

Tab 1	CS/SB 130 by CF, Rouson (CO-INTRODUCERS) Harrell, Hooper, Book; (Similar to H 00083) Mental Health and Substance Use Disorders						
392264	A	S	RCS	AHS, Rouson	Delete L.185:	03/17	02:15 PM

Tab 2	CS/SB 404 by HP, Rouson; (Similar to H 00183) Office of Minority Health and Health Equity						
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Bean, Chair
Senator Rodriguez, Vice Chair

MEETING DATE: Wednesday, March 17, 2021
TIME: 12:30—2:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Bean, Chair; Senator Rodriguez, Vice Chair; Senators Book, Brodeur, Burgess, Diaz, Farmer, Harrell, Jones, Rodrigues, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
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PUBLIC TESTIMONY WILL BE RECEIVED FROM ROOM A3 AT THE DONALD L. TUCKER CIVIC CENTER, 505 W PENSACOLA STREET, TALLAHASSEE, FL 32301

1	<p>CS/SB 130 Children, Families, and Elder Affairs / Rouson (Similar H 83)</p>	<p>Mental Health and Substance Use Disorders; Providing that the use of peer specialists is an essential element of a coordinated system of care in recovery from a substance use disorder or mental illness; requiring the department to certify peer specialists, either directly or by approving a third-party credentialing entity; requiring that a person providing recovery support services be certified or be supervised by a licensed behavioral health care professional or a certified peer specialist; requiring peer specialists and certain persons to meet the requirements of a background screening as a condition of employment and continued employment, etc.</p> <p>CF 03/02/2021 Fav/CS AHS 03/17/2021 Fav/CS AP</p>	<p>Fav/CS Yeas 11 Nays 0</p>
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2	<p>CS/SB 404 Health Policy / Rouson (Similar H 183)</p>	<p>Office of Minority Health and Health Equity; Requiring the Office of Minority Health and Health Equity to develop and promote the statewide implementation of certain policies, programs, and practices; requiring one representative from each county health department to serve as a minority health liaison for a specified purpose; requiring the Department of Health to maintain specified information on its website; requiring the office to serve as a liaison to and assist certain federal offices, etc.</p> <p>HP 03/03/2021 Fav/CS AHS 03/17/2021 Favorable AP</p>	<p>Favorable Yeas 11 Nays 0</p>
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TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
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Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointment to the office indicated.

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Wednesday, March 17, 2021, 12:30—2:30 p.m.

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
Secretary of Health Care Administration			
3	Marsteller, Simone ()	Pleasure of Governor	Recommend Confirm Yeas 11 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
Other Related Meeting Documents			

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/CS/SB 130 (154204)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Rouson and others

SUBJECT: Mental Health and Substance Use Disorders

DATE: March 18, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Delia</u>	<u>Cox</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>Kidd</u>	<u>AHS</u>	<u>Recommend: Fav/CS</u>
3.	<u> </u>	<u> </u>	<u>AP</u>	<u> </u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/CS/SB 130 promotes the use of peer specialists to assist an individual’s recovery from substance use disorder (SUD) or mental illness. Peer specialists are persons who have recovered from a substance use disorder or mental illness who support a person with a current substance use disorder or mental illness.

Specifically, the bill:

- Adds the use of peer specialists as an essential element of a coordinated system of care;
- Provides legislative findings and intent related to the use of peer specialists in the provision of behavioral health care;
- Requires the Department of Children and Families (the DCF) to develop a training program for peer specialists, giving preference to trainers who are certified peer specialists;
- Requires the DCF to certify peer specialists, directly or through the use of a third-party credentialing entity;
- Revises background screening requirements and codifies existing training and certification requirements for peer specialists;
- Adds offenses for which individuals seeking certification as a peer specialist may seek an exemption from eligibility disqualification;
- Allows peer specialists to work with adults with mental health disorders, in addition to SUDs and co-occurring disorders, while a request for an exemption from a background check disqualification is pending.

- Expands the statutory limit for the number of days during which a service provider can work while a request for exemption from a background check disqualification is pending to 180 days from the current 90 days.
- Allows for recovery support services to be reimbursed as a recovery service through the DCF, a behavioral health managing entity, or the Medicaid program.
- Provides that individuals certified as peer specialists by July 1, 2021, will be deemed to have met the requirements for certification under the bill.

The bill is expected to have an insignificant negative fiscal impact on state government.

The bill is effective July 1, 2021.

II. Present Situation:

Substance Abuse

Substance abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance use disorder (SUD) is determined based on specified criteria included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).¹ According to the DSM-5, a diagnosis of SUD is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.⁴ Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision making, learning and memory, and behavior control.⁵

In 2018, approximately 20.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year, including 14.8 million people diagnosed with alcohol use disorder and 8.1 million people diagnosed with drug use disorder.⁶ The most

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.who.int/westernpacific/about/how-we-work/programmes/mental-health-and-substance-abuse>; the National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics> (last visited February 21, 2021).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited February 21, 2021).

³ The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Substance Use Disorders*, <http://www.samhsa.gov/disorders/substance-use> (last visited February 21, 2021).

⁴ The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction> (last visited February 21, 2021).

⁵ *Id.*

⁶ The SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*, p. 2, available at <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf> (last visited February 23, 2021).

common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants.⁷

Substance Abuse Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse.⁸ The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.⁹ Each of these laws governed different aspects of addiction, and thus had different rules adopted by the state to fully implement the respective pieces of legislation.¹⁰ However, because persons with substance abuse issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.¹¹ In 1993, legislation was adopted to combine ch. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹²

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.¹³ However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹⁴ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁵

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based upon state and federally-established priority populations.¹⁶ The DCF provides treatment for SUD through a community-based provider system offering detoxification,¹⁷ treatment

⁷ The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited February 23, 2021).

⁸ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Children, Families, and Elder Affairs Committee).

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² Chapter 93-39, s. 2, Laws of Fla., codifying current ch. 397, F.S.

¹³ See s. 397.601(1) and (2), F.S. An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹⁴ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act*, Risk RX, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <http://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited February 23, 2021).

¹⁵ *Id.*

¹⁶ See chs. 394 and 397, F.S.

¹⁷ Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.

services¹⁸ and recovery support¹⁹ for individuals affected by substance misuse, abuse or dependence.²⁰

Peer Specialists

Research has shown that social support provided by peers is beneficial to those in recovery from a SUD or mental illness.²¹ Section 397.311, F.S., defines a peer specialist as “a person who has been in recovery from a SUD or mental illness for at least 2 years who uses his or her personal experience to provide services in behavioral health settings to support others in their recovery, or a person who has at least 2 years of experience as a family member or caregiver of an individual who has a SUD or mental illness. The term does not include a qualified professional or a person otherwise certified under ch. 394 or ch. 397.”²²

There are four primary types of social support provided by peers:

- Emotional: where a peer demonstrates empathy, caring or concern to bolster a person’s self-esteem. (i.e., peer mentoring or peer-led support groups).
- Informational: where a peer shares knowledge and information to provide life or vocational skills training. (i.e., parenting classes, job readiness training, or wellness seminars).
- Instrumental: where a peer provides concrete assistance to help others accomplish tasks. (i.e., child care, transportation, and help accessing health and human services).
- Affiliational: where a peer facilitates contacts with other people to promote learning of social skills, create a sense of community, and acquire a sense of belonging. (i.e., recovery centers, sports league participation, and alcohol or drug free socialization opportunities).²³

In Florida, DCF and Medicaid both allow reimbursement for peer support services, but only if provided by certified peer specialists.²⁴

An individual seeking to become a certified peer specialist must have either been in recovery from a SUD or mental illness for at least two years, or must have at least two years of experience as a family member or caregiver of an individual suffering from a substance use disorder or mental illness.²⁵ The DCF must approve one or more third-party credentialing entities for the

¹⁸ Treatment services include a wide array of assessment, counseling, case management, and support that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support.

¹⁹ Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.

²⁰ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml> (last visited February 21, 2021).

²¹ Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, *What Are Peer Recovery Support Services?*, available at <https://store.samhsa.gov/system/files/sma09-4454.pdf> (last visited February 23, 2021).

²² Section 397.311(30), F.S.

²³ The DCF, *Florida Peer Services Handbook* at p. 4-5, 2016, available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/peer-services/DCF-Peer-Guidance.pdf> (last visited February 23, 2021).

²⁴ The DCF, *Agency Analysis for 2019 HB 369*, p. 2 February 8, 2019 (on file with the Senate Children, Families, and Elder Affairs Committee staff). Florida’s Medicaid program currently covers peer recovery services; the DCF allows the state’s behavioral health managing entities to reimburse for peer recovery services.

²⁵ Section 397.417(1), F.S.

purposes of certifying peer specialists, approving training programs for individuals seeking certification as peer specialists, approving continuing education programs, and establishing the minimum requirements and standards that applicants must achieve to maintain certification.²⁶ To obtain approval, the third-party credentialing entity must demonstrate compliance with nationally recognized standards for developing and administering professional certification programs to certify peer specialists.²⁷ All individuals providing DCF-funded recovery support services as a peer specialist must be certified, however an individual who is not currently certified may work as a peer specialist for a maximum of one year if they are working toward certification and are supervised by a qualified professional or by a certified peer specialist with at least three years of full-time experience as a peer specialist at a licensed behavioral health organization.²⁸

The Florida Certification Board (FCB) is currently the only credentialing entity approved by the DCF for certifying peer specialists in the state.²⁹ The FCB credentials Certified Recovery Peer Specialist (CRPS) which assist in providing client directed care by helping individuals develop skills and relationships that will allow them to achieve and maintain recovery from SUDs and mental illness.³⁰ CRPS applicants must attest to having been in recovery for a minimum of two years.³¹ The CRPS must also have demonstrated competency through training and experience in the performance domains of: Recovery Support, Advocacy, Mentoring and Professional Responsibilities.³² As of June 2020, 630 individuals maintain active CRPS certifications statewide.³³

Individuals seeking certification must adhere to the CRPS credentialing standards and requirements, complete a background screening, and have completed all court-ordered sanctions related to any prior crimes committed for at least three years.³⁴ Prospective CRPS must also successfully complete training and a competency exam demonstrating proficiency in certain educational areas.³⁵

Background Screening

Substance Use Disorder and Criminal History

Certain individuals receiving substance abuse treatment may have a criminal or violent history: about 54 percent of state prisoners and 61 percent of sentenced jail inmates incarcerated for violent offenses met the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (DSM-IV) criteria for drug dependence or abuse.³⁶ Additionally, individuals who use illicit drugs

²⁶ Section 397.417(2), F.S.

²⁷ *Id.*

²⁸ Section 397.417(3), F.S.

²⁹ The DCF, *Agency Analysis for SB 130*, p. 2, December 10, 2020 (on file with the Senate Children, Families, and Elder Affairs Committee staff) (hereinafter cited as, “The DCF Analysis”).

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

³⁶ Jennifer Bronson, et al., *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics at p. 1, June 2017, available at <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf> (last visited February 23, 2021).

are more likely to commit crimes, and it is common for many offenses, including violent crimes, to be committed by individuals who had used drugs or alcohol prior to committing the crime, or who were using at the time of the offense.³⁷ As a result, individuals who have recovered from a SUD or mental illness often have a criminal history which may disqualify them from employment in the substance abuse treatment industry due to Florida's background screening process.

Background Screening Process

Current law establishes standard procedures for criminal history background screening of prospective employees; ch. 435, F.S., outlines the screening requirements. There are two levels of background screening: level 1 and level 2. Level 1 screening includes, at a minimum, employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE) and a check of the Dru Sjodin National Sex Offender Public Website,³⁸ and may include criminal records checks through local law enforcement agencies. A level 2 background screening includes, but is not limited to, fingerprinting for statewide criminal history records checks through the FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks through local law enforcement agencies.³⁹

Every person required by law to be screened pursuant to ch. 435, F.S., must submit a complete set of information necessary to conduct a screening to his or her employer.⁴⁰ Such information for a level 2 screening includes fingerprints, which are taken by a vendor that submits them electronically to the FDLE.⁴¹

For both level 1 and 2 screenings, an employer must submit the information necessary for screening to the FDLE within five working days after receiving it.⁴² Additionally, for both levels of screening, the FDLE must perform a criminal history record check of its records.⁴³ For a level 1 screening, this is the only information searched, and once complete, the FDLE responds to the employer or agency, who must then inform the employee whether screening has revealed any disqualifying information.⁴⁴ For level 2 screening, the FDLE also requests the FBI to conduct a national criminal history record check of its records for each employee for whom the request is made.⁴⁵

³⁷ National Institute on Drug Abuse, *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide* at p. 12, available at https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/txcriminaljustice_0.pdf (last visited February 23, 2021).

³⁸ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site, available at <https://www.nsopw.gov/> (last visited February 23, 2021).

³⁹ Section 435.04, F.S.

⁴⁰ Section 435.05(1)(a), F.S.

⁴¹ Sections 435.03(1) and 435.04(1)(a), F.S.

⁴² Section 435.05(1)(b)-(c), F.S.

⁴³ *Id.*

⁴⁴ Section 435.05(1)(b), F.S.

⁴⁵ Section 435.05(1)(c), F.S.

The person undergoing screening must supply any missing criminal or other necessary information upon request to the requesting employer or agency within 30 days after receiving the request for the information.⁴⁶

Disqualifying Offenses

Regardless of whether the screening is level 1 or level 2, the screening employer or agency must make sure that the applicant has good moral character by ensuring that the employee has not been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any of the following 52 offenses prohibited under Florida law, or similar law of another jurisdiction:

- Section 393.135, F.S., relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, F.S., relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 415.111, F.S., relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- Section 777.04, F.S., relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- Section 782.04, F.S., relating to murder.
- Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- Section 782.071, F.S., relating to vehicular homicide.
- Section 782.09, F.S., relating to killing of an unborn child by injury to the mother.
- Chapter 784, F.S., relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 784.011, F.S., relating to assault, if the victim of the offense was a minor.
- Section 784.03, F.S., relating to battery, if the victim of the offense was a minor.
- Section 787.01, F.S., relating to kidnapping.
- Section 787.02, F.S., relating to false imprisonment.
- Section 787.025, F.S., relating to luring or enticing a child.
- Section 787.04(2), F.S., relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- Section 787.04(3), F.S., relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- Section 790.115(1), F.S., relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), F.S., relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- Section 794.011, F.S., relating to sexual battery.
- Former s. 794.041, F.S., relating to prohibited acts of persons in familial or custodial authority.

⁴⁶ Section 435.05(1)(d), F.S.

- Section 794.05, F.S., relating to unlawful sexual activity with certain minors.
- Chapter 796, F.S., relating to prostitution.
- Section 798.02, F.S., relating to lewd and lascivious behavior.
- Chapter 800, F.S., relating to lewdness and indecent exposure.
- Section 806.01, F.S., relating to arson.
- Section 810.02, F.S., relating to burglary.
- Section 810.14, F.S., relating to voyeurism, if the offense is a felony.
- Section 810.145, F.S., relating to video voyeurism, if the offense is a felony.
- Chapter 812, F.S., relating to theft, robbery, and related crimes, if the offense is a felony.
- Section 817.563, F.S., relating to fraudulent sale of controlled substances, only if the offense was a felony.
- Section 825.102, F.S., relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, F.S., relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- Section 826.04, F.S., relating to incest.
- Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, F.S., relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, F.S., relating to negligent treatment of children.
- Section 827.071, F.S., relating to sexual performance by a child.
- Section 843.01, F.S., relating to resisting arrest with violence.
- Section 843.025, F.S., relating to depriving a law enforcement, correctional, or correctional probation officer of means of protection or communication.
- Section 843.12, F.S., relating to aiding in an escape.
- Section 843.13, F.S., relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, F.S., relating to obscene literature.
- Section 874.05, F.S., relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, F.S., relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- Section 916.1075, F.S., relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), F.S., relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, F.S., relating to escape.
- Section 944.46, F.S., relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, F.S., relating to introduction of contraband into a correctional facility.
- Section 985.701, F.S., relating to sexual misconduct in juvenile justice programs.
- Section 985.711, F.S., relating to contraband introduced into detention facilities.⁴⁷

⁴⁷ Section 435.04(2), F.S.

Exemption from Disqualification

If an individual is disqualified due to a pending arrest, conviction, plea of nolo contendere, or adjudication of delinquency to one or more of the disqualifying offenses, s. 435.07, F.S., allows the Secretary of the appropriate agency (in the case of substance abuse treatment, the DCF) to exempt applicants from disqualification under certain circumstances.⁴⁸

Receiving an exemption allows that individual to work despite the disqualifying crime in that person's past. However, an individual who is considered a sexual predator,⁴⁹ career offender,⁵⁰ or sexual offender (unless not required to register)⁵¹ cannot ever be exempted from disqualification.⁵²

Additionally, individuals (including peer specialists) employed, or applicants for employment, by treatment providers who treat adolescents 13 years of age and older who are disqualified from employment solely because of certain crimes may be exempted from disqualification from employment, without applying the 3-year waiting period.⁵³ These crimes include certain offenses related to:

- Prostitution;
- Unarmed burglary of a structure;
- Third degree felony grand theft;
- Sale of imitation controlled substance;
- Forgery;
- Uttering or publishing a forged instrument;
- Sale, manufacture, delivery, or possession with intent to sell, manufacture, or deliver controlled substances (excluding drug trafficking);
- Use, possession, manufacture, delivery, transportation, advertisement, or sale of drug paraphernalia; and
- Any related criminal attempt, solicitation, or conspiracy.⁵⁴

To seek exemption from disqualification, an employee must submit a request for an exemption from disqualification within 30 days after being notified of a pending disqualification, and the DCF must grant or deny the application within 60 days of the receipt of a completed application.⁵⁵

To be exempted from disqualification and thus be able to work, the applicant must demonstrate by clear and convincing evidence that he or she should not be disqualified from employment.⁵⁶ Clear and convincing evidence is a heavier burden than the preponderance of the evidence

⁴⁸ See Section 435.07(1), F.S.

⁴⁹ Section 775.261, F.S.

⁵⁰ Section 775.261, F.S.

⁵¹ Section 943.0435, F.S.

⁵² Section 435.07(4)(b), F.S.

⁵³ Section 435.07(2), F.S.

⁵⁴ *Id.*

⁵⁵ Section 397.4073(1)(f), F.S.

⁵⁶ Section 435.07(3)(a), F.S.

standard but less than beyond a reasonable doubt.⁵⁷ This means that the evidence presented is credible and verifiable, and that the memories of witnesses are clear and without confusion.⁵⁸ This evidence must create a firm belief and conviction of the truth of the facts presented and, considered as a whole, must convince DCF representatives without hesitancy that the requester will not pose a threat if allowed to hold a position of special trust relative to children, vulnerable adults, or to developmentally disabled individuals.⁵⁹ Evidence that may support an exemption includes, but is not limited to:

- Personal references.
- Letters from employers or other professionals.
- Evidence of rehabilitation, including documentation of successful participation in a rehabilitation program.
- Evidence of further education or training.
- Evidence of community involvement.
- Evidence of special awards or recognition.
- Evidence of military service.
- Parenting or other caregiver experiences.⁶⁰

After the DCF receives a complete exemption request package from the applicant, the background screening coordinator searches available data, including, but not limited to, a review of records and pertinent court documents including case disposition and the applicant's plea in order to determine the appropriateness of granting the applicant an exemption.⁶¹ These materials, in addition to the information provided by the applicant, form the basis for a recommendation as to whether the exemption should be granted.⁶²

After all reasonable evidence is gathered, the background screening coordinator consults with his or her supervisor, and after consultation with the supervisor, the coordinator and the supervisor will recommend whether the exemption should be granted.⁶³ The regional legal counsel's office reviews the recommendation to grant or deny an exemption to determine legal sufficiency. The criminal justice coordinator in the region in which the background screening coordinator is located also reviews the exemption request file and recommendation and makes an initial determination whether to grant or deny the exemption.⁶⁴

If the regional criminal justice coordinator makes an initial determination that the exemption should be granted, the exemption request file and recommendations are forwarded to the regional director, who has delegated authority from the DCF Secretary to grant or deny the exemption.⁶⁵

⁵⁷ The DCF, *CF Operating Procedure 60-18, Personnel: Exemption from Disqualification*, at p. 1, (Aug. 1, 2010), available at <https://www.myflfamilies.com/admin/publications/cfops/CFOP%2060-xx%20Human%20Resources/CFOP%2060-18.%20Exemption%20from%20Disqualification.pdf> (last visited February 23, 2021) (hereinafter, "The DCF Operating Procedure").

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.* at 3-4.

⁶¹ *Id.* at 5.

⁶² *Id.*

⁶³ *Id.*

⁶⁴ *Id.*

⁶⁵ *Id.*

After an exemption request decision is final, the background screener provides a written response to the applicant as to whether the request is granted or denied.⁶⁶

If the DCF grants the exemption, the applicant and the facility or employer are notified of the decision by regular mail.⁶⁷ However, if the request is denied, notification of the decision is sent by certified mail, return receipt requested, to the applicant, addressed to the last known address and a separate letter of denial is sent by regular mail to the facility or employer.⁶⁸ If the application is denied, the denial letter must set forth pertinent facts that the background screening coordinator, the background screening coordinator's supervisor, the criminal justice coordinator, and regional director, where appropriate, used in deciding to deny the exemption request.⁶⁹ It must also inform the denied applicant of the availability of an administrative review⁷⁰ pursuant to ch. 120, F.S.⁷¹

Individuals Requiring Background Screening Under Ch. 397, F.S.

Only certain individuals affiliated with substance abuse treatment providers require background screening. Section 397.4073, F.S., requires peer specialists who have direct contact⁷² with individuals receiving services must undergo a level 2 background screening as provided under s. 408.809 and ch. 435.⁷³ Applicant peer specialists are required to pay the costs associated with such screenings.⁷⁴ Similarly, all owners, directors, chief financial officers, and clinical supervisors of service providers, as well as all service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services must also undergo level 2 background screening.

Other statutory provisions are tailored to facilitate individuals in recovery who have disqualifying offenses being able to work in substance abuse treatment. The DCF may grant exemptions from disqualification for an individual seeking certification as a peer specialist if at least three years have passed since the individual has completed, or been lawfully released from, any confinement, supervision, or nonmonetary condition imposed by a court for the individual's most recent disqualifying offense.⁷⁵ Similar to the conditional employment granted to other select applicants in s. 397.4073, certified peer specialists may work with adults with SUD for up to 90 days after being notified of his or her disqualification or until the DCF makes a final determination regarding the request for an exemption from disqualification if three years or more have elapsed since the most recent disqualifying offense, whichever is earlier.⁷⁶

⁶⁶ *Id.* at 5.

⁶⁷ *Id.* at 6.

⁶⁸ *Id.*

⁶⁹ *Id.*

⁷⁰ All notices of denial of an exemption shall advise the applicant of the basis for the denial, that an administrative hearing pursuant to s. 120.57, F.S., may be requested, and that the request must be made within 21 days of receipt of the denial letter or the applicant's right to an appeal will be waived.

⁷¹ The DCF Operating Procedure at 6.

⁷² Direct contact is not defined in ch. 397, F.S.

⁷³ Section 397.4073(a)3., F.S.

⁷⁴ Section 408.809(5), F.S.

⁷⁵ Section 397.4073(4)(b)1.a., F.S.

⁷⁶ Section 397.4073(1)(g), F.S.

III. Effect of Proposed Changes:

Coordinated System of Care

The bill amends s. 394.4573, F.S., relating to coordinated systems of care, to add the use of peer specialists to assist in an individual's recovery from a substance use disorder or mental illness to the list of essential elements of a coordinated system of behavioral health care.

Legislative Findings and Intent

The bill provides legislative findings and intent, as follows:

- The Legislature finds that the ability to provide adequate behavioral health services is limited by a shortage of professionals and paraprofessionals.
- The Legislature finds that the state is experiencing an increase in opioid addictions, many of which prove fatal.
- The Legislature finds that peer specialists provide effective support services because they share common life experiences with the persons they assist.
- The Legislature finds that peer specialists promote a sense of community among those in recovery.
- The Legislature finds that research has shown that peer support facilitates recovery and reduces health care costs.
- The Legislature finds that persons who are otherwise qualified to serve as peer specialists may have a criminal history that prevents them from meeting background screening requirements.
- It is the intent of the Legislature that the use of peer specialists be expanded as a cost-effective means of providing services.
- It is the intent of the Legislature to ensure that peer specialists meet specified qualifications and modified background screening requirements and are adequately reimbursed for their services.

Criteria for Becoming a Certified Peer Specialist

The bill codifies a number of criteria currently used by the Florida Certification Board (FCB) in the process of certifying peer specialists. Specifically, the bill requires that persons seeking certification as peer specialists:

- Be in recovery from a substance use disorder (SUD) or mental illness for the past two years, or be a family member or caregiver of an individual with a history of SUD or mental illness;
- Pass a competency exam developed under the bill by the Department of Children and Families (DCF); and
- Undergo background screening as provided under the bill.

Duties of the Department of Children and Families (DCF)

Currently, the FCB provides training and administers a competency exam for peer specialists seeking certification. Under the bill, the DCF is made statutorily responsible for:

- Creating a training program for peer specialists, giving preference to trainers who are certified peer specialists. The training program must coincide with a competency exam and be based on current practice standards; and
- Mandating that all individuals providing recovery support services become certified.

Individuals may practice as a peer specialist prior to becoming certified for up to one year if the individual is actively working toward certification and is supervised by a qualified professional⁷⁷ or a certified peer specialist with at least two years of full-time experience as a peer specialist at a licensed behavioral health organization.

Background Screening

The bill specifies revised background screening requirements, requiring applicants to submit a full set of fingerprints to the DCF, or to a vendor, entity, or agency⁷⁸ that has entered into an agreement with the Florida Department of Law Enforcement (FDLE). Fingerprints must then be forwarded to the FDLE for state processing and retention, and to the FBI for national processing and retention. This will enable the FDLE to conduct ongoing, fingerprint-based, state and national background checks on certified peer specialists. The bill mandates any arrest record discovered be reported to the DCF. The bill requires the DCF to screen results in order to ensure an applicant meets the requirements of certification, and it provides that the applicant peer specialist is to pay all fees charged in connection with state and federal fingerprint processing and retention.⁷⁹

The bill authorizes the DCF or the Agency for Health Care Administration (the AHCA) to contract with vendors for electronic fingerprinting, provided that such contracts ensure the integrity and security of all personal identifying information obtained. Vendors who submit fingerprints on behalf of employees must:

- Meet the requirements of s. 943.053, F.S.;⁸⁰
- Be capable of communicating electronically with the state agency accepting screening results from the FDLE; and
- Be capable of providing the applicant's:
 - Full first name, middle initial, and last name;
 - Social security number or individual taxpayer identification number;

⁷⁷ Section 397.311(35) defines "qualified professional" to mean "a physician or a physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an advanced practice registered nurse licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor's degree." A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.

⁷⁸ Section 943.053(13), F.S., provides criteria which must be followed in order for the FDLE to accept fingerprint submissions from private vendors, entities, or agencies.

⁷⁹ This cost is already borne by the applicant under current law requiring level 2 background screening for certified peer specialists. See ss. 397.4073(1)(a)3. and 408.809(5), F.S.

⁸⁰ Section 943.053, F.S., provides, among other things, standards for vendors meant to ensure that all persons having direct or indirect responsibility for verifying identification, taking fingerprints, and electronically submitting fingerprints are qualified to do so and will ensure the integrity and security of all personal information gathered from the persons whose fingerprints are submitted.

- Date of birth;
- Mailing address;
- Sex; and
- Race.

The bill provides that a background screening of a peer specialist must ensure that a prospective peer specialist has not been arrested for and awaiting final disposition of, found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any felony within the past three years. The bill also requires that background screening ensure the applicant has not, at any time, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, the following laws or similar laws of other jurisdictions:

- Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 409.920, relating to Medicaid provider fraud, if the offense was a felony of the first or second degree.
- Section 415.111, relating to abuse, neglect, or exploitation of vulnerable adults.
- Any offense that constitutes domestic violence as defined in s. 741.28, F.S.
- Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this paragraph.
- Section 782.04, relating to murder.
- Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or a disabled adult, aggravated manslaughter of a child, or aggravated manslaughter of an officer, a firefighter, an emergency medical technician, or a paramedic.
- Section 782.071, relating to vehicular homicide.
- Section 782.09, relating to killing an unborn child by injury to the mother.
- Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 787.01, relating to kidnapping.
- Section 787.02, relating to false imprisonment.
- Section 787.025, relating to luring or enticing a child.
- Section 787.04(2), relating to leading, taking, enticing, or removing a minor beyond state limits, or concealing the location of a minor, with criminal intent pending custody proceedings.
- Section 787.04(3), relating to leading, taking, enticing, or removing a minor beyond state limits, or concealing the location of a minor, with criminal intent pending dependency proceedings or proceedings concerning alleged abuse or neglect of a minor.
- Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), relating to possessing an electric weapon or device, a destructive device, or any other weapon on school property.
- Section 794.011, relating to sexual battery.
- Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, relating to unlawful sexual activity with certain minors.
- Section 794.08, relating to female genital mutilation.

- Section 796.07, relating to procuring another to commit prostitution, except for those offenses expunged pursuant to s. 943.0583.
- Section 798.02, relating to lewd and lascivious behavior.
- Chapter 800, relating to lewdness and indecent exposure.
- Section 806.01, relating to arson.
- Section 810.02, relating to burglary, if the offense was a felony of the first degree.
- Section 810.14, relating to voyeurism, if the offense was a felony.
- Section 810.145, relating to video voyeurism, if the offense was a felony.
- Section 812.13, relating to robbery.
- Section 812.131, relating to robbery by sudden snatching.
- Section 812.133, relating to carjacking.
- Section 812.135, relating to home-invasion robbery.
- Section 817.034, relating to communications fraud, if the offense was a felony of the first degree.
- Section 817.234, relating to false and fraudulent insurance claims, if the offense was a felony of the first or second degree.
- Section 817.50, relating to fraudulently obtaining goods or services from a health care provider and false reports of a communicable disease.
- Section 817.505, relating to patient brokering.
- Section 817.568, relating to fraudulent use of personal identification, if the offense was a felony of the first or second degree.
- Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or a disabled adult.
- Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or a disabled person.
- Section 825.103, relating to exploitation of an elderly person or a disabled adult, if the offense was a felony.
- Section 826.04, relating to incest.
- Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, relating to negligent treatment of children.
- Section 827.071, relating to sexual performance by a child.
- Section 831.30, relating to fraud in obtaining medicinal drugs.
- Section 831.31, relating to sale, manufacture, delivery, possession with intent to sell, manufacture, or deliver of any counterfeit controlled substance, if the offense was a felony.
- Section 843.01, relating to resisting arrest with violence.
- Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer of the means of protection or communication.
- Section 843.12, relating to aiding in an escape.
- Section 843.13, relating to aiding in the escape of juvenile inmates of correctional institutions.
- Chapter 847, relating to obscenity.
- Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, relating to drug abuse prevention and control, if the offense was a felony of the second degree or greater severity.

- Section 895.03, relating to racketeering and collection of unlawful debts.
- Section 896.101, relating to the Florida Money Laundering Act.
- Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, relating to escape.
- Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, relating to introduction of contraband into a correctional institution.
- Section 985.701, relating to sexual misconduct in juvenile justice programs.
- Section 985.711, relating to introduction of contraband into a detention facility.

The new screening requirements of the bill eliminate the following disqualifying offenses from current law for peer specialists:

- Misdemeanor assault, or battery (Ch. 784, F.S.).
- Prostitution (Ch. 796, F.S.), with the exception of those offenses listed in s. 796.07, F.S., which have not been expunged.
- Lower level burglary offenses (s. 810.02, F.S.).
- Lower level theft and robbery offenses (Ch. 812, F.S.).
- Lower level drug abuse offenses (s. 817.563 and Ch. 893, F.S.).
- Credit card fraud (ss. 817.481, 817.60, and 817.61, F.S.).
- Forgery (ss. 831.01, 831.02, 831.07 and 831.09, F.S.).

The bill allows individuals who wish to become peer specialists, but have a disqualifying offense in their background, to request an exemption from disqualification pursuant to s. 435.07, F.S., from the DCF or the AHCA, as applicable.

The bill also allows service provider personnel, including peer specialists, to work with adults with mental health disorders (in addition to the current allowance to work with adults suffering from SUDs or co-occurring disorders) while an exemption request is pending, and extends the time limit for such work from 90 days to 180 days.

The bill grandfathers in all peer specialists certified as of July 1, 2021, by stating they are recognized as having met the requirements of the bill.

Deleted Provisions of s. 397.417, F.S.

The bill eliminates and replaces all of the current provisions of s. 397.417, F.S. Specifically, the bill:

- Eliminates the requirement that a family member or caregiver of an individual with a SUD or mental illness have at least two years of experience in order to attain certification as a peer specialist;
- Requires the DCF to develop a peer specialist training program rather than a third-party credentialing entity;
- Allows the DCF the option of certifying peer specialists directly or approving third party credentialing entities to do so;

- Permits an individual with two years of full-time experience as a peer specialist to supervise an individual providing recovery support services and working toward certification (supervisory certified peer specialists currently must have at least three years of experience).

Effective Date

The bill is effective July 1, 2021.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

PCS/CS/SB 130 eliminates several disqualifying criminal offenses which often result in disqualification from certification eligibility, and as a result the DCF predicts that there may be additional revenues generated for certification providers from fees paid by a greater number of individuals seeking certification.⁸¹

C. Government Sector Impact:

The DCF estimates there may be a negative impact to state government due to a potential increase in background screenings being conducted, and a possible increase in the

⁸¹ The DCF Analysis at p. 6.

number of exemptions from disqualification requested, leading to a heavier workload for the department's Background Screening Office.⁸² However, any additional workload will likely be absorbed within existing department resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 394.4573, 397.4073, and 397.417.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on March 17, 2021:

The committee substitute clarifies that third party credentialing entities are prohibited from conducting background screenings of peer specialists.

CS by Children, Families, and Elder Affairs on March 2, 2021:

The Committee Substitute:

- Amends s. 397.4073, F.S., to allow peer specialists to work with adults with mental health disorders while a request for an exemption from a background check disqualification is pending.
- Expands the statutory limit for the number of days during which a peer specialist can work while a request for an exemption from a background check disqualification is pending to 180 days from the current 90 days.
- Requires the DCF to screen results of applicant peer specialist background checks in order to ensure each applicant meets the requirements of certification.
- Requires state agencies, rather than vendors under contract with the DCF or the AHCA, to accept screening results from the FDLE.
- Provides that vendors under contract with the DCF or the AHCA must be capable of communicating electronically with state agencies that receive screening results.
- Clarifies that offenses related to domestic violence, as defined in s. 741.28, F.S., are added to the list of disqualifying offenses for applicant peer specialists, rather than offenses delineated in s. 741.28, F.S.

⁸² *Id* at p. 5.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



The Florida Senate

Committee Agenda Request

To: Senator Aaron Bean, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: March 5, 2021

I respectfully request that **Senate Bill #130**, relating to Mental Health and Substance Use Disorders, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in green ink that reads "Darryl Ervin Rouson".

Senator Darryl Ervin Rouson
Florida Senate, District 19

YOU MUST PRINT AND DELIVER THIS FORM TO THE ASSIGNED TESTIMONY ROOM

THE FLORIDA SENATE

APPEARANCE RECORD

3-17-2021

Meeting Date

130

Bill Number (if applicable)

Topic Mental Health and Substance Use Disorder

Amendment Barcode (if applicable)

Name Shane Messer

Job Title Government Affairs Director

Address 316 East Park Ave

Phone 850-224-6048

Street

Tallahassee

FL

32309

Email shane@floridabha.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

YOU MUST PRINT **AND DELIVER** THIS FORM TO THE ASSIGNED TESTIMONY ROOM

THE FLORIDA SENATE

APPEARANCE RECORD

SB 130

Bill Number (if applicable)

3-17-21

Meeting Date

Topic Mental Health and Substance Use Disorders

Amendment Barcode (if applicable)

Name Steve Leifman

Job Title Judge

Address 1351 N.W. 12th Street

Phone (305) 548-5394

Street

Miami

City

Florida

State

33125

Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Steering Committee on Problem-Solving Courts

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

YOU MUST PRINT AND DELIVER THIS FORM TO THE ASSIGNED TESTIMONY ROOM

THE FLORIDA SENATE

APPEARANCE RECORD

03/17/2021

Meeting Date

130

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Clay Meenan

Job Title Government Relations Coordinator

Address _____
Street

Phone 682-276-5245

City

State

Zip

Email claym@fha.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Hospital Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

By the Committee on Children, Families, and Elder Affairs; and
Senators Rouson and Harrell

586-02353-21

2021130c1

1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.4573, F.S.; providing that
4 the use of peer specialists is an essential element of
5 a coordinated system of care in recovery from a
6 substance use disorder or mental illness; making a
7 technical change; amending s. 397.4073, F.S.; revising
8 background screening requirements for certain peer
9 specialists; revising authorizations relating to work
10 by applicants who have committed disqualifying
11 offenses; amending s. 397.417, F.S.; providing
12 legislative findings and intent; revising requirements
13 for certification as a peer specialist; requiring the
14 Department of Children and Families to develop a
15 training program for peer specialists and to give
16 preference to trainers who are certified peer
17 specialists; requiring the training program to
18 coincide with a competency exam and to be based on
19 current practice standards; requiring the department
20 to certify peer specialists, either directly or by
21 approving a third-party credentialing entity;
22 requiring that a person providing recovery support
23 services be certified or be supervised by a licensed
24 behavioral health care professional or a certified
25 peer specialist; authorizing the department, a
26 behavioral health managing entity, or the Medicaid
27 program to reimburse a peer specialist service as a
28 recovery service; encouraging Medicaid managed care
29 plans to use peer specialists in providing recovery

Page 1 of 15

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

586-02353-21

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30 services; requiring peer specialists and certain
31 persons to meet the requirements of a background
32 screening as a condition of employment and continued
33 employment; requiring certain entities to forward
34 fingerprints to specified entities; requiring the
35 department to screen results to determine if the peer
36 specialist meets the certification requirements;
37 requiring that fees for state and federal fingerprint
38 processing be borne by the peer specialist applying
39 for employment; requiring that any arrest record
40 identified through background screening be reported to
41 the department; authorizing the department or certain
42 other agencies to contract with certain vendors for
43 fingerprinting; specifying requirements for vendors;
44 specifying disqualifying offenses for a peer
45 specialist who applies for certification; authorizing
46 a person who does not meet background screening
47 requirements to request an exemption from
48 disqualification from the department or the agency;
49 providing that a peer specialist certified as of the
50 effective date of this act is deemed to satisfy the
51 requirements of this act; providing an effective date.

52
53 Be It Enacted by the Legislature of the State of Florida:

54
55 Section 1. Paragraph (1) of subsection (2) and subsection
56 (3) of section 394.4573, Florida Statutes, are amended to read:
57 394.4573 Coordinated system of care; annual assessment;
58 essential elements; measures of performance; system improvement

Page 2 of 15

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586-02353-21

2021130c1

59 grants; reports.—On or before December 1 of each year, the
 60 department shall submit to the Governor, the President of the
 61 Senate, and the Speaker of the House of Representatives an
 62 assessment of the behavioral health services in this state. The
 63 assessment shall consider, at a minimum, the extent to which
 64 designated receiving systems function as no-wrong-door models,
 65 the availability of treatment and recovery services that use
 66 recovery-oriented and peer-involved approaches, the availability
 67 of less-restrictive services, and the use of evidence-informed
 68 practices. The assessment shall also consider the availability
 69 of and access to coordinated specialty care programs and
 70 identify any gaps in the availability of and access to such
 71 programs in the state. The department's assessment shall
 72 consider, at a minimum, the needs assessments conducted by the
 73 managing entities pursuant to s. 394.9082(5). Beginning in 2017,
 74 the department shall compile and include in the report all plans
 75 submitted by managing entities pursuant to s. 394.9082(8) and
 76 the department's evaluation of each plan.

77 (2) The essential elements of a coordinated system of care
 78 include:

79 (1) Recovery support, including, but not limited to, the
 80 use of peer specialists to assist in the individual's recovery
 81 from a substance use disorder or mental illness; support for
 82 competitive employment, educational attainment, independent
 83 living skills development, family support and education,
 84 wellness management, and self-care; ~~and~~ assistance in obtaining
 85 housing that meets the individual's needs. Such housing may
 86 include mental health residential treatment facilities, limited
 87 mental health assisted living facilities, adult family care

Page 3 of 15

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586-02353-21

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88 homes, and supportive housing. Housing provided using state
 89 funds must provide a safe and decent environment free from abuse
 90 and neglect.

91 (3) ~~SYSTEM IMPROVEMENT GRANTS.~~—Subject to a specific
 92 appropriation by the Legislature, the department may award
 93 system improvement grants to managing entities based on a
 94 detailed plan to enhance services in accordance with the no-
 95 wrong-door model as defined in subsection (1) and to address
 96 specific needs identified in the assessment prepared by the
 97 department pursuant to this section. Such a grant must be
 98 awarded through a performance-based contract that links payments
 99 to the documented and measurable achievement of system
 100 improvements.

101 Section 2. Paragraphs (a) and (g) of subsection (1) of
 102 section 397.4073, Florida Statutes, are amended to read:

103 397.4073 Background checks of service provider personnel.—

104 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
 105 EXCEPTIONS.—

106 (a) For all individuals screened on or after July 1, 2021
 107 ~~2019~~, background checks shall apply as follows:

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

114 2. All service provider personnel who have direct contact
 115 with children receiving services or with adults who are
 116 developmentally disabled receiving services are subject to level

Page 4 of 15

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586-02353-21

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117 2 background screening as provided under s. 408.809 and chapter
118 435.

119 3. All peer specialists who have direct contact with
120 individuals receiving services are subject to a background
121 screening as provided in s. 397.417(5) ~~level 2 background~~
122 ~~screening as provided under s. 408.809 and chapter 435.~~

123 (g) If 5 years or more, or 3 years or more in the case of a
124 certified peer specialist or an individual seeking certification
125 as a peer specialist pursuant to s. 397.417, have elapsed since
126 an applicant for an exemption from disqualification has
127 completed or has been lawfully released from confinement,
128 supervision, or a nonmonetary condition imposed by a court for
129 the applicant's most recent disqualifying offense, the applicant
130 may work with adults with substance use disorders, mental health
131 disorders, or co-occurring disorders under the supervision of
132 persons who meet all personnel requirements of this chapter for
133 up to 180 ~~90~~ days after being notified of his or her
134 disqualification or until the department makes a final
135 determination regarding his or her request for an exemption from
136 disqualification, whichever is earlier.

137 Section 3. Section 397.417, Florida Statutes, is amended to
138 read:

139 397.417 Peer specialists.—

140 (1) LEGISLATIVE FINDINGS AND INTENT.—

141 (a) The Legislature finds that:

142 1. The ability to provide adequate behavioral health
143 services is limited by a shortage of professionals and
144 paraprofessionals.

145 2. The state is experiencing an increase in opioid

586-02353-21

2021130c1

146 addictions, many of which prove fatal.

147 3. Peer specialists provide effective support services
148 because they share common life experiences with the persons they
149 assist.

150 4. Peer specialists promote a sense of community among
151 those in recovery.

152 5. Research has shown that peer support facilitates
153 recovery and reduces health care costs.

154 6. Persons who are otherwise qualified to serve as peer
155 specialists may have a criminal history that prevents them from
156 meeting background screening requirements.

157 (b) The Legislature intends to expand the use of peer
158 specialists as a cost-effective means of providing services. The
159 Legislature also intends to ensure that peer specialists meet
160 specified qualifications and modified background screening
161 requirements and are adequately reimbursed for their services.

162 (2) QUALIFICATIONS.—

163 (a) A person may seek certification as a peer specialist if
164 he or she has been in recovery from a substance use disorder or
165 mental illness for the past 2 years or if he or she is a family
166 member or caregiver of a person with a substance use disorder or
167 mental illness.

168 (b) To obtain certification as a peer specialist, a person
169 must complete the training program developed under subsection
170 (3), achieve a passing score on the competency exam described in
171 paragraph (3) (a), and meet the background screening requirements
172 specified in subsection (5).

173 (3) DUTIES OF THE DEPARTMENT.—

174 (a) The department shall develop a training program for

586-02353-21

2021130c1

175 persons seeking certification as peer specialists. The
 176 department must give preference to trainers who are certified
 177 peer specialists. The training program must coincide with a
 178 competency exam and be based on current practice standards.

179 (b) The department may certify peer specialists directly or
 180 may approve one or more third-party credentialing entities for
 181 the purposes of certifying peer specialists, approving training
 182 programs for individuals seeking certification as peer
 183 specialists, approving continuing education programs, and
 184 establishing the minimum requirements and standards applicants
 185 must meet to maintain certification.

186 (c) The department shall require that a person providing
 187 recovery support services be certified; however, an individual
 188 who is not certified may provide recovery support services as a
 189 peer specialist for up to 1 year if he or she is working toward
 190 certification and is supervised by a qualified professional or
 191 by a certified peer specialist who has at least 2 years of full-
 192 time experience as a peer specialist at a licensed behavioral
 193 health organization.

194 (4) PAYMENT.—Recovery support services may be reimbursed as
 195 a recovery service through the department, a behavioral health
 196 managing entity, or the Medicaid program. Medicaid managed care
 197 plans are encouraged to use peer specialists in providing
 198 recovery services.

199 (5) BACKGROUND SCREENING.—

200 (a) A peer specialist, or an individual who is working
 201 toward certification and providing recovery support services as
 202 provided in subsection (3), must have completed or have been
 203 lawfully released from confinement, supervision, or any

586-02353-21

2021130c1

204 nonmonetary condition imposed by the court for any felony and
 205 must undergo a background screening as a condition of initial
 206 and continued employment. The applicant must submit a full set
 207 of fingerprints to the department or to a vendor, an entity, or
 208 an agency that enters into an agreement with the Department of
 209 Law Enforcement as provided in s. 943.053(13). The department,
 210 vendor, entity, or agency shall forward the fingerprints to the
 211 Department of Law Enforcement for state processing and the
 212 Department of Law Enforcement shall forward the fingerprints to
 213 the Federal Bureau of Investigation for national processing. The
 214 department shall screen the results to determine if a peer
 215 specialist meets certification requirements. The applicant is
 216 responsible for all fees charged in connection with state and
 217 federal fingerprint processing and retention. The state cost for
 218 fingerprint processing shall be as provided in s. 943.053(3)(e)
 219 for records provided to persons or entities other than those
 220 specified as exceptions therein. Fingerprints submitted to the
 221 Department of Law Enforcement pursuant to this paragraph shall
 222 be retained as provided in s. 435.12 and, when the Department of
 223 Law Enforcement begins participation in the program, enrolled in
 224 the Federal Bureau of Investigation's national retained
 225 fingerprint arrest notification program, as provided in s.
 226 943.05(4). Any arrest record identified must be reported to the
 227 department.

228 (b) The department or the Agency for Health Care
 229 Administration, as applicable, may contract with one or more
 230 vendors to perform all or part of the electronic fingerprinting
 231 pursuant to this section. Such contracts must ensure that the
 232 owners and personnel of the vendor performing the electronic

586-02353-21 2021130c1

233 fingerprinting are qualified and will ensure the integrity and
 234 security of all personal identifying information.

235 (c) Vendors who submit fingerprints on behalf of employers
 236 must:

237 1. Meet the requirements of s. 943.053; and
 238 2. Have the ability to communicate electronically with the
 239 state agency accepting screening results from the Department of
 240 Law Enforcement and provide the applicant's full first name,
 241 middle initial, and last name; social security number or
 242 individual taxpayer identification number; date of birth;
 243 mailing address; sex; and race.

244 (d) The background screening conducted under this
 245 subsection must ensure that a peer specialist has not, during
 246 the previous 3 years, been arrested for and is awaiting final
 247 disposition of, been found guilty of, regardless of
 248 adjudication, or entered a plea of nolo contendere or guilty to,
 249 or been adjudicated delinquent and the record has not been
 250 sealed or expunged for, any felony.

251 (e) The background screening conducted under this
 252 subsection must ensure that a peer specialist has not been found
 253 guilty of, regardless of adjudication, or entered a plea of nolo
 254 contendere or guilty to, or been adjudicated delinquent and the
 255 record has not been sealed or expunged for, any offense
 256 prohibited under any of the following state laws or similar laws
 257 of another jurisdiction:

258 1. Section 393.135, relating to sexual misconduct with
 259 certain developmentally disabled clients and reporting of such
 260 sexual misconduct.

261 2. Section 394.4593, relating to sexual misconduct with

586-02353-21 2021130c1

262 certain mental health patients and reporting of such sexual
 263 misconduct.

264 3. Section 409.920, relating to Medicaid provider fraud, if
 265 the offense was a felony of the first or second degree.

266 4. Section 415.111, relating to abuse, neglect, or
 267 exploitation of vulnerable adults.

268 5. Any offense that constitutes domestic violence as
 269 defined in s. 741.28.

270 6. Section 777.04, relating to attempts, solicitation, and
 271 conspiracy to commit an offense listed in this paragraph.

272 7. Section 782.04, relating to murder.

273 8. Section 782.07, relating to manslaughter, aggravated
 274 manslaughter of an elderly person or a disabled adult,
 275 aggravated manslaughter of a child, or aggravated manslaughter
 276 of an officer, a firefighter, an emergency medical technician,
 277 or a paramedic.

278 9. Section 782.071, relating to vehicular homicide.

279 10. Section 782.09, relating to killing an unborn child by
 280 injury to the mother.

281 11. Chapter 784, relating to assault, battery, and culpable
 282 negligence, if the offense was a felony.

283 12. Section 787.01, relating to kidnapping.

284 13. Section 787.02, relating to false imprisonment.

285 14. Section 787.025, relating to luring or enticing a
 286 child.

287 15. Section 787.04(2), relating to leading, taking,
 288 enticing, or removing a minor beyond state limits, or concealing
 289 the location of a minor, with criminal intent pending custody
 290 proceedings.

586-02353-21

2021130c1

- 291 16. Section 787.04(3), relating to leading, taking,
 292 enticing, or removing a minor beyond state limits, or concealing
 293 the location of a minor, with criminal intent pending dependency
 294 proceedings or proceedings concerning alleged abuse or neglect
 295 of a minor.
- 296 17. Section 790.115(1), relating to exhibiting firearms or
 297 weapons within 1,000 feet of a school.
- 298 18. Section 790.115(2)(b), relating to possessing an
 299 electric weapon or device, a destructive device, or any other
 300 weapon on school property.
- 301 19. Section 794.011, relating to sexual battery.
- 302 20. Former s. 794.041, relating to prohibited acts of
 303 persons in familial or custodial authority.
- 304 21. Section 794.05, relating to unlawful sexual activity
 305 with certain minors.
- 306 22. Section 794.08, relating to female genital mutilation.
- 307 23. Section 796.07, relating to procuring another to commit
 308 prostitution, except for those offenses expunged pursuant to s.
 309 943.0583.
- 310 24. Section 798.02, relating to lewd and lascivious
 311 behavior.
- 312 25. Chapter 800, relating to lewdness and indecent
 313 exposure.
- 314 26. Section 806.01, relating to arson.
- 315 27. Section 810.02, relating to burglary, if the offense
 316 was a felony of the first degree.
- 317 28. Section 810.14, relating to voyeurism, if the offense
 318 was a felony.
- 319 29. Section 810.145, relating to video voyeurism, if the

Page 11 of 15

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

586-02353-21

2021130c1

- 320 offense was a felony.
- 321 30. Section 812.13, relating to robbery.
- 322 31. Section 812.131, relating to robbery by sudden
 323 snatching.
- 324 32. Section 812.133, relating to carjacking.
- 325 33. Section 812.135, relating to home-invasion robbery.
- 326 34. Section 817.034, relating to communications fraud, if
 327 the offense was a felony of the first degree.
- 328 35. Section 817.234, relating to false and fraudulent
 329 insurance claims, if the offense was a felony of the first or
 330 second degree.
- 331 36. Section 817.50, relating to fraudulently obtaining
 332 goods or services from a health care provider and false reports
 333 of a communicable disease.
- 334 37. Section 817.505, relating to patient brokering.
- 335 38. Section 817.568, relating to fraudulent use of personal
 336 identification, if the offense was a felony of the first or
 337 second degree.
- 338 39. Section 825.102, relating to abuse, aggravated abuse,
 339 or neglect of an elderly person or a disabled adult.
- 340 40. Section 825.1025, relating to lewd or lascivious
 341 offenses committed upon or in the presence of an elderly person
 342 or a disabled person.
- 343 41. Section 825.103, relating to exploitation of an elderly
 344 person or a disabled adult, if the offense was a felony.
- 345 42. Section 826.04, relating to incest.
- 346 43. Section 827.03, relating to child abuse, aggravated
 347 child abuse, or neglect of a child.
- 348 44. Section 827.04, relating to contributing to the

Page 12 of 15

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

586-02353-21 2021130c1

349 delinquency or dependency of a child.

350 45. Former s. 827.05, relating to negligent treatment of

351 children.

352 46. Section 827.071, relating to sexual performance by a

353 child.

354 47. Section 831.30, relating to fraud in obtaining

355 medicinal drugs.

356 48. Section 831.31, relating to sale, manufacture,

357 delivery, possession with intent to sell, manufacture, or

358 deliver of any counterfeit controlled substance, if the offense

359 was a felony.

360 49. Section 843.01, relating to resisting arrest with

361 violence.

362 50. Section 843.025, relating to depriving a law

363 enforcement, correctional, or correctional probation officer of

364 the means of protection or communication.

365 51. Section 843.12, relating to aiding in an escape.

366 52. Section 843.13, relating to aiding in the escape of

367 juvenile inmates of correctional institutions.

368 53. Chapter 847, relating to obscenity.

369 54. Section 874.05, relating to encouraging or recruiting

370 another to join a criminal gang.

371 55. Chapter 893, relating to drug abuse prevention and

372 control, if the offense was a felony of the second degree or

373 greater severity.

374 56. Section 895.03, relating to racketeering and collection

375 of unlawful debts.

376 57. Section 896.101, relating to the Florida Money

377 Laundering Act.

586-02353-21 2021130c1

378 58. Section 916.1075, relating to sexual misconduct with

379 certain forensic clients and reporting of such sexual

380 misconduct.

381 59. Section 944.35(3), relating to inflicting cruel or

382 inhuman treatment on an inmate resulting in great bodily harm.

383 60. Section 944.40, relating to escape.

384 61. Section 944.46, relating to harboring, concealing, or

385 aiding an escaped prisoner.

386 62. Section 944.47, relating to introduction of contraband

387 into a correctional institution.

388 63. Section 985.701, relating to sexual misconduct in

389 juvenile justice programs.

390 64. Section 985.711, relating to introduction of contraband

391 into a detention facility.

392 (6) EXEMPTION REQUESTS.—A person who wishes to become a

393 peer specialist and is disqualified under subsection (5) may

394 request an exemption from disqualification pursuant to s. 435.07

395 from the department or the Agency for Health Care

396 Administration, as applicable.

397 (7) GRANDFATHER CLAUSE.—A peer specialist certified as of

398 the effective date of this act is deemed to satisfy the

399 requirements of this act

400 ~~(1) An individual may seek certification as a peer~~

401 ~~specialist if he or she has been in recovery from a substance~~

402 ~~use disorder or mental illness for at least 2 years, or if he or~~

403 ~~she has at least 2 years of experience as a family member or~~

404 ~~caregiver of a person with a substance use disorder or mental~~

405 ~~illness.~~

406 ~~(2) The department shall approve one or more third-party~~

586-02353-21

2021130c1

407 ~~credentialing entities for the purposes of certifying peer~~
408 ~~specialists, approving training programs for individuals seeking~~
409 ~~certification as peer specialists, approving continuing~~
410 ~~education programs, and establishing the minimum requirements~~
411 ~~and standards that applicants must achieve to maintain~~
412 ~~certification. To obtain approval, the third-party credentialing~~
413 ~~entity must demonstrate compliance with nationally recognized~~
414 ~~standards for developing and administering professional~~
415 ~~certification programs to certify peer specialists.~~

416 ~~(3) An individual providing department-funded recovery~~
417 ~~support services as a peer specialist shall be certified~~
418 ~~pursuant to subsection (2). An individual who is not certified~~
419 ~~may provide recovery support services as a peer specialist for~~
420 ~~up to 1 year if he or she is working toward certification and is~~
421 ~~supervised by a qualified professional or by a certified peer~~
422 ~~specialist who has at least 3 years of full-time experience as a~~
423 ~~peer specialist at a licensed behavioral health organization.~~

424 Section 4. This act shall take effect July 1, 2021.



392264

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/17/2021	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Rouson) recommended the following:

Senate Amendment (with title amendment)

Delete line 185
and insert:
must meet to maintain certification. Background screening
required for achieving certification must be conducted as
provided in subsection (5) and may not be conducted by third-
party credentialing entities.

===== T I T L E A M E N D M E N T =====



392264

11 And the title is amended as follows:
12 Delete line 22
13 and insert:
14 prohibiting third-party credentialing entities from
15 conducting background screenings for peer specialists;
16 requiring that a person providing recovery support

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 404

INTRODUCER: Health Policy Committee and Senator Rouson

SUBJECT: Office of Minority Health and Health Equity

DATE: March 16, 2021 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Smith</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
2.	<u>Howard</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 404 creates section 381.735, F.S., to assign duties and responsibilities to the Office of Minority Health and Health Equity (office) within the Department of Health (department), which currently administers the Closing the Gap grant program. The bill requires the office to develop and promote the statewide implementation of policies, programs, and practices that increase health equity in this state, including increased access to and quality of health care services for racial and ethnic minority populations. The bill also requires the office to coordinate with agencies, organizations, and providers across the state to perform certain tasks, including gathering and analyzing data relating to health disparities.

The bill establishes that a representative from each county health department will serve as a liaison to the office and that the office will serve as a liaison to the federal Offices of Minority Health and Regional Health Operations. The bill requires the department to update information on its website at least annually and authorizes the department to adopt rules to implement the provisions of the bill.

The bill requires the office to use all available resources and pursue opportunities for increased funding to implement its duties and responsibilities.

The bill is projected to increase the department's workload and operational costs. The total projected fiscal impact is \$6,079,202 in the General Revenue Fund including \$5,728,124 in

recurring and \$351,078 in nonrecurring. The workload increase is projected to require 11 full time equivalent (FTE) positions and 67 other personal services (OPS) staff.

The bill takes effect on July 1, 2021.

II. Present Situation:

History of the Office of Minority Health and Health Equity

In 1993, Florida's Minority Health Improvement Act authorized the Minority Health Commission. In 1995, the Commission sunset.¹ In 1998, the department established the Office of Equal Opportunity and Minority Health.² In 2004, the Legislature established the Office of Minority Health within the department, pursuant to s. 20.43(9), F.S.³ In 2016, the Legislature renamed it as the Office of Minority Health and Health Equity (office).⁴

Currently, under s. 20.43, F.S., the office must be headed by a senior health equity officer who administers the Closing the Gap grant program in a manner that maximizes the impact of the grants in achieving health equity. The senior health equity officer must evaluate the grants awarded by the program and assess the effectiveness and efficiency of the use of funds to determine best practices. The senior health equity officer is also responsible for disseminating information on best practices to stakeholders and for ensuring that the assessments inform future grant award decisions.

The office currently has five FTE staff positions: one senior health equity officer, one grants administrator, two Florida-certified contract managers, and one administrative assistant. The office also has four OPS staff positions: one program evaluator, two program analysts, and one senior clerk.

Closing the Gap Grant Program

In 2000, the Florida Legislature created the Reducing the Racial and Ethnic Health Disparities: "Closing the Gap" (CTG) grant program.⁵ The program is administered through the office and its implementation is subject to a specific appropriation in the General Appropriations Act.⁶ The purposes of the grant program is to improve health outcomes of racial and ethnic populations and promote disease prevention activities in the following priority areas:

- Maternal and infant mortality;
- Cancer;
- HIV/AIDS;
- Cardiovascular disease;
- Diabetes;
- Adult and child immunization;

¹ Florida Department of Health, History of the Office of Minority Health and Health Equity, *available at* <http://www.floridahealth.gov/programs-and-services/minority-health/about-us.html> (last visited Feb. 2, 2021).

² *Id.*

³ Chapter 2004-350, s. 2, Laws of Fla.

⁴ Chapter 2016-230, Laws of Fla.

⁵ Chapter 2000-256, ss. 31-32, Laws of Fla.

⁶ Section 381.7356(7), F.S.

- Oral health care;
- Sickle cell disease;
- Lupus; and
- Alzheimer's disease and dementia.⁷

Closing the Gap grants are intended to stimulate the development of community and neighborhood-based projects that impact health outcomes of racial and ethnic populations and stimulate partnerships between state and local governments, faith-based organizations, private sector organizations, and other non-traditional partners.⁸ Priority is given to grant proposals that:

- Represent areas with the greatest documented ethnic and racial health status disparities;
- Exceed the statutory local match requirement;⁹
- Demonstrate broad-based local community support from entities representing racial and ethnic populations;
- Demonstrate high levels of participation by the health care community in clinical preventive services and health promotion activities;
- Have been submitted by counties with high levels of residents living in poverty and with poor health status indicators;
- Demonstrate a coordinated community approach to addressing racial and ethnic health disparities within existing publicly financed health care programs;
- Incorporate intervention mechanisms that have a high probability of improving the targeted populations health status;
- Demonstrate a commitment to quality management in all aspects of project administration and implementation; and
- Incorporate policy approaches that will lead to long-term sustainability and improvement.¹⁰

The office is responsible for:

- Publicizing the availability of funds and establishing an application process for submitting a grant proposal;
- Providing technical assistance and training, including a statewide meeting promoting best practice programs, as requested, to grant recipients;
- Developing uniform data reporting requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes;
- Developing a monitoring process to evaluate progress toward meeting grant objectives; and
- Coordinating with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, the Healthy Start program, the Florida Kidcare Program, the HIV/AIDS program, immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.¹¹

⁷ Section 381.7355(2)(a), F.S.

⁸ Section 381.7352, F.S.

⁹ Section 381.7356, F.S.

¹⁰ Section 381.7355(3), F.S.

¹¹ Department of Health, *Senate Bill CS/404 Fiscal Analysis* (March 9, 2021) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

III. Effect of Proposed Changes:

Section 1 creates s. 381.735, F.S., to assign duties and responsibilities to the Office of Minority Health and Health Equity (office) within the department. The bill specifies that one representative from each county health department will serve as a minority health liaison to assist the office. The bill tasks the office with:

- Developing and promoting the statewide implementation of policies, programs, and practices that increase health equity in this state, including increased access to and quality of health care services for racial and ethnic minority populations.
- Coordinating with agencies, organizations, and providers across the state to:
 - Gather and analyze data regarding disparities in health status, health outcomes, quality of care, and access to services;
 - Develop mechanisms to improve information dissemination and education;
 - Support minority health liaisons in their outreach endeavors;
 - Develop and promote synergistic initiatives between programs, including, but not limited to, programs related to maternal and child health and human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) to mitigate health disparities for racial and ethnic minority populations;
 - Promote evaluations of demonstration projects and disseminate the evaluation findings to enhance the success and sustainability of policies, programs, and practices that increase health equity in this state;
 - Promote the use of community health workers; and
 - Promote the development of programs that improve access to health care services for individuals with limited proficiency in the English language, including persons with disabilities.
- Serving as a liaison to and assisting the federal Offices of Minority Health and Regional Health Operations, as appropriate. There is an Office of Regional Operations within the Health Resources and Services Administration.¹² Offices of Minority Health are established within six federal Department of Health and Human Services agencies and the National Institutes of Health¹³:
 - Agency for Healthcare Research and Quality;
 - Centers for Disease Control and Prevention;
 - Centers for Medicare & Medicaid Services;
 - Food and Drug Administration;
 - Health Resources and Services Administration;
 - Substance Abuse and Mental Health Services Administration; and
 - NIH National Institute on Minority Health and Health Disparities.
- Using all available resources and pursuing opportunities for funding.

The bill tasks the department with maintaining and annually updating all of the following on its website:

¹² Health Resources and Services Administration, Office of Regional Operations, *available at* <https://www.hrsa.gov/about/organization/bureaus/oro/index.html> (last visited Feb. 25, 2021).

¹³ U.S. Department of Health and Human Services Office of Minority Health, Offices of Minority Health at HHS, *available at* <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=7> (last visited Feb. 25, 2021).

- Data on health disparities and issues affecting racial and ethnic minority populations in Florida;
- Information about racial and ethnic minority populations in Florida and links to resources;
- Resources for health care providers to improve cultural competency, understand health disparities, and increase access to and the quality of care provided to racial and ethnic minority populations in Florida. These resources must include literature, research, referrals, capacity-building and technical assistance services, and training materials for implementing nationally recognized evidence-based best practices for culturally and linguistically appropriate health care services; and
- Contact information for local minority health liaisons.

The bill authorizes the department to adopt rules to implement s. 381.735, F.S.

Section 2 of the bill takes effect on July 1, 2021.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

CS/SB 404 is projected to increase the Department of Health’s workload and operational costs. The total projected fiscal impact is \$6,079,202 in the General Revenue Fund including \$5,728,124 in recurring and \$351,078 in nonrecurring. The workload increase is projected to require 11 FTE and 67 OPS staff. ¹⁴ The bill requires the office to “use *all available resources* and pursue opportunities for increased funding to achieve the purpose of” s. 381.735, F.S., as created by the bill and described in Section III of this analysis.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 381.735 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on March 3, 2021:

The CS requires the office to coordinate with agencies, organizations, and providers across the state to gather and analyze specified data, as did the underlying bill. The CS further requires that the data and its analysis must include disparities in health outcomes.

The CS deletes provisions in the underlying bill that would have required the office to coordinate with agencies, organizations, and providers across the state to:

- Conduct demonstration projects or evaluations to ensure the success and sustainability of policies, programs, and practices that increase health equity;
- Gather and analyze data regarding the prevalence of racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness, and any disparities in such involvement or access to appropriate behavioral health services by those populations when compared to other populations in this state;
- Promote the creation of or participation in programs that divert individuals with mental health and substance use disorders from the criminal justice system and ensure the availability of quality behavioral health services; and

¹⁴ Supra note 11.

- Develop and implement programs for specified purposes that improve access to health care services for individuals with limited proficiency in the English language by providing access to bilingual providers or interpretive services.

Instead, the CS requires the office to coordinate with agencies, organizations, and providers across the state to develop and promote synergistic initiatives between programs and to promote the evaluations of demonstration projects (developed and implemented by other organizations).

The CS requires the department, rather than the office, to maintain and annually update specified information on its website.

B. Amendments:

None.



The Florida Senate

Committee Agenda Request

To: Senator Aaron Bean, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: March 5, 2021

I respectfully request that **Senate Bill #404**, relating to the Office of Minority Health and Health Equity, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in green ink that reads "Darryl Ervin Rouson".

Senator Darryl Ervin Rouson
Florida Senate, District 19



2021 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Florida Department of Health

<u>BILL INFORMATION</u>	
BILL NUMBER:	CS 404
BILL TITLE:	Office of Minority Health and Health Equity
BILL SPONSOR:	Rouson
EFFECTIVE DATE:	July 1, 2021

<u>COMMITTEES OF REFERENCE</u>
1) Health Policy
2) Appropriations Subcommittee on Health & Human Services
3) Appropriations
4) Click or tap here to enter text.
5) Click or tap here to enter text.

<u>CURRENT COMMITTEE</u>
Appropriations Subcommittee on Health & Human Services

<u>SIMILAR BILLS</u>	
BILL NUMBER:	183
SPONSOR:	Brown

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.
YEAR:	Click or tap here to enter text.
LAST ACTION:	Click or tap here to enter text.

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.

Is this bill part of an agency package?
No

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	March 9, 2021
LEAD AGENCY ANALYST:	Walter Niles
ADDITIONAL ANALYST(S):	Click or tap here to enter text.
LEGAL ANALYST:	Louise St. Laurent
FISCAL ANALYST:	Ty Gentle

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

This bill:

- Creates section 381.735, Florida Statutes.
- Requires the Office of Minority Health and Health Equity (OMHHE) to develop and promote statewide implementation of policies, programs, and practices that increase health equity in Florida.
- Requires one representative from each county health department to serve as a minority health liaison for a specified purpose.
- Requires the OMHHE to use all available resources and pursue funding opportunities to achieve a specified purpose.
- Specifies duties for the OMHHE that must be done in coordination with agencies, organizations, and providers.
- Requires the OMHHE to maintain and update at least annually its website with specified information.
- Requires the OMHHE to serve as a liaison to and assist the federal Offices of Minority Health and Regional Health Operations.
- Authorizes the Florida Department of Health (FDOH) to adopt rules.
The FDOH will experience an increase in workload and operational costs to implement this bill. The FDOH will incur indeterminate expenses that may have significant technology and fiscal impacts.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Office of Minority Health and Health Equity (OMHHE)

The OMHHE is headed by a Senior Health Equity Officer who administers the Reducing Racial and Ethnic Health Disparities: Closing the Gap (CTG) grant program in a manner that maximizes the impact of the grants in achieving health equity. The Senior Health Equity Officer evaluates awarded grants to assess the effectiveness and efficiency of the use of funds and to determine best practices. The Senior Health Equity Officer disseminates information on best practices to stakeholders and ensures that the assessments inform future grant award decisions.

Current OMHHE staffing:

- 5 Full Time Equivalent (FTE) Positions: 1 Senior Health Equity Officer, 1 Grants Administrator, 2 Florida Certified Contract Managers, and 1 Administrative Assistant.
- 4 Other Personal Services (OPS) Positions: 1 OPS Program Evaluator, 2 OPS Program Analysts, and 1 OPS Senior Clerk.

Reducing Racial and Ethnic Health Disparities: Closing the Gap (CTG) Grant Program

The CTG grant program awards funds to grantees to stimulate the development of community-based and neighborhood-based projects to improve health outcomes of racial and ethnic minority populations. Projects funded through the CTG grant program must address racial and ethnic disparities associated with one or more of the following 11 statutorily designated priority areas:

1. Maternal and Infant Mortality
2. Cancer
3. HIV/AIDS
4. Cardiovascular Disease
5. Diabetes

6. Adult and Child Immunizations
7. Oral Health Care
8. Sickle Cell Disease
9. Lupus
10. Alzheimer's Disease and Related Dementia
11. Social Determinants of Health

OMHHE CTG grant program responsibilities include:

- Publicizing the availability of funds and establishing an application process for submitting a grant proposal.
- Providing technical assistance and training, including a statewide meeting promoting best practice programs, as requested, to grant recipients.
- Developing uniform data reporting requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes.
- Developing a monitoring process to evaluate progress toward meeting grant objectives.
- Coordinating with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, the Healthy Start program, the Florida Kidcare Program, the HIV/AIDS program, immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.

CTG grant program funding:

- Implementation of the CTG grant program is subject to a specific appropriation provided in the General Appropriations Act.

2. EFFECT OF THE BILL:

The bill requires the OMHHE to develop and promote statewide implementation of policies, programs, and practices that increase health equity in Florida, including, but not limited to, increased access to and quality of health care services for racial and ethnic minority populations.

The bill also requires one representative from each county health department to serve as a minority health liaison to assist the OMHHE in implementing this section.

The bill further requires the OMHHE to use all available resources and pursue funding opportunities to achieve the purpose of this section, and the bill requires the OMHHE to coordinate with agencies, organizations, and providers to:

- Collect and analyze data regarding disparities in health status, access to health care services, and quality of health care for racial and ethnic minority populations in Florida.
- Develop mechanisms that support better information dissemination and education regarding health disparities.
- Develop mechanisms that improve access to and delivery of health care services to racial and ethnic minority populations in Florida.
- Support county health department minority health liaisons by facilitating access to and exchange of information related to health promotion, preventive health services, and education in the appropriate use of care.
- Conduct demonstration projects and evaluations to ensure the success and sustainability of policies, programs, and practices that increase health equity in Florida.
- Promote the use of community health workers.
- Collect and analyze data regarding the prevalence of racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness, and any disparities in such involvement or access to appropriate behavioral health services by those populations when compared to other populations in Florida.
- Promote the creation of or participation in programs that divert individuals with mental health and substance use disorders from the criminal justice system.

- Ensure the availability of quality behavioral health services to racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness.
- Develop and implement programs that provide access to bilingual providers or interpretive services for individuals with limited proficiency in the English language.

The bill requires the OMHHE to maintain and update at least annually the following on its website:

- Current data on health disparities and issues affecting racial and ethnic minority populations in Florida.
- Information about and links to available resources for racial and ethnic minority populations in Florida.
- Resources for providers regarding improving cultural competency, understanding health disparities, and increasing the quality of and access to health care services for racial and ethnic minority populations in Florida. Resources must include, but are not limited to, minority health literature, research, and referrals; capacity-building and technical assistance services; and training materials for implementing nationally recognized evidence-based practices for culturally and linguistically appropriate health care services.
- Contact information for county health department minority health liaisons.

The bill requires the OMHHE to serve as a liaison to and assist the federal Offices of Minority Health and Regional Health Operations, and it authorizes the FDOH to adopt rules to implement this section.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

If yes, explain:	N/A
Is the change consistent with the agency's core mission?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Rule(s) impacted (provide references to F.A.C., etc.):	N/A

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	Unknown.
Opponents and summary of position:	Unknown.

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y N

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? Y N

Board:	N/A
Board Purpose:	N/A
Who Appoints:	N/A
Changes:	N/A
Bill Section Number(s):	

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	<p>The bill is projected to increase the department’s workload and operational costs. The total projected fiscal impact is \$6,079,202 in the General Revenue Fund including \$5,728,124 in recurring and \$351,078 in nonrecurring. The workload increase is projected to require 11 full time equivalent (FTE) in the central office and 67 OPS staff in the County Health Departments (one in each).</p> <p>These funds will facilitate development of mechanisms that improve access to and delivery of health care services; conducting demonstration projects and evaluations; increased data collection and analyses activities; ensuring the availability of quality behavioral health services; the provision of bilingual providers or interpretive services for individuals with limited proficiency in English; and updating and maintaining new website requirements.</p> <p>The committee substitute does not change the fiscal impact.</p>

Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y N

Revenues:	N/A
Expenditures:	N/A
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y N

If yes, explain impact.	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. **DOES THE BILL IMPACT THE AGENCY’S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)?** Y N

<p>If yes, describe the anticipated impact to the agency including any fiscal impact.</p>	<p>The bill has an insignificant impact on the FDOH’s technology systems and staff as it relates to the annual update and maintenance of the OMHHE’s website.</p> <p>The bill requires the FDOH to “gather and analyze comprehensive data regarding disparities in health status, quality of health care, and access to health care services for racial and ethnic minority populations in this state.” The FDOH currently gathers, analyzes, and publishes data regarding disparities in health status and access to health care services on FDOH’s Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) website.</p> <p>However, the FDOH does not currently gather, analyze, and publish data on quality of health care. Adding this element may have technology and fiscal impacts. However, it should be noted that the federal Agency for Healthcare Research and Quality does publish these data that can be viewed at the state-level and provides a list of measures and supporting data that can be viewed by race and ethnicity.</p> <p>The bill requires the FDOH to “gather and analyze data regarding the prevalence of racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness, and any disparities in such involvement or access to appropriate behavioral health services by those populations when compared to other populations in this state.”</p> <p>This may have significant technology and fiscal impacts to the FDOH’s technology systems and staff. Further, this may require interagency agreements with the Florida Department of Children and Families (DCF), the Florida Department of Corrections (FDC), and the Florida Department of Juvenile Justice (DJJ). If DCF, FDC, and/or DJJ do not already collect and/or electronically store these data, existing FDOH data systems may have to be modified and/or new data systems created to accommodate this activity.</p>
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FEDERAL IMPACT

1. **DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)?** Y N

<p>If yes, describe the anticipated impact including any fiscal impact.</p>	<p>The bill requires the OMHHE to serve as a liaison to and assist the federal Offices of Minority Health and Regional Health Operations.</p> <p>The FDOH may experience an insignificant increase in workload associated with this activity, but no fiscal impacts are anticipated.</p>
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ADDITIONAL COMMENTS

This bill will have financial impacts to the Department of Health, Office of Minority Health and Health Equity in the amount of \$6,079,202. Of this amount, the recurring portion is \$5,728,124 and non-recurring portion is \$351,078.
Section 1:

Section 381.735(g) of the bill requires the FDOH to:

- Promote the creation of or participation in programs that divert individuals with mental health and substance use disorders from the criminal justice system.
- Ensure the availability of quality behavioral health services to racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness.

The FDOH can promote the creation of or participation in programs that divert individuals with mental health and substance use disorders from the criminal justice system with no anticipated fiscal impacts. However, ensuring the availability of quality behavioral health services may fall outside the scope and statutory authority of the FDOH.[1]

Statutorily, the DCF is the designated “Mental Health Authority” for Florida. The DCF and the Agency for Health Care Administration have executive and administrative supervision over all mental health facilities, programs, and services.[2]

[1]Section 20.43, Florida Statutes.

[2]Section 394.457, Florida Statutes.

[3]Section 20.43, Florida Statutes.

LEGAL - GENERAL COUNSEL’S OFFICE REVIEW

Issues/concerns/comments:	No legal issues, concerns or comments identified at this time.
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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/17/21

Meeting Date

404

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Jared Willis

Job Title Mgr of Gov't Relations, Strategos

Address 200 w College Ave Ste 201

Phone 284-1996

Street

Tallahassee
City

FL
State

32301
Zip

Email jwillis@strategosgroup.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Nemours Children's Hospital

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

Appropriations
sub committee
on HHS

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-17-21

Meeting Date

484

Bill Number (if applicable)

Topic Office of Minority Health ---

Amendment Barcode (if applicable)

Name Barbara DeBene

Job Title

Address 625 E Brevard St

Phone 251-4280

Tall FL 32308

Email barlundenae@yahoo.com

City State Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FL NOW

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

3/17/21

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

409
AS/SB 40

Bill Number (if applicable)

Topic

Health Policy

Amendment Barcode (if applicable)

Name

David Serdan

Job Title

Retired Citizen of Florida

Address

166 Wintergreen Dr

Phone

352 805 6597

Street

Frontland Park

Email

goldserdan@earthlink.net

City

State

Zip

Speaking:

For

Against

Information

Waive Speaking:

In Support

Against

(The Chair will read this information into the record.)

Representing

Self

Appearing at request of Chair:

Yes

No

Lobbyist registered with Legislature:

Yes

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

By the Committee on Health Policy; and Senator Rouson

588-02374-21

2021404c1

A bill to be entitled

An act relating to the Office of Minority Health and Health Equity; creating s. 381.735, F.S.; requiring the Office of Minority Health and Health Equity to develop and promote the statewide implementation of certain policies, programs, and practices; requiring one representative from each county health department to serve as a minority health liaison for a specified purpose; requiring the office to use all available resources and pursue funding opportunities to achieve this purpose; specifying duties for the office; requiring the Department of Health to maintain specified information on its website; requiring the office to serve as a liaison to and assist certain federal offices; authorizing the department to adopt rules; providing an effective date.

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

Section 1. Section 381.735, Florida Statutes, is created to read:

381.735 Office of Minority Health and Health Equity.—

(1) The Office of Minority Health and Health Equity established under s. 20.43(9) shall develop and promote the statewide implementation of policies, programs, and practices that increase health equity in this state, including, but not limited to, increased access to and quality of health care services for racial and ethnic minority populations. One representative from each county health department shall serve as

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

588-02374-21

2021404c1

a minority health liaison to assist the office in implementing this section. The office shall use all available resources and pursue opportunities for increased funding to achieve the purpose of this section.

(2) The office shall coordinate with agencies, organizations, and providers across this state to do all of the following:

(a) Gather and analyze data regarding disparities in health status, health outcomes, quality of health care, and access to health care services for racial and ethnic minority populations in this state.

(b) Develop mechanisms that support better information dissemination and education about health disparities which lead to improved access to and delivery of health care services for racial and ethnic minority populations in this state.

(c) Support minority health liaisons by facilitating access to and the exchange of information related to health promotion, preventive health services, and education in the appropriate use of care.

(d) Develop and promote synergistic initiatives between programs, including, but not limited to, programs related to maternal and child health and human immunodeficiency virus and acquired immune deficiency syndrome, to mitigate health disparities for racial and ethnic minority populations in this state.

(e) Promote evaluations of demonstration projects and disseminate the evaluation findings to enhance the success and sustainability of policies, programs, and practices that increase health equity in this state.

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

588-02374-21

2021404c1

59 (f) Promote the use of community health workers to improve
60 the cultural competency of services and build individual and
61 community self-sufficiency.

62 (g) Promote the development of programs that improve access
63 to health care services for individuals with limited proficiency
64 in the English language, including persons with disabilities.

65 (3) The department shall maintain all of the following on
66 its website, updated at least annually:

67 (a) Current data on health disparities and issues affecting
68 racial and ethnic minority populations in this state.

69 (b) Information about and links to resources available to
70 racial and ethnic minority populations in this state.

71 (c) Resources for providers who wish to improve cultural
72 competency, understand health disparities, and increase the
73 quality of and access to health care services for racial and
74 ethnic minority populations in this state. These resources must
75 include, but need not be limited to, minority health literature,
76 research, and referrals; capacity-building and technical
77 assistance services; and training materials for implementing
78 nationally recognized evidence-based practices for culturally
79 and linguistically appropriate health care services.

80 (d) Contact information for local minority health liaisons.

81 (4) The office shall serve as a liaison to and assist the
82 federal Offices of Minority Health and Regional Health
83 Operations, as appropriate.

84 (5) The department may adopt rules to implement this
85 section.

86 Section 2. This act shall take effect July 1, 2021.

35

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Laurel M. Lee, Secretary of State,
do hereby certify that

Simone Marstiller

is duly appointed

Secretary,

Agency for Health Care Administration

for a term beginning on the Fifth day of February, A.D., 2021, to
serve at the pleasure of the Governor and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Nineteenth day of February, A.D., 2021.

Secretary of State

If photocopied or chemically altered, the word "VOID" will appear.

State of Florida appears in small letters across the face of this 8 1/2 x 11 document.



RON DESANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2021 FEB -9 AM 11:01

DIVISION OF ELECTIONS
TALLAHASSEE, FL

February 5, 2021

Secretary Laurel M. Lee
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Lee:

Please be advised I have made the following appointment under the provisions of Section 20.42, Florida Statutes:

Dr. Simone Marsteller

as Secretary of the Agency for Health Care Administration, subject to confirmation by the Senate. This appointment is effective February 5, 2021 for a term ending at the pleasure of the Governor.

Sincerely,

Ron DeSantis
Governor

RD/jf

HAND DELIVERED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED

STATE OF FLORIDA

2021 FEB 17 PM 3:41

County of Leon

DIVISION OF ELECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Secretary, Agency of Healthcare Administration

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Simone Marsteller

Signature

Sworn to and subscribed before me by means of physical presence or
 online notarization, this 17th day of January, 2021

Shannon D Hall

Signature of Officer Administering Oath or of Notary Public

Shannon D. Hall

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box

City, State, Zip Code

Simone Marsteller

Print Name

Simone Marsteller

Signature

The Florida Senate
Committee Notice Of Hearing

IN THE FLORIDA SENATE
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of
Simone Marsteller
Secretary of Health Care Administration

NOTICE OF HEARING

TO: Secretary Simone Marsteller

YOU ARE HEREBY NOTIFIED that the Appropriations Subcommittee on Health and Human Services of the Florida Senate will conduct a hearing on your executive appointment on Wednesday, March 17, 2021, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 12:30 p.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.
DATED this the 12th day of March, 2021

Appropriations Subcommittee on Health and
Human Services



Senator Aaron Bean
As Chair and by authority of the committee

cc: Members, Appropriations Subcommittee on Health and Human Services
Office of the Sergeant at Arms

THE FLORIDA SENATE

COMMITTEE WITNESS OATH

CHAIR:

Please raise your right hand and be sworn in as a witness.

Do you swear or affirm that the evidence you are about to give will be the truth, the whole truth, and nothing but the truth?

WITNESS'S NAME: Simone Marstiller

ANSWER: I do

Pursuant to §90.605(1), *Florida Statutes*: "The witness's answer shall be noted in the record."

COMMITTEE NAME: Appropriations Subcommittee on Health and Human Services

DATE: March 17, 2021

YOU MUST PRINT AND DELIVER THIS FORM TO THE ASSIGNED TESTIMONY ROOM

THE FLORIDA SENATE

APPEARANCE RECORD

3/17/2021

Meeting Date

Bill Number (if applicable)

Topic Senate Confirmation Hearing

Amendment Barcode (if applicable)

Name Simone Marstiller

Job Title Secretary

Address 2727 Mahan Drive

Phone 850-412-3603

Street

Tallahassee

FL

32308

Email simone.marstiller@ahca.myflorida.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Agency for Healthcare Administration

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

YOU MUST PRINT AND DELIVER THIS FORM TO THE ASSIGNED TESTIMONY ROOM

THE FLORIDA SENATE

APPEARANCE RECORD

3/17/21

Meeting Date

Bill Number (if applicable)

Topic Confirmation of Simone Marsteller

Amendment Barcode (if applicable)

Name TOBY PHILPOT

Job Title Director of Government Affairs

Address 307 W. Park Avenue

Phone 352-318-2008

Street

Tallahassee

FL

32301

Email tphilpot@fhca.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Health Care Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Subcommittee on Health and Human Services Judge:

Started: 3/17/2021 12:30:36 PM

Ends: 3/17/2021 1:20:09 PM

Length: 00:49:34

12:32:47 PM Sen. Bean (Chair)
12:37:55 PM S 130
12:38:00 PM Sen. Rouson
12:40:03 PM Sen. Bean
12:40:06 PM Am. 392264
12:40:36 PM Shane Messer, Government Affairs Director, Florida Council for Behavioral Healthcare (waives in support)
12:40:53 PM Steve Leifman, Judge, Steering Committee on Problem-Solving Courts (waives in support)
12:41:05 PM Clay Meenan, Government Relations Coordinator, Florida Hospital Association
12:41:37 PM Sen. Bean
12:41:56 PM Sen. Book
12:42:46 PM Sen. Bean
12:42:51 PM Sen. Harrell
12:44:24 PM Sen. Bean
12:44:35 PM Sen. Rouson
12:45:19 PM Sen. Bean
12:46:09 PM S 404
12:46:40 PM Jared Willis, Manager of Government Relations, Nemours Children's Hospital (waives in support)
12:47:00 PM Barbara DeVane, Representative, FL NOW (waives in support)
12:47:26 PM David Serdar, Citizen
12:49:27 PM Sen. Bean
12:50:02 PM Sen. Rouson
12:50:12 PM Sen. Bean
12:51:00 PM TAB 3 - Senate Confirmation Hearing
12:51:54 PM Simone Marstiller, Seceretary, Agency for Healthcare Administration
12:51:55 PM Sen. Bean
12:52:23 PM S. Marstiller
12:58:33 PM Sen. Bean
12:59:03 PM S. Marstiller
1:00:36 PM Sen. Bean
1:00:47 PM Sen. Harrell
1:01:44 PM Sen. Bean
1:01:54 PM S. Marstiller
1:05:40 PM Sen. Harrell
1:05:58 PM S. Marstiller
1:07:33 PM Sen. Harrell
1:08:31 PM S. Marstiller
1:09:20 PM Sen. Harrell
1:11:13 PM Sen. Bean
1:11:45 PM Sen. Burgess
1:12:59 PM S. Marstiller
1:13:08 PM Sen. Bean
1:13:12 PM Sen. Jones
1:14:16 PM Sen. Bean
1:14:21 PM Sen. Rouson
1:14:48 PM Sen. Bean
1:14:53 PM Sen. Harrell
1:16:24 PM Sen. Bean
1:16:27 PM Sen. Farmer
1:18:05 PM Sen. Bean
1:18:21 PM S. Marstiller
1:18:44 PM Sen. Bean

1:19:37 PM S. Marsteller
1:19:43 PM Sen. Bean*