating to a certain
7 report to conform to changes made by the act; creating
8 s. 383.21625, F.S.; providing a definition; requiring
9 the Department of Health to contract with local
10 healthy start coalitions for the creation of fetal and
11 infant mortality review committees in all regions of
12 the state; providing requirements for such committees;
13 requiring local healthy start coalitions to report the
14 findings and recommendations developed by the
15 committees to the department annually; requiring the
16 department to compile such findings and
17 recommendations in a report and submit such report to
18 the Governor and Legislature by a specified date and
19 annually; authorizing the department to adopt rules;
20 amending s. 390.011, F.S.; revising and providing
21 definitions; amending s. 390.0111, F.S.; prohibiting a
22 physician from performing a termination of pregnancy
23 if the physician determines the gestational age of a
24 fetus is more than a specified number of weeks;
25 providing an exception; amending s. 390.0112, F.S.;

26 | revising a requirement that the directors of certain
 27 | medical facilities submit a monthly report to the
 28 | Agency for Health Care Administration; requiring
 29 | certain physicians to submit such report to the
 30 | agency; requiring the report to be submitted
 31 | electronically on a form adopted by the agency, the
 32 | Board of Medicine, and the Board of Osteopathic
 33 | Medicine; requiring the report to include certain
 34 | additional information; removing obsolete language;
 35 | creating s. 395.1054, F.S.; requiring that certain
 36 | hospitals participate in a minimum number of quality
 37 | improvement initiatives developed in collaboration
 38 | with the Florida Perinatal Quality Collaborative
 39 | within the University of South Florida College of
 40 | Public Health; providing an appropriation; providing
 41 | an effective date.

42 |
 43 | Be It Enacted by the Legislature of the State of Florida:

44 |
 45 | Section 1. Subsections (2), (3), and (7) of section
 46 | 381.84, Florida Statutes, are amended to read:

47 | 381.84 Comprehensive Statewide Tobacco Education and Use
 48 | Prevention Program.—

49 | (2) PURPOSE, FINDINGS, AND INTENT.—It is the purpose of
 50 | this section to implement s. 27, Art. X of the State

51 Constitution. The Legislature finds that s. 27, Art. X of the
52 State Constitution requires the funding of a statewide tobacco
53 education and use prevention program that focuses on tobacco use
54 by youth. The Legislature further finds that the primary goals
55 of the program are to reduce the prevalence of tobacco use among
56 youth, adults, ~~and pregnant women~~, and women who may become
57 pregnant; reduce per capita tobacco consumption; and reduce
58 exposure to environmental tobacco smoke. Further, it is the
59 intent of the Legislature to base increases in funding for
60 individual components of the program on the results of
61 assessments and evaluations. Recognizing that some components
62 will need to grow faster than inflation, it is the intent of the
63 Legislature to fund portions of the program on a nonrecurring
64 basis in the early years so that those components that are most
65 effective can be supported as the program matures.

66 (3) PROGRAM COMPONENTS AND REQUIREMENTS.—The department
67 shall conduct a comprehensive, statewide tobacco education and
68 use prevention program consistent with the recommendations for
69 effective program components contained in the 1999 Best
70 Practices for Comprehensive Tobacco Control Programs of the CDC,
71 as amended by the CDC. The program shall include the following
72 components, each of which shall focus on educating people,
73 particularly pregnant women, women who may become pregnant, and
74 youth and their parents, about the health hazards of tobacco and
75 discouraging the use of tobacco:

76 (a) Counter-marketing and advertising; Internet resource
 77 center.—The counter-marketing and advertising campaign shall
 78 include, at a minimum, Internet, print, radio, and television
 79 advertising and shall be funded with a minimum of one-third of
 80 the total annual appropriation required by s. 27, Art. X of the
 81 State Constitution.

82 1. The campaign shall include an Internet resource center
 83 for copyrighted materials and information concerning tobacco
 84 education and use prevention, including cessation. The Internet
 85 resource center must be accessible to the public, including
 86 parents, teachers, and students, at each level of public and
 87 private schools, universities, and colleges in the state and
 88 shall provide links to other relevant resources. The Internet
 89 address for the resource center must be incorporated in all
 90 advertising. The information maintained in the resource center
 91 shall be used by the other components of the program.

92 2. The campaign shall use innovative communication
 93 strategies, such as targeting specific audiences who use
 94 personal communication devices and frequent social networking
 95 websites.

96 (b) Cessation programs, counseling, and treatment.—This
 97 program component shall include two subcomponents:

98 1. A statewide toll-free cessation service, which may
 99 include counseling, referrals to other local resources and
 100 support services, and treatment to the extent funds are

101 available for treatment services; and

102 2. A local community-based program to disseminate
103 information about tobacco-use cessation, how tobacco-use
104 cessation relates to prenatal care and obesity prevention, and
105 other chronic tobacco-related diseases.

106 (c) Surveillance and evaluation.—The program shall conduct
107 ongoing epidemiological surveillance and shall contract for
108 annual independent evaluations of the effectiveness of the
109 various components of the program in meeting the goals as set
110 forth in subsection (2).

111 (d) Youth school programs.—School and after-school
112 programs shall use current evidence-based curricula and programs
113 that involve youth to educate youth about the health hazards of
114 tobacco, help youth develop skills to refuse tobacco, and
115 demonstrate to youth how to stop using tobacco.

116 (e) Community programs and chronic disease prevention.—The
117 department shall promote and support local community-based
118 partnerships that emphasize programs involving youth, pregnant
119 women, and women who may become pregnant, including programs for
120 the prevention, detection, and early intervention of tobacco-
121 related chronic diseases.

122 (f) Training.—The program shall include the training of
123 health care practitioners, tobacco-use cessation counselors, and
124 teachers by health professional students and other tobacco-use
125 prevention specialists who are trained in preventing tobacco use

126 and health education. Tobacco-use cessation counselors shall be
127 trained by specialists who are certified in tobacco-use
128 cessation.

129 (g) Administration and management, statewide programs, and
130 county health departments.—The department shall administer the
131 program within the expenditure limit established in subsection
132 (8). Each county health department is eligible to receive a
133 portion of the annual appropriation, on a per capita basis, for
134 coordinating tobacco education and use prevention programs
135 within that county. Appropriated funds may be used to improve
136 the infrastructure of the county health department to implement
137 the comprehensive, statewide tobacco education and use
138 prevention program. Each county health department shall
139 prominently display in all treatment rooms and waiting rooms
140 counter-marketing and advertisement materials in the form of
141 wall posters, brochures, television advertising if televisions
142 are used in the lobby or waiting room, and screensavers and
143 Internet advertising if computer kiosks are available for use or
144 viewing by people at the county health department.

145 (h) Enforcement and awareness of related laws.—In
146 coordination with the Department of Business and Professional
147 Regulation, the program shall monitor the enforcement of laws,
148 rules, and policies prohibiting the sale or other provision of
149 tobacco to minors, as well as the continued enforcement of the
150 Clean Indoor Air Act prescribed in chapter 386. The

151 advertisements produced in accordance with paragraph (a) may
 152 also include information designed to make the public aware of
 153 these related laws and rules. The departments may enter into
 154 interagency agreements to carry out this program component.

155 (i) AHEC tobacco-use cessation initiative.—The AHEC
 156 network may administer the AHEC tobacco-use cessation initiative
 157 in each county within the state and perform other activities as
 158 determined by the department.

159 (7) ANNUAL REPORT REQUIRED.—By January 31 of each year,
 160 the department shall provide to the Governor, the President of
 161 the Senate, and the Speaker of the House of Representatives a
 162 report that evaluates the program's effectiveness in reducing
 163 and preventing tobacco use and that recommends improvements to
 164 enhance the program's effectiveness. The report must contain, at
 165 a minimum, an annual survey of youth attitudes and behavior
 166 toward tobacco, as well as a description of the progress in
 167 reducing the prevalence of tobacco use among youth, adults, ~~and~~
 168 pregnant women, and women who may become pregnant; reducing per
 169 capita tobacco consumption; and reducing exposure to
 170 environmental tobacco smoke.

171 Section 2. Section 383.21625, Florida Statutes, is created
 172 to read:

173 383.21625 Fetal and infant mortality review committees.—

174 (1) As used in this section, the term "department" means
 175 the Department of Health.

176 (2) The department shall contract with local healthy start
177 coalitions for the creation of fetal and infant mortality review
178 committees in all regions of the state to improve fetal and
179 infant mortality and morbidity in each region. Each committee
180 shall:

181 (a) Review and analyze rates, trends, causes, and other
182 data related to fetal and infant mortality and morbidity in a
183 geographic area.

184 (b) Develop findings and recommendations for interventions
185 and policy changes to reduce fetal and infant mortality and
186 morbidity rates.

187 (c) Engage with local communities and stakeholders to
188 implement recommended policies and procedures to reduce fetal
189 and infant mortality and morbidity.

190 (3) Each local healthy start coalition shall report the
191 findings and recommendations developed by each fetal and infant
192 mortality review committee to the department annually. Beginning
193 October 1, 2023, the department shall compile such findings and
194 recommendations in an annual report, which must be submitted to
195 the Governor, the President of the Senate, and the Speaker of
196 the House of Representatives.

197 (4) The department may adopt rules necessary to implement
198 this section.

199 Section 3. Subsections (6) and (7) of section 390.011,
200 Florida Statutes, are renumbered as subsections (7) and (8),

201 respectively, present subsections (8) through (13) are
 202 renumbered as subsections (10) through (15), respectively,
 203 present subsection (6) is amended, and new subsections (6) and
 204 (9) are added to that section, to read:

205 390.011 Definitions.—As used in this chapter, the term:
 206 (6) "Fatal fetal abnormality" means a terminal condition
 207 that, in reasonable medical judgment, regardless of the
 208 provision of life-saving medical treatment, is incompatible with
 209 life outside the womb and will result in death upon birth or
 210 imminently thereafter.

211 (7)-(6) "Gestation" means the development of a human embryo
 212 or fetus as calculated from the first day of the pregnant
 213 woman's last menstrual period ~~between fertilization and birth.~~

214 (9) "Medical abortion" means the administration or use of
 215 an abortion-inducing drug to induce an abortion.

216 Section 4. Subsection (1) of section 390.0111, Florida
 217 Statutes, is amended to read:

218 390.0111 Termination of pregnancies.—

219 (1) TERMINATION AFTER GESTATIONAL AGE OF 15 WEEKS ~~IN THIRD~~
 220 ~~TRIMESTER;~~ WHEN ALLOWED.—A physician may not perform a ~~No~~
 221 termination of pregnancy if the physician determines the
 222 gestational age of the fetus is more than 15 weeks ~~shall be~~
 223 ~~performed on any human being in the third trimester of pregnancy~~
 224 unless one of the following conditions is met:

225 (a) Two physicians certify in writing that, in reasonable

226 | medical judgment, the termination of the pregnancy is necessary
227 | to save the pregnant woman's life or avert a serious risk of
228 | substantial and irreversible physical impairment of a major
229 | bodily function of the pregnant woman other than a psychological
230 | condition.

231 | (b) The physician certifies in writing that, in reasonable
232 | medical judgment, there is a medical necessity for legitimate
233 | emergency medical procedures for termination of the pregnancy to
234 | save the pregnant woman's life or avert a serious risk of
235 | imminent substantial and irreversible physical impairment of a
236 | major bodily function of the pregnant woman other than a
237 | psychological condition, and another physician is not available
238 | for consultation.

239 | (c) The fetus has not achieved viability under s.
240 | 390.01112 and two physicians certify in writing that, in
241 | reasonable medical judgement, the fetus has a fatal fetal
242 | abnormality.

243 | Section 5. Section 390.0112, Florida Statutes, is amended
244 | to read:

245 | 390.0112 Termination of pregnancies; reporting.—

246 | (1) The director of any medical facility in which
247 | abortions are performed, including surgical procedures and
248 | medical abortions, including a physician's office, shall submit
249 | a report each month to the agency. If the abortion is not
250 | performed in a medical facility, the physician performing the

251 abortion shall submit the monthly report. The report must ~~may~~ be
252 submitted electronically on a form adopted by the agency, the
253 Board of Medicine, and the Board of Osteopathic Medicine which~~7~~

254 may not include personal identifying information~~7~~ and must
255 include:

256 (a) ~~Until the agency begins collecting data under~~
257 ~~paragraph (e)~~~~7~~, The number of abortions performed.

258 (b) The reasons such abortions were performed. If a woman
259 upon whom an abortion is performed has provided evidence that
260 she is a victim of human trafficking pursuant to s.
261 390.0111(3)(a)1.b.(IV), such reason must be included in the
262 information reported under this section.

263 (c) For each abortion, the period of gestation at the time
264 the abortion was performed.

265 (d) The number of infants born alive or alive immediately
266 after an attempted abortion.

267 (e) ~~Beginning no later than January 1, 2017,~~ Information
268 consistent with the United States Standard Report of Induced
269 Termination of Pregnancy adopted by the Centers for Disease
270 Control and Prevention.

271 (f) The number of medication abortion regimens prescribed
272 or dispensed.

273 (2) The agency shall keep such reports in a central
274 location for the purpose of compiling and analyzing statistical
275 data and shall submit data reported pursuant to paragraph (1)(e)

276 to the Division of Reproductive Health within the Centers for
 277 Disease Control and Prevention, as requested by the Centers for
 278 Disease Control and Prevention.

279 ~~(3) If the termination of pregnancy is not performed in a~~
 280 ~~medical facility, the physician performing the procedure shall~~
 281 ~~be responsible for reporting such information as required in~~
 282 ~~subsection (1).~~

283 (3)~~(4)~~ Reports submitted pursuant to this section shall be
 284 confidential and exempt from the provisions of s. 119.07(1) and
 285 shall not be revealed except upon the order of a court of
 286 competent jurisdiction in a civil or criminal proceeding.

287 (4)~~(5)~~ Any person required under this section to file a
 288 report or keep any records who willfully fails to file such
 289 report or keep such records may be subject to a \$200 fine for
 290 each violation. The agency shall be required to impose such
 291 fines when reports or records required under this section have
 292 not been timely received. For purposes of this section, timely
 293 received is defined as 30 days following the preceding month.

294 Section 6. Section 395.1054, Florida Statutes, is created
 295 to read:

296 395.1054 Birthing quality improvement initiatives.—A
 297 hospital that provides birthing services shall at all times
 298 participate in at least two quality improvement initiatives
 299 developed in collaboration with the Florida Perinatal Quality
 300 Collaborative within the University of South Florida College of

CS/HB5

2022

301 Public Health.

302 Section 7. For the 2022-2023 fiscal year, the sum of
303 \$1,602,000 in recurring funds from the General Revenue Fund is
304 appropriated to the Department of Health for the purpose of
305 establishing fetal and infant mortality review committees under
306 s. 383.21625, Florida Statutes.

307 Section 8. This act shall take effect July 1, 2022.