

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2016-17	SCH VIIIIC	ANZ 2016-17	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						64000000
						64200000
						64200100
						13
						<u>1306.00.00.00</u>
						3D00000
						3D00050
						050000
						051106
GENERAL REVENUE FUND	-MATCH		1,542,007-			1000 2

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #03

The Department of Health proposes to redirect \$1,542,007 General Revenue authority in Community Public Health for the school health program.

Currently, funding for Scoliosis goes to the county health department's (CHDs) school health programs. During the 2012-2013 fiscal year 182,508 sixth grade students received Scoliosis screenings. These screenings, rescreenings, referrals, follow-up and resulting documentation and reporting consumed a total 53,298 hours or the equivalent of 26 positions costing the state \$1,542,007. The screening for scoliosis is part of the vision, hearing and BMI screenings that are conducted so the time taken for a school nurse to conduct the screenings would be saved which would result in more time for the nurse to spend in other health education/care/training activities. This proposal enables local school health programs to identify at risk students and conduct necessary screening in a manner that best meets the health and safety needs of the students in their school districts rather than mandating an intrusive screen and resulting burdens as described previously. The American Academy of Pediatrics' Bright Futures Clinical Guide to Performing Preventive Services stresses the importance of assessing the spine during physical examinations by medical doctors.

This would change the mandatory status of 6th grade scoliosis screening; however, it would not restrict counties from continuing mass scoliosis screening or limit scoliosis screening for any student as needed. This statutory requirement would require concurrent action by DOE in s. 1003.22, F.S. to provide consistency with proposed changes to s. 381.0056, F.S.

Amending this statute will bring Florida's policy in line with the recommendations of the 2004 U.S. Preventive Services Task Force (USPSTF) clinical best-practice guidelines, which address the benefits and effectiveness of mass scoliosis screening. As of the October 2012, Summary of Recommendations for Clinical Preventive Services, American Academy of Family Physicians Policy Action publication "The AAFP recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis."

Please see companion issue 3D00060.

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2016-17	SCH VIIIIC	ANZ 2016-17	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
						64000000
						64200000
						64200100
						13
						<u>1306.00.00.00</u>
						3D00000
						3D00060
						050000
						051106
GENERAL REVENUE FUND	-MATCH		1,542,007			1000 2

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE:
 PRIORITY #03

IT COMPONENT? NO

The Department of Health proposes to redirect \$1,542,007 General Revenue authority in Community Public Health for the school health program.

Currently, funding for Scoliosis goes to the county health department's (CHDs) school health programs. During the 2012-2013 fiscal year 182,508 sixth grade students received Scoliosis screenings. These screenings, rescreenings, referrals, follow-up and resulting documentation and reporting consumed a total 53,298 hours or the equivalent of 26 positions costing the state \$1,542,007. The screening for scoliosis is part of the vision, hearing and BMI screenings that are conducted so the time taken for a school nurse to conduct the screenings would be saved which would result in more time for the nurse to spend in other health education/care/training activities.

This would change the mandatory status of 6th grade scoliosis screening; however, it would not restrict counties from continuing mass scoliosis screening or limit scoliosis screening for any student as needed. This statutory requirement would require concurrent action by DOE in s. 1003.22, F.S. to provide consistency with proposed changes to s. 381.0056, F.S.

PROJECTED OUTCOMES:

Bring Florida's policy in line with the recommendations of the 2004 U.S. Preventive Services Task Force (USPSTF) clinical best-practice guidelines, which address the benefits and effectiveness of mass scoliosis screening. As of the October 2012, Summary of Recommendations for Clinical Preventive Services, American Academy of Family Physicians Policy Action publication "The AAFP recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis."

Enable local school health programs to identify at risk students and conduct necessary screening in a manner that best meets the health and safety needs of the students in their school districts.

Please see companion issue 3D00050.

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2016-17	SCH VIIIIC	ANZ 2016-17	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
HEALTH, DEPT OF						64000000
PGM: COMMUNITY PUBLIC HLTH						64200000
<u>DISEASE CNTRL/HLTH PROTECT</u>						64200200
HEALTH AND HUMAN SERVICES						13
<u>HEALTH SVCS/INDIVIDUALS</u>						<u>1301.00.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
REPRIORITIZE PROGRAM SPECIFIC						
HEALTH EDUCATION TO PUBLIC HEALTH						
INVESTIGATOR CROSS-FUNCTIONAL						
TRAINING - DEDUCT						3D00030
EXPENSES						040000
FEDERAL GRANTS TRUST FUND -FEDERL	50,000-					2261 3

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #01

The Department of Health proposes to redirect \$50,000 recurring Federal Grants Trust Fund budget authority in the Disease Control and Health Protection budget entity, in program specific health education funding for Public Health Investigation to cross-functional training. Cross-functional training means that an employee will be trained to investigate diseases or conditions across multiple program areas. For example, a newly trained public health investigator should be able to assist with investigating Sexually Transmitted Diseases (STDs), tuberculosis (TB), hepatitis, meningitis, food-borne diseases, etc.

The infectious disease investigations are currently segregated by specific disease programs. The process lacks integrated perspective and flexibility to respond to public health priorities.

Implementation of a certification process for Public Health Investigation promotes a competent and qualified workforce prepared to meet current public health priorities and prepare for future needs on behalf of Florida's communities. The certification process would be based on core competencies, cross disease program education and advanced investigative techniques. It would include enhanced training and education, skills tests, mentored practicums, evaluations, and a comprehensive exam. It would also provide staff with a broader range of skills needed to prevent, intervene and implement control measures as required in the protection of Florida's citizens from infectious diseases.

This proposal requires no statutory or rule requirement changes.

Please see companion issue 3D00040.

COL A23 SCH VIIIIC REPRIORTIZN POS	COL A24 SCH VIIIIC N/R 2016-17 AMOUNT	COL A25 SCH VIIIIC ANZ 2016-17 AMOUNT	CODES
			64000000
			64200000
			64200200
			13
			<u>1301.00.00.00</u>
			3D00000
			3D00040
			040000
FEDERAL GRANTS TRUST FUND -FEDERL	50,000		2261 3

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #01

The Department of Health proposes to redirect \$50,000 recurring Federal Grants Trust Fund budget authority in the Disease Control and Health Protection budget entity, in program specific health education funding for Public Health Investigation to cross-functional training. These are allowable federal grant expenditures. Cross-functional training means that an employee will be trained to investigate diseases or conditions across multiple program areas. For example, a newly trained public health investigator should be able to assist with investigating Sexually Transmitted Diseases (STDs), tuberculosis (TB), hepatitis, meningitis, food-borne diseases, etc.

The infectious disease investigations are currently segregated by specific disease programs. The process lacks integrated perspective and flexibility to respond to public health priorities.

PROJECTED OUTCOMES:

Promote a competent and qualified workforce prepared to meet current public health priorities and prepare for future needs on behalf of Florida's communities.

Provide staff with a broader range of skills needed to prevent, intervene and implement control measures as required in the protection of Florida's citizens from infectious diseases.

This proposal requires no statutory or rule requirement changes.

Please see companion issue 3D00030.

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2016-17	SCH VIIIIC	ANZ 2016-17	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
HEALTH, DEPT OF						64000000
PGM: COMMUNITY PUBLIC HLTH						64200000
<u>DISEASE CNTRL/HLTH PROTECT</u>						64200200
HEALTH AND HUMAN SERVICES						13
<u>COUNTY HEALTH DEPARTMENTS</u>						<u>1306.00.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
REPRIORITIZE LEAD SCREENING PROGRAM						
TO ENVIRONMENTAL ASSESSMENTS FOR						
CHILDREN EXPOSED TO LEAD - DEDUCT						3D00070
AID TO LOCAL GOVERNMENTS						050000
CONTR TO COUNTY HLT						050329
GENERAL REVENUE FUND	-STATE	250,000-				1000 1

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #02

The Department of Health proposes to redirect \$250,000 recurring General Revenue in the Disease Control and Health Protection budget entity, Contributions to County Health Departments category for lead poisoning.

Florida Statute 381.985 directs the State Surgeon General to create a blood lead screening program to identify and screen children under 6 years of age at risk of having elevated blood lead levels. The high risk group identified by the Centers for Disease Control (CDC) include: poor children, recent immigrants, and children who have occupationally exposed parents. The children at risk for lead poisoning should be screened and monitored by their primary health care provider. The blood lead level testing is covered by Medicaid and most managed care and other health insurance.

The county health department resources currently used for blood lead level screening can be redirected to focus on lead poisoning and other disease surveillance activities (F.S. 381.0031), lead exposure risk assessment (F.S. 381.006) and educational programs about lead poisoning (F.S. 381.984).

The planned results are:

- (1) Timely identification of environmental sources and disease prevention through lead exposure risk assessments.
- (2) Continued awareness about the importance of lead poisoning prevention and appropriate actions to take among persons at high risk and their health care providers.
- (3) Added flexibility for county health department staff to devote resources towards investigations of all reportable disease problems of public health concern in a particular community.

The Florida Statute 381.985 would need to be repealed. Florida Administrative Code 64D-3.031(3) would need to be permanently changed to delete the requirement for laboratories to report negative blood lead test results to the Department of Health.

Please see companion issue 3D00080.

COL A23		COL A24		COL A25		CODES
SCH VIIIIC	REPRIORTIZN	SCH VIIIIC	N/R 2016-17	SCH VIIIIC	ANZ 2016-17	
POS	AMOUNT	POS	AMOUNT	POS	AMOUNT	
HEALTH, DEPT OF						64000000
PGM: COMMUNITY PUBLIC HLTH						64200000
<u>DISEASE CNTRL/HLTH PROTECT</u>						64200200
HEALTH AND HUMAN SERVICES						13
<u>COUNTY HEALTH DEPARTMENTS</u>						<u>1306.00.00.00</u>
FUNDING REPRIORITIZATIONS						3D00000
REPRIORITIZE LEAD SCREENING PROGRAM						
TO ENVIRONMENTAL ASSESSMENTS FOR						
CHILDREN EXPOSED TO LEAD - ADD						3D00080
AID TO LOCAL GOVERNMENTS						050000
CONTR TO COUNTY HLT						050329
GENERAL REVENUE FUND	-STATE	250,000				1000 1

AGENCY ISSUE NARRATIVE:

SCHED VIIIIC REPRIORTIZN NARRATIVE: IT COMPONENT? NO
 PRIORITY #02

The Department of Health proposes to redirect \$250,000 recurring General Revenue in the Disease Control and Health Protection budget entity, Contributions to County Health Departments category for lead poisoning.

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The county health department resources currently used for blood lead level screening can be redirected to focus on lead poisoning and other disease surveillance activities (F.S. 381.0031), lead exposure risk assessment (F.S. 381.006) and educational programs about lead poisoning (F.S. 381.984).

PROJECTED OUTCOMES:

- (1) Timely identification of environmental sources and disease prevention through lead exposure risk assessments.
- (2) Continued awareness about the importance of lead poisoning prevention and appropriate actions to take among persons at high risk and their health care providers.
- (3) Added flexibility for county health department staff to devote resources towards investigations of all reportable disease problems of public health concern in a particular community.

The Florida Statute 381.985 would need to be repealed. Florida Administrative Code 64D-3.031(3) would need to be permanently changed to delete the requirement for laboratories to report negative blood lead test results to the Department of Health.

Please see companion issue 3D00070.
