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Proposed Committee Substitute by the Committee on Appropriations (Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

2 An act relating to substance abuse services; amending 3 s. 394.4572, F.S.; authorizing the Department of 4 Children and Families and the Agency for Health Care 5 Administration to grant exemptions from 6 disgualification for certain service provider 7 personnel; amending s. 397.311, F.S.; redefining the 8 terms "clinical supervisor" and "recovery residence"; 9 defining the terms "clinical services supervisor," 10 "clinical director," and "peer specialist"; amending 11 s. 397.321, F.S.; providing for the review of certain 12 decisions by a department-recognized certifying 13 entity; authorizing certain persons to request an 14 administrative hearing within a specified timeframe 15 and under certain circumstances; amending s. 397.4073, 16 F.S.; requiring individuals screened on or after a specified date to undergo specified background 17 18 screening; requiring the department to grant or deny a 19 request for an exemption from qualification within a 20 certain timeframe; authorizing certain applicants for 21 an exemption to work under the supervision of certain 2.2 persons for a specified period of time while his or 23 her application is pending; authorizing certain 24 persons to be exempt from disgualification from 25 employment; authorizing the department to grant 26 exemptions from disgualification for service provider 27 personnel to work solely in certain treatment programs

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28 and facilities; amending s. 397.4075, F.S.; increasing 29 the criminal penalty for certain unlawful activities 30 relating to personnel; providing a criminal penalty for inaccurately disclosing certain facts in an 31 32 application for licensure; creating s. 397.417, F.S.; 33 providing legislative intent; authorizing an 34 individual to seek certification as a peer specialist 35 if he or she meets certain requirements; requiring the 36 department to approve one or more third-party 37 credentialing entities for specified purposes; 38 requiring the credentialing entity to demonstrate 39 compliance with certain standards in order to be 40 approved by the department; requiring an individual providing department-funded recovery support services 41 42 as a peer specialist to be certified; authorizing an 43 individual who is not certified to provide recovery 44 support services as a peer specialist under certain 45 circumstances; prohibiting an individual who is not a certified peer specialist from advertising or 46 47 providing recovery services unless the person is 48 exempt; providing criminal penalties; authorizing the 49 department, a behavioral health managing entity, or 50 the Medicaid program to reimburse peer specialist 51 services as a recovery service; encouraging Medicaid 52 managed care plans to use peer specialists in 53 providing recovery services; amending s. 397.487, 54 F.S.; revising legislative findings relating to 55 voluntary certification of recovery residences; 56 revising background screening requirements for owners,

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57 directors, and chief financial officers of recovery 58 residences; authorizing a certified recovery residence 59 to immediately discharge or transfer residents under certain circumstances; specifying that a local 60 61 governmental entity is not prohibited from requiring 62 mandatory certification of recovery residences for 63 certain purposes; requiring the Sober Homes Task Force within the Office of the State Attorney of the 64 65 Fifteenth Judicial Circuit to submit a report to the 66 Legislature containing certain recommendations; 67 amending s. 397.4873, F.S.; expanding the exceptions 68 to limitations on referrals by recovery residences to 69 licensed service providers; amending s. 397.55, F.S.; 70 revising the requirements for a service provider, 71 operator of a recovery residence, or certain third 72 parties to enter into certain contracts with marketing 73 providers; amending s. 435.07, F.S.; authorizing the exemption of certain persons from disqualification 74 75 from employment; amending s. 553.80, F.S.; requiring 76 that a single-family or two-family dwelling used as a 77 recovery residence be deemed a single-family or two-78 family dwelling for purposes of the Florida Building 79 Code; amending ss. 212.055, 397.416, and 440.102, 80 F.S.; conforming cross-references; providing an 81 effective date. 82

Be It Enacted by the Legislature of the State of Florida:
Section 1. Subsection (2) of section 394.4572, Florida

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86	Statutes, is amended to read:
87	394.4572 Screening of mental health personnel
88	(2) <u>(a)</u> The department or the Agency for Health Care
89	Administration may grant exemptions from disqualification as
90	provided in chapter 435.
91	(b) The department or the Agency for Health Care
92	Administration, as applicable, may grant exemptions from
93	disqualification for service provider personnel to work solely
94	in mental health treatment programs or facilities, or in
95	programs or facilities that treat co-occurring substance use and
96	mental health disorders.
97	Section 2. Present subsections (30) through (49) of section
98	397.311, Florida Statutes, are redesignated as subsections (31)
99	through (50), respectively, subsection (8) and present
100	subsection (37) of that section are amended, and subsection (30)
101	is added to that section, to read:
102	397.311 Definitions.—As used in this chapter, except part
103	VIII, the term:
104	(8) "Clinical supervisor <u>,</u> " <u>"clinical services supervisor,"</u>
105	or "clinical director" means a person who meets the requirements
106	of a qualified professional and who manages personnel who
107	provide direct clinical <u>services, or who maintains lead</u>
108	responsibility for the overall coordination and provision of
109	clinical services treatment.
110	(30) "Peer specialist" means a person who has been in
111	recovery from a substance use disorder or mental illness for at
112	least 2 years and who uses his or her personal experience to
113	provide services in behavioral health settings, supporting
114	others in their recovery; or a person who has at least 2 years

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115	of experience as a family member or caregiver of an individual
116	who has a substance use disorder or mental illness. The term
117	does not include a qualified professional or a person otherwise
118	certified under chapter 394 or chapter 397.
119	(38) (37) "Recovery residence" means a residential dwelling
120	unit, or other form of group housing, <u>including group housing</u>
121	that is part of any licensable community housing component
122	established by rule or statute, which that is offered or
123	advertised through any means, including oral, written,
124	electronic, or printed means, by any person or entity as a
125	residence that provides a peer-supported, alcohol-free, and
126	drug-free living environment.
127	Section 3. Subsection (15) of section 397.321, Florida
128	Statutes, is amended to read:
129	397.321 Duties of the departmentThe department shall:
130	(15) Recognize a statewide certification process for
131	addiction professionals and identify and endorse one or more
132	agencies responsible for such certification of service provider
133	personnel. Any decision by a department-recognized certifying
134	entity to deny, revoke, or suspend a certification, or otherwise
135	impose sanctions on an individual who is certified, is
136	reviewable by the department. Upon receiving an adverse
137	determination, the person aggrieved may request an
138	administrative hearing conducted pursuant to ss. 120.569 and
139	120.57(1) within 30 days after completing any appeals process
140	offered by the credentialing entity or the department, as
141	applicable.
142	Section 4. Paragraphs (a), (f), and (g) of subsection (1),
143	and subsection (4) of section 397.4073, Florida Statutes, are

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144 amended to read:

145 397.4073 Background checks of service provider personnel.146 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
147 EXCEPTIONS.-

(a) For all individuals screened on or after July 1, 2019,
background checks shall apply as follows:

All owners, directors, chief financial officers, and
 clinical supervisors of service providers are subject to level 2
 background screening as provided under chapter 435 <u>and s.</u>
 <u>408.809</u>. Inmate substance abuse programs operated directly or
 under contract with the Department of Corrections are exempt
 from this requirement.

156 2. All service provider personnel who have direct contact 157 with children receiving services or with adults who are 158 developmentally disabled receiving services are subject to level 159 2 background screening as provided under chapter 435 <u>and s.</u> 160 408.809.

3. All peer specialists who have direct contact with
 individuals receiving services are subject to level 2 background
 screening as provided under chapter 435 and s. 408.809.

(f) Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. <u>The department</u> shall grant or deny the request within 60 days after receipt of a complete application.

(g) If 5 years or more have elapsed since an applicant for an exemption from disqualification has completed or has been lawfully released from confinement, supervision, or a nonmonetary condition imposed by a court for the applicant's

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173 most recent disqualifying offense, the applicant may work with 174 adults with substance use disorders or co-occurring disorders 175 under the supervision of persons who meet all personnel 176 requirements of this chapter for up to 90 days after being 177 notified of his or her disqualification or until the department 178 makes a final determination regarding his or her request for an 179 exemption from disqualification, whichever is earlier the most recent disqualifying offense, service provider personnel may 180 181 work with adults with substance use disorders under the 182 supervision of a qualified professional licensed under chapter 183 490 or chapter 491 or a master's-level-certified addictions 184 professional until the agency makes a final determination 185 regarding the request for an exemption from disqualification.

186 <u>(h) (g)</u> The department may not issue a regular license to 187 any service provider that fails to provide proof that background 188 screening information has been submitted in accordance with 189 chapter 435.

190

(4) EXEMPTIONS FROM DISQUALIFICATION.-

(a) The department may grant to any service provider
personnel an exemption from disqualification as provided in s.
435.07.

(b) Since rehabilitated substance abuse impaired persons 194 195 are effective in the successful treatment and rehabilitation of individuals with substance use disorders, for service providers 196 197 which treat adolescents 13 years of age and older, service 198 provider personnel whose background checks indicate crimes under 199 <u>s. 796.07(2)(e)</u>, <u>s. 810.02(4)</u>, <u>s. 812.014(2)(c)</u>, <u>s. 817.563</u>, <u>s.</u> 200 831.01, s. 831.02, s. 893.13, or s. 893.147, and any related criminal attempt, solicitation, or conspiracy under s. 777.04, 201

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202 may be exempted from disqualification from employment pursuant 203 to this paragraph.

204 (c) The department may grant exemptions from 205 disqualification for service provider personnel to work solely 206 in substance use disorder treatment programs, facilities, or 207 recovery residences or in programs or facilities that treat co-208 occurring substance use and mental health disorders. The 209 department may further limit such grant exemptions from disqualification which would limit service provider personnel to 210 211 working with adults in substance abuse treatment facilities.

212 Section 5. Section 397.4075, Florida Statutes, is amended 213 to read:

397.4075 Unlawful activities relating to personnel;
penalties.—It is a <u>felony of the third misdemeanor of the first</u>
degree, punishable as provided in s. 775.082 or s. 775.083, for
any person willfully, knowingly, or intentionally to:

(1) Inaccurately disclose by false statement, misrepresentation, impersonation, or other fraudulent means, or fail to disclose, in any application for <u>licensure or</u> voluntary or paid employment, any fact which is material in making a determination as to the person's qualifications to be an owner, a director, a volunteer, or other personnel of a service provider;

(2) Operate or attempt to operate as a service provider
with personnel who are in noncompliance with the minimum
standards contained in this chapter; or

(3) Use or release any criminal or juvenile information
obtained under this chapter for any purpose other than
background checks of personnel for employment.

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231 Section 6. Section 397.417, Florida Statutes, is created to 232 read:

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397.417 Peer Specialists.-

(1) The Legislature intends to expand the use of peer
 specialists as a cost-effective means of providing services by
 ensuring that peer specialists meet specified qualifications,
 meet modified background screening requirements, and are
 adequately reimbursed for their services.

239 (2) An individual may seek certification as a peer 240 specialist if he or she has been in recovery from a substance 241 use disorder or mental illness for at least 2 years, or if he or 242 she has at least 2 years of experience as a family member or 243 caregiver of a person with a substance use disorder or mental 244 illness.

245 (3) The department shall approve one or more third-party 246 credentialing entities for the purposes of certifying peer 247 specialists, approving training programs for individuals seeking 248 certification as peer specialists, approving continuing 249 education programs, and establishing the minimum requirements 250 and standards that applicants must achieve to maintain 251 certification. To obtain approval, the third-party credentialing 252 entity must demonstrate compliance with nationally recognized 253 standards for developing and administering professional 2.5.4 certification programs to certify peer specialists.

255 (4) An individual providing department-funded recovery
 256 support services as a peer specialist shall be certified
 257 pursuant to subsection (3). An individual who is not certified
 258 may provide recovery support services as a peer specialist for
 259 up to 1 year if he or she is working toward certification and is

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260 supervised by a qualified professional or by a certified peer 261 specialist who has at least 3 years of full-time experience as a 262 peer specialist at a licensed behavioral health organization. 263 (5) An individual who is not a certified peer specialist 264 may not advertise recovery services to the public in any way, or 265 by any medium; or provide recovery services as a peer 266 specialist, unless the person is exempt under subsection (4). 267 Any individual who violates this subsection commits a 268 misdemeanor of the first degree, punishable as provided in s. 269 775.082 or s. 775.083. 270 (6) Peer specialist services may be reimbursed as a 271 recovery service through the department, a behavioral health 272 managing entity, or the Medicaid program. Medicaid managed care 273 plans are encouraged to use peer specialists in providing 274 recovery services. 275 Section 7. Subsections (1) and (6) of section 397.487, 276 Florida Statutes, are amended, and subsections (11), (12), and 277 (13) are added to that section, to read: 278 397.487 Voluntary certification of recovery residences.-279 (1) The Legislature finds that a person suffering from 280 addiction has a higher success rate of achieving long-lasting 281 sobriety when given the opportunity to build a stronger 282 foundation by living in a recovery residence while receiving 283 treatment or after completing treatment. The Legislature further 284 finds that this state and its subdivisions have a legitimate 285 state interest in protecting these persons, who represent a 286 vulnerable consumer population in need of adequate housing. It 287 is the intent of the Legislature to protect persons who reside 288 in a recovery residence.

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289 (6) All owners, directors, and chief financial officers of 290 an applicant recovery residence are subject to level 2 291 background screening as provided under chapter 435 and s. 292 408.809. A recovery residence is ineligible for certification, 293 and a credentialing entity shall deny a recovery residence's 294 application, if any owner, director, or chief financial officer has been found guilty of, or has entered a plea of guilty or 295 296 nolo contendere to, regardless of adjudication, any offense listed in s. 435.04(2) or s. 408.809(4) unless the department 297 298 has issued an exemption under s. 397.4073 or s. 397.4872. In 299 accordance with s. 435.04, the department shall notify the 300 credentialing agency of an owner's, director's, or chief financial officer's eligibility based on the results of his or 301 302 her background screening. 303

303 <u>(11) Notwithstanding any landlord and tenant rights and</u> 304 <u>obligations under chapter 83, a recovery residence that is</u> 305 <u>certified under this section and that has a discharge policy</u> 306 <u>approved by a credentialing entity may immediately discharge or</u> 307 <u>transfer a resident under any of the following circumstances:</u>

308 (a) The discharge or transfer is necessary for the 309 resident's welfare.

310 (b) The resident's needs cannot be met at the recovery 311 residence.

312 (c) The health and safety of other residents or recovery 313 residence employees is at risk or would be at risk if the 314 resident continues to live at the recovery residence.

315 (12) This section does not prohibit a local governmental 316 entity from requiring mandatory certification of recovery 317 residences as part of a reasonable accommodation process to

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318 protect the health and safety of the residents.

319 (13) By January 1, 2020, the Sober Homes Task Force within 320 the Office of the State Attorney of the Fifteenth Judicial 321 Circuit shall submit a report to the President of the Senate and 322 the Speaker of the House of Representatives which contains 323 recommendations on mandatory statewide certification of recovery 324 in the State Attorney of the House of Representatives which contains 325 recommendations on mandatory statewide certification of recovery 326 in the State Attorney of the House of Representatives which contains

324 <u>residences.</u>

325 Section 8. Paragraph (d) is added to subsection (2) of 326 section 397.4873, Florida Statutes, and subsection (1) of that 327 section is republished, to read:

328 397.4873 Referrals to or from recovery residences; 329 prohibitions; penalties.-

(1) A service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such a patient from, a recovery residence unless the recovery residence holds a valid certificate of compliance as provided in s. 397.487 and is actively managed by a certified recovery residence administrator as provided in s. 397.4871.

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(2) Subsection (1) does not apply to:

338 (d) The referral of a patient to, or acceptance of a referral of such a patient from, a recovery residence that has 339 340 no direct or indirect financial or other referral relationship 341 with the provider and that is democratically operated by its 342 residents pursuant to a charter from an entity recognized or 343 sanctioned by Congress, and where the residence or any resident 344 of the residence does not receive a benefit, directly or 345 indirectly, for the referral.

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Section 9. Paragraph (d) of subsection (1) of section



397.55 Prohibition of deceptive marketing practices.-

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347 397.55, Florida Statutes, is amended to read:

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(1) The Legislature recognizes that consumers of substance 349 350 abuse treatment have disabling conditions and that such consumers and their families are vulnerable and at risk of being 351 352 easily victimized by fraudulent marketing practices that 353 adversely impact the delivery of health care. To protect the 354 health, safety, and welfare of this vulnerable population, a 355 service provider, an operator of a recovery residence, or a 356 third party who provides any form of advertising or marketing services to a service provider or an operator of a recovery 357 358 residence may not engage in any of the following marketing 359 practices:

360 (d) Entering into a contract with a marketing provider who agrees to generate referrals or leads for the placement of 361 362 patients with a service provider or in a recovery residence 363 through a call center or a web-based presence, unless the 364 contract requires such agreement and the marketing provider 365 service provider or the operator of the recovery residence 366 discloses the following to the prospective patient so that the 367 patient can make an informed health care decision:

368 1. Information about the specific licensed service 369 providers or recovery residences that are represented by the 370 marketing provider and pay a fee to the marketing provider, including the identity of such service providers or recovery 371 372 residences; and

373 2. Clear and concise instructions that allow the 374 prospective patient to easily access lists of licensed service 375 providers and recovery residences on the department website.

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376 Section 10. Subsection (2) of section 435.07, Florida 377 Statutes, is amended to read:

435.07 Exemptions from disqualification.—Unless otherwise provided by law, the provisions of this section apply to exemptions from disqualification for disqualifying offenses revealed pursuant to background screenings required under this chapter, regardless of whether those disqualifying offenses are listed in this chapter or other laws.

384 (2) Persons employed, or applicants for employment, by 385 treatment providers who treat adolescents 13 years of age and 386 older who are disqualified from employment solely because of 387 crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, or any 388 389 related criminal attempt, solicitation, or conspiracy under s. 390 777.04, may be exempted from disqualification from employment 391 pursuant to this chapter without application of the waiting 392 period in subparagraph (1)(a)1.

393 Section 11. Subsection (9) is added to section 553.80, 394 Florida Statutes, to read:

395

553.80 Enforcement.-

396 (9) If a single-family or two-family dwelling is used as a 397 recovery residence, as defined in s. 397.311, such dwelling 398 shall be deemed a single-family or two-family dwelling for 399 purposes of the Florida Building Code.

400 Section 12. Paragraph (e) of subsection (5) of section 401 212.055, Florida Statutes, is amended to read:

402 212.055 Discretionary sales surtaxes; legislative intent; 403 authorization and use of proceeds.—It is the legislative intent 404 that any authorization for imposition of a discretionary sales

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405 surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the 406 407 levy. Each enactment shall specify the types of counties 408 authorized to levy; the rate or rates which may be imposed; the 409 maximum length of time the surtax may be imposed, if any; the 410 procedure which must be followed to secure voter approval, if 411 required; the purpose for which the proceeds may be expended; 412 and such other requirements as the Legislature may provide. 413 Taxable transactions and administrative procedures shall be as 414 provided in s. 212.054.

415 (5) COUNTY PUBLIC HOSPITAL SURTAX. - Any county as defined in 416 s. 125.011(1) may levy the surtax authorized in this subsection 417 pursuant to an ordinance either approved by extraordinary vote 418 of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting 419 420 in a referendum. In a county as defined in s. 125.011(1), for 421 the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 422 423 which is owned, operated, maintained, or governed by the county 424 or its agency, authority, or public health trust.

425 (e) A governing board, agency, or authority shall be 426 chartered by the county commission upon this act becoming law. 427 The governing board, agency, or authority shall adopt and 428 implement a health care plan for indigent health care services. 429 The governing board, agency, or authority shall consist of no 430 more than seven and no fewer than five members appointed by the 431 county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of 432 433 the county. No member may be employed by or affiliated with a

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434 health care provider or the public health trust, agency, or authority responsible for the county public general hospital. 435 436 The following community organizations shall each appoint a 437 representative to a nominating committee: the South Florida 438 Hospital and Healthcare Association, the Miami-Dade County 439 Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade 440 County. This committee shall nominate between 10 and 14 county 441 442 citizens for the governing board, agency, or authority. The 443 slate shall be presented to the county commission and the county 444 commission shall confirm the top five to seven nominees, 445 depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds 446 447 provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not 448 disbursed by the county for any other purpose. 449

1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.

456 2. The plan and subsequent amendments to it shall fund a 457 defined range of health care services for both indigent persons 458 and the medically poor, including primary care, preventive care, 459 hospital emergency room care, and hospital care necessary to 460 stabilize the patient. For the purposes of this section, 461 "stabilization" means stabilization as defined in <u>s. 397.311</u> s. 462 397.311(45). Where consistent with these objectives, the plan

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463 may include services rendered by physicians, clinics, community 464 hospitals, and alternative delivery sites, as well as at least 465 one regional referral hospital per service area. The plan shall 466 provide that agreements negotiated between the governing board, 467 agency, or authority and providers shall recognize hospitals 468 that render a disproportionate share of indigent care, provide 469 other incentives to promote the delivery of charity care to draw 470 down federal funds where appropriate, and require cost 471 containment, including, but not limited to, case management. 472 From the funds specified in subparagraphs (d)1. and 2. for 473 indigent health care services, service providers shall receive 474 reimbursement at a Medicaid rate to be determined by the 475 governing board, agency, or authority created pursuant to this 476 paragraph for the initial emergency room visit, and a per-member 477 per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered 478 479 following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, 480 481 enrollment shall be deemed to have occurred at the time services 482 were rendered. The provisions for specific reimbursement of 483 emergency services shall be repealed on July 1, 2001, unless 484 otherwise reenacted by the Legislature. The capitation amount or 485 rate shall be determined before program implementation by an independent actuarial consultant. In no event shall such 486 487 reimbursement rates exceed the Medicaid rate. The plan must also 488 provide that any hospitals owned and operated by government 489 entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford 490 491 public access equal to that provided under s. 286.011 as to any

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492 meeting of the governing board, agency, or authority the subject 493 of which is budgeting resources for the retention of charity 494 care, as that term is defined in the rules of the Agency for 495 Health Care Administration. The plan shall also include 496 innovative health care programs that provide cost-effective 497 alternatives to traditional methods of service and delivery 498 funding.

3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).

4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.

507 5. At the end of each fiscal year, the governing board, 508 agency, or authority shall prepare an audit that reviews the 509 budget of the plan, delivery of services, and quality of 510 services, and makes recommendations to increase the plan's 511 efficiency. The audit shall take into account participant 512 hospital satisfaction with the plan and assess the amount of 513 poststabilization patient transfers requested, and accepted or denied, by the county public general hospital. 514

515 Section 13. Section 397.416, Florida Statutes, is amended 516 to read:

517 397.416 Substance abuse treatment services; qualified 518 professional.—Notwithstanding any other provision of law, a 519 person who was certified through a certification process 520 recognized by the former Department of Health and Rehabilitative

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Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in <u>s. 397.311(35)</u> s. 397.311(34).

526 Section 14. Paragraphs (d) and (g) of subsection (1) of 527 section 440.102, Florida Statutes, are amended to read:

528 440.102 Drug-free workplace program requirements.—The 529 following provisions apply to a drug-free workplace program 530 implemented pursuant to law or to rules adopted by the Agency 531 for Health Care Administration:

532 (1) DEFINITIONS.-Except where the context otherwise533 requires, as used in this act:

(d) "Drug rehabilitation program" means a service provider
as defined in s. 397.311 which, established pursuant to s.
397.311(43), that provides confidential, timely, and expert
identification, assessment, and resolution of employee drug
abuse.

539 (q) "Employee assistance program" means an established 540 program capable of providing expert assessment of employee 541 personal concerns; confidential and timely identification 542 services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; 543 544 and followup services for employees who participate in the 545 program or require monitoring after returning to work. If, in 546 addition to the above activities, an employee assistance program 547 provides diagnostic and treatment services, these services shall 548 in all cases be provided by service providers as defined in s. 549 397.311 pursuant to s. 397.311(43).

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PROPOSED COMMITTEE SUBSTITUTE

Florida Senate - 2019 Bill No. CS for SB 900

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Section 15. This act shall take effect July 1, 2019.