

Tab 1	SB 894 by Rodriguez; Identical to H 00391 Faith-based Content in Batterers' Intervention Programs						
737012	D	S	RCS	CF, Rodriguez	Delete everything after	03/19 02:52 PM	
Tab 2	SB 1240 by Calatayud; Identical to CS/H 01091 Substance Abuse and Mental Health Care						
856534	D	S	RCS	CF, Calatayud	Delete everything after	03/19 10:25 AM	
Tab 3	SB 1286 by Grall (CO-INTRODUCERS) Sharief; Similar to H 01191 Harming or Neglecting Children						
Tab 4	SB 1736 by Grall; Similar to CS/H 01567 Insulin Administration by Direct-support Professionals and Relatives						
953948	A	S	RCS	CF, Grall	btw L.76 - 77:	03/19 10:30 AM	

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Grall, Chair
Senator Garcia, Vice Chair

MEETING DATE: Wednesday, March 19, 2025

TIME: 9:00—11:00 a.m.

PLACE: 301 Senate Building

MEMBERS: Senator Grall, Chair; Senator Garcia, Vice Chair; Senators Brodeur, Harrell, Rouson, Sharief, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 894 Rodriguez (Identical H 391)	Faith-based Content in Batterers' Intervention Programs; Specifying that batterers' intervention programs may include faith-based content; directing the Department of Children and Families to amend a specified rule to conform, etc. CF 03/19/2025 Fav/CS JU RC	Fav/CS Yeas 5 Nays 1
2	SB 1240 Calatayud (Identical H 1091)	Substance Abuse and Mental Health Care; Expanding mental health crisis services to include the 988 suicide and crisis lifeline call center; revising the definition of "crisis services" to include a 988 suicide and crisis lifeline call center and defining the term "988 suicide and crisis lifeline call center"; requiring the Department of Children and Families to authorize and provide oversight of the 988 suicide and crisis lifeline call centers and adopt specified rules; removing requirements relating to providers of medication-assisted treatment services for opiate addiction, etc. CF 03/19/2025 Fav/CS AHS RC	Fav/CS Yeas 6 Nays 0
3	SB 1286 Grall (Similar H 1191)	Harming or Neglecting Children; Revising the definition of the term "harm" as it relates to a child's health or welfare; revising the definition of the term "neglect of a child", etc. CF 03/19/2025 Favorable ACJ RC	Favorable Yeas 6 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Children, Families, and Elder Affairs

Wednesday, March 19, 2025, 9:00—11:00 a.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 1736 Grall (Similar CS/H 1567)	Insulin Administration by Direct-support Professionals and Relatives; Defining the term "direct-support professional"; authorizing direct-support professionals and relatives of clients in group home facilities for individuals with developmental disabilities to administer insulin as prescribed to the client if specified conditions are met, etc. CF 03/19/2025 Fav/CS AHS RC	Fav/CS Yeas 6 Nays 0

Other Related Meeting Documents

By Senator Rodriguez

40-01765-25

2025894__

1 A bill to be entitled
2 An act relating to faith-based content in batterers'
3 intervention programs; amending s. 741.325, F.S.;
4 specifying that batterers' intervention programs may
5 include faith-based content; directing the Department
6 of Children and Families to amend a specified rule to
7 conform; providing an effective date.

8
9 Be It Enacted by the Legislature of the State of Florida:

10
11 Section 1. Paragraph (d) of subsection (1) of section
12 741.325, Florida Statutes, is amended to read:

13 741.325 Requirements for batterers' intervention programs.—

14 (1) A batterers' intervention program must meet the
15 following requirements:

16 (d) The program content shall be based on a cognitive
17 behavioral therapy model or psychoeducational model that
18 addresses tactics of power and control by one person over
19 another. Program content may include faith-based components.

20 Section 2. The Department of Children and Families shall
21 repeal rule 65H-2.017(2)(e), Florida Administrative Code, to
22 conform to this act.

23 Section 3. This act shall take effect July 1, 2025.

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 Committee on Children, Families, and Elder Affairs

BILL: CS/SB 894

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Rodriguez

SUBJECT: Faith-based Content in Batterers' Intervention Programs

DATE: March 19, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kennedy</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	_____	_____	<u>JU</u>	_____
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 894 expands the scope of batterers' intervention programs (BIPs) in Florida by allowing programs to make faith-based material available for interested participants alongside the existing cognitive behavioral therapy and psychoeducational models required by law.

The bill likely does not have a fiscal impact on state government. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2025.

II. Present Situation:

Batterers' Intervention Programs

A Batterers' Intervention Program (BIP) is designed to address and change the behavior of an individual who has committed acts of domestic violence. These programs aim to enhance accountability, reduce recidivism, and promote the safety of victims of Domestic Violence by educating participants on the impact of their actions and teaching them non-violent conflict resolution strategies. Unlike anger management programs, BIPs focus on power and control dynamics that fuel abusive behaviors.¹

¹ See generally The Florida Department of Children and Families, *Media Guide for Professionals*, available at: <https://www.myflfamilies.com/services/abuse/domestic-violence/resources/media-guide-professionals> (last visited 3/6/2025).

If an individual is found guilty of, has adjudication withheld on, or pleads nolo contendere to a crime of domestic violence, the court must impose a minimum term of 1 year of probation and require the defendant to attend and complete a batterers' intervention program as a condition of probation.² The statute allows judicial discretion to waive this requirement if the court states on the record why a batterers' intervention program might be inappropriate.³ The Department of Children and Families (DCF) currently allows BIP providers to include supplemental faith-based activities,⁴ however this faith-based content cannot be a mandatory part of program curriculum.⁵

State Law

In 1995, the Florida Legislature enacted requirements for Batterers' Intervention Programs, including a minimum duration of 29 weeks and a curriculum based on cognitive behavioral therapy models that focus on power and control dynamics in abusive relationships.⁶ The following year, the Legislature directed the DCF to oversee certification and compliance of BIPs to maintain program integrity and effectiveness.⁷ Unless deemed ineligible the intervention program condition must be imposed.⁸

In September of 2022, the DCF finalized a rule that created certification requirements for BIP.⁹ This rule specifically prohibits BIP curriculum from requiring faith-based ideology associated with a particular religion or denomination.¹⁰ Generally, BIP curricula must follow a cognitive behavioral therapy or psychoeducational model, addressing power and control dynamics and incorporate elements that include:¹¹

- The batterer taking responsibility for the violence.
- Viewing intimate partner violence as a learned behavior.
- Healthy expression of feelings.
- Communication and listening skills.
- Negotiation and conflict resolution.
- Not involving victim participation, fair fighting techniques, or faith-based ideology associated with a particular religion or denomination.

As of March 14, 2025, there were a total of 110 BIP programs available to circuit courts and individuals who require services.¹² Of these programs there are several who are faith-based, including the Salvation Army, Healing Hearts Ministry, Community Hands of Hope, and Free

² Section 741.281, F.S.

³ *Id.*

⁴ Florida Department of Children and Families, *2025 Agency Analysis*, p.2 (on file with the Children, Families, and Elder Affairs Committee).

⁵ Rule 65H-2, F.A.C.

⁶ Section 741.325, F.S.; Ch. 95-195, Laws of Fla.

⁷ Section 741.327, F.S.; Ch. 96-312, Laws of Fla.

⁸ Section 741.325, F.S.

⁹ Rule 65H-2.017, F.A.C.

¹⁰ Rule 65H-2.017(2)(e), F.A.C.

¹¹ *See generally* Rule 65H-2.017, F.A.C.

¹² The Florida Department of Children and Families, *Find a Local Batterers' Intervention Program*, available at: <https://www.myflfamilies.com/services/abuse/domestic-violence/resources/find-local-batterers-intervention-program> (last visited 3/14/25).

Spirit Evangelistic Outreach Ministries.¹³ These faith-based programs are certified by the DCF, provide secular BIP programs, and also provide faith-based material available for interested participants.

First Amendment Free Exercise Challenge

The First Amendment of the United States Constitution contain what is known as the Establishment and Free Exercise Clauses. Together those clauses read:

“Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof . . .”¹⁴

This language has been interpreted by the Supreme Court of the United states to generally mean that the federal and state governments cannot create law that establishes the belief in a religion or prohibit citizens from exercising their religious beliefs freely.

The DCF recently defended a First Amendment challenge in federal court related to the current provision of Rule 65H-2.017, F.A.C., that prohibits BIP curriculum from including faith-based ideology associated with a particular religion or denomination.¹⁵ The court held that the DCF rule prohibiting “faith-based ideology associated with a particular religion or denomination” was government speech and not violitive of the free expression or exercise clause of the First Amendment and that “an observer of court-ordered BIP sessions would reasonably believe the government has endorsed the message expressed during that program.”¹⁶ This case is currently under appeal.¹⁷

III. Effect of Proposed Changes:

CS/SB 894 amends s. 741.325, F.S., to allow Batterers' Intervention Programs (BIPs) to offer supplemental faith-based activities to participates, while maintaining the requirement that programs use cognitive behavioral therapy or psychoeducational models that address tactics of power and control. The bill also clarifies that these activities may not be required as part of the program.

The bill provides for an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

¹³ *Supra*, Note 4.

¹⁴ U.S. CONST. amend. I.

¹⁵ *Nussbaumer v. Harris*, United States District Court, Northern District of Fla., Case No. 4:22cv448-MW-MAF (November 15, 2024).

¹⁶ *Supra*, Note 4, p. 5.

¹⁷ *Nussbaumer v. Harris*, United States Court of Appeals, Eleventh Circuit, 2025 WL 692142 (February 26, 2025)

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:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends s. 741.325 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 Children, Families, and Elder Affairs on March 19, 2025:

The CS makes the following changes:

- The amendment clarifies that BIP programs may offer supplemental faith-based activities, but may not require them, and removes language requiring the DCF to repeal rule 65H-2.017(2)(e), F.A.C.

B. Amendments:

None.

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



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2025	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs
(Rodriguez) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Present subsection (2) of section 741.325,
Florida Statutes, is redesignated as subsection (3), and a new
subsection (2) is added to that section, to read:

741.325 Requirements for batterers' intervention programs.—
(2) A batterers' intervention program may offer
supplemental faith-based activities to participants.



737012

11 Participation in such activities may not be required as part of
12 the program.

13 Section 2. This act shall take effect July 1, 2025.
14

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

16 And the title is amended as follows:

17 Delete everything before the enacting clause
18 and insert:

19 A bill to be entitled
20 An act relating to faith-based activities in
21 batterers' intervention programs; amending s. 741.325,
22 F.S.; authorizing batterers' intervention programs to
23 offer supplemental faith-based activities; prohibiting
24 required participation in such activities; providing
25 an effective date.

By Senator Calatayud

38-00785A-25

20251240__

1 A bill to be entitled
2 An act relating to substance abuse and mental health
3 care; amending s. 394.4573, F.S.; expanding mental
4 health crisis services to include the 988 suicide and
5 crisis lifeline call center; amending s. 394.67, F.S.;
6 revising the definition of "crisis services" to
7 include a 988 suicide and crisis lifeline call center
8 and defining the term "988 suicide and crisis lifeline
9 call center"; creating s. 394.9088, F.S.; requiring
10 the Department of Children and Families to authorize
11 and provide oversight of the 988 suicide and crisis
12 lifeline call centers and adopt specified rules;
13 amending s. 397.427, F.S.; removing requirements
14 relating to providers of medication-assisted treatment
15 services for opiate addiction; amending s. 916.111,
16 F.S.; revising training requirements for mental health
17 professionals; amending s. 916.115, F.S.; requiring
18 court appointed experts to have completed specified
19 training and continued education; amending s. 916.12,
20 F.S.; providing requirements for an expert to
21 determine acceptable treatments available in a
22 community; amending ss. 394.674 and 394.74, F.S.;
23 conforming cross-references; providing an effective
24 date.

25
26 Be It Enacted by the Legislature of the State of Florida:

27
28 Section 1. Paragraph (d) of subsection (2) of section
29 394.4573, Florida Statutes, is amended to read:

38-00785A-25

20251240__

30 394.4573 Coordinated system of care; annual assessment;
31 essential elements; measures of performance; system improvement
32 grants; reports.—On or before December 1 of each year, the
33 department shall submit to the Governor, the President of the
34 Senate, and the Speaker of the House of Representatives an
35 assessment of the behavioral health services in this state. The
36 assessment shall consider, at a minimum, the extent to which
37 designated receiving systems function as no-wrong-door models,
38 the availability of treatment and recovery services that use
39 recovery-oriented and peer-involved approaches, the availability
40 of less-restrictive services, and the use of evidence-informed
41 practices. The assessment shall also consider the availability
42 of and access to coordinated specialty care programs and
43 identify any gaps in the availability of and access to such
44 programs in the state. The department's assessment shall
45 consider, at a minimum, the needs assessments conducted by the
46 managing entities pursuant to s. 394.9082(5). The department
47 shall compile and include in the report all plans submitted by
48 managing entities pursuant to s. 394.9082(8) and the
49 department's evaluation of each plan.

50 (2) The essential elements of a coordinated system of care
51 include:

52 (d) Crisis services, including the 988 suicide and crisis
53 lifeline call center, mobile response teams, crisis
54 stabilization units, addiction receiving facilities, and
55 detoxification facilities.

56 Section 2. Subsections (1) through (25) of section 394.67,
57 Florida Statutes, are renumbered as subsections (2) through
58 (26), respectively, subsection (4) is amended, and a new

38-00785A-25

20251240__

59 subsection (1) is added to that section, to read:

60 394.67 Definitions.—As used in this part, the term:

61 (1) "988 suicide and crisis lifeline call center" means a
 62 call center meeting national accreditation and recognized by the
 63 department to receive 988 calls, texts, or other forms of
 64 communication in this state.

65 (4) "Crisis services" means short-term evaluation,
 66 stabilization, and brief intervention services provided to a
 67 person who is experiencing an acute mental or emotional crisis,
 68 as defined in subsection (19) ~~(18)~~, or an acute substance abuse
 69 crisis, as defined in subsection (20) ~~(19)~~, to prevent further
 70 deterioration of the person's mental health. Crisis services are
 71 provided in settings such as a crisis stabilization unit, an
 72 inpatient unit, a short-term residential treatment program, a
 73 detoxification facility, or an addictions receiving facility; at
 74 the site of the crisis by a mobile crisis response team; or at a
 75 hospital on an outpatient basis; or telephonically by a 988
 76 suicide and crisis lifeline call center.

77 Section 3. Section 394.9088, Florida Statutes, is created
 78 to read:

79 394.9088 988 suicide and crisis lifeline call center.—

80 (1) The department shall authorize and provide oversight to
 81 988 suicide and crisis lifeline call centers. Unless authorized
 82 by the department, call centers are not permitted to conduct 988
 83 suicide and crisis lifeline services. The department may
 84 implement a corrective action plan, suspension or revocation of
 85 authorization for failure to comply with this section and rules
 86 adopted under this section.

87 (2) The department shall adopt rules relating to:

38-00785A-25

20251240__

88 (a) The process for authorization of 988 suicide and crisis
89 lifeline call centers.

90 (b) Minimum standards for 988 suicide and crisis lifeline
91 call centers to be authorized, including but not limited to,
92 service delivery, quality of care, and performance outcomes.

93 (c) The adequacy and consistency of 988 suicide and crisis
94 lifeline call centers' personnel certifications, accreditations,
95 quality assurance standards, and minimum training standards.

96 (d) Implementation of a cohesive statewide plan for 988
97 suicide and crisis lifeline call centers to achieve statewide
98 interoperability with the 911 system and to provide individuals
99 with rapid and direct access to the appropriate care.

100 Section 4. Subsections (3) through (9) of section 397.427,
101 Florida Statutes, are renumbered as subsections (2) through (8),
102 respectively, and present subsections (2) and (5) are amended,
103 to read:

104 397.427 Medication-assisted treatment service providers;
105 rehabilitation program; needs assessment and provision of
106 services; persons authorized to issue takeout medication;
107 unlawful operation; penalty.—

108 ~~(2) The department shall determine the need for~~
109 ~~establishing providers of medication-assisted treatment services~~
110 ~~for opiate addiction.~~

111 ~~(a) Providers of medication-assisted treatment services for~~
112 ~~opiate addiction may be established only in response to the~~
113 ~~department's determination and publication of need for~~
114 ~~additional medication treatment services.~~

115 ~~(b) If needs assessment is required, the department shall~~
116 ~~annually conduct the assessment and publish a statement of~~

38-00785A-25

20251240__

117 ~~findings which identifies each substate entity's need.~~

118 ~~(c) Notwithstanding paragraphs (a) and (b), the license for~~
119 ~~medication-assisted treatment programs for opiate addiction~~
120 ~~licensed before October 1, 1990, may not be revoked solely~~
121 ~~because of the department's determination concerning the need~~
122 ~~for medication-assisted treatment services for opiate addiction.~~

123 ~~(4)-(5) The department shall also determine the need for~~
124 ~~establishing medication-assisted treatment for substance use~~
125 ~~disorders other than opiate dependence. Service providers within~~
126 ~~the publicly funded system shall be funded for provision of~~
127 ~~these services based on the availability of funds.~~

128 Section 5. Paragraph (c) of subsection (1) of section
129 916.111, Florida Statutes, is amended to read:

130 916.111 Training of mental health experts.—The evaluation
131 of defendants for competency to proceed or for sanity at the
132 time of the commission of the offense shall be conducted in such
133 a way as to ensure uniform application of the criteria
134 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
135 Procedure. The department shall develop, and may contract with
136 accredited institutions:

137 (1) To provide:

138 (c) Training for mental health professionals in the
139 application of these protocols and procedures in performing
140 forensic evaluations and providing reports to the courts.
141 Training must include, but is not limited to, information on
142 statutes and rules related to competency restoration, evidence-
143 based practices, least restrictive treatment alternatives and
144 placement options as described in s. 916.12(4)(c); and

145 Section 6. Subsection (1) of section 916.115, Florida

38-00785A-25

20251240__

146 Statutes, is amended to read:

147 916.115 Appointment of experts.—

148 (1) The court shall appoint no more than three experts to
149 determine the mental condition of a defendant in a criminal
150 case, including competency to proceed, insanity, involuntary
151 placement, and treatment. The experts may evaluate the defendant
152 in jail or in another appropriate local facility or in a
153 facility of the Department of Corrections.

154 (a) The court ~~To the extent possible,~~ The appointed experts
155 shall:

156 1. have completed forensic evaluator training approved by
157 ~~the department, and each shall~~ Be a psychiatrist, licensed
158 psychologist, or physician.

159 2. Have completed initial and ongoing forensic evaluator
160 training, provided by the department.

161 3. If performing juvenile evaluations, complete annually,
162 juvenile forensic competency evaluation training approved by the
163 department.

164 (b) Existing evaluators shall complete department-provided
165 continuing education training by July 1, 2026, to remain active
166 on the list.

167 (c) ~~(b)~~ The department shall maintain and annually provide
168 the courts with a list of available mental health professionals
169 who have completed the initial and annual approved training as
170 experts.

171 Section 7. Paragraph (d) of subsection (4) of section
172 916.12, Florida Statutes, is amended to read:

173 916.12 Mental competence to proceed.—

174 (4) If an expert finds that the defendant is incompetent to

38-00785A-25

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175 proceed, the expert shall report on any recommended treatment
176 for the defendant to attain competence to proceed. In
177 considering the issues relating to treatment, the examining
178 expert shall specifically report on:

179 (d) The availability of acceptable treatment and, if
180 treatment is available in the community, the expert shall so
181 state in the report. In determining what acceptable treatments
182 are available in the community, the expert shall, at a minimum,
183 use current information or resources on less restrictive
184 treatment alternatives, as described in paragraph (c) and those
185 obtained from training and continuing education approved by the
186 department.

187
188 The examining expert's report to the court shall include a full
189 and detailed explanation regarding why the alternative treatment
190 options referenced in the evaluation are insufficient to meet
191 the needs of the defendant.

192 Section 8. Paragraph (a) of subsection (1) of section
193 394.674, Florida Statutes, is amended to read:

194 394.674 Eligibility for publicly funded substance abuse and
195 mental health services; fee collection requirements.-

196 (1) To be eligible to receive substance abuse and mental
197 health services funded by the department, an individual must be
198 a member of at least one of the department's priority
199 populations approved by the Legislature. The priority
200 populations include:

201 (a) For adult mental health services:

202 1. Adults who have severe and persistent mental illness, as
203 designated by the department using criteria that include

38-00785A-25

20251240__

204 severity of diagnosis, duration of the mental illness, ability
205 to independently perform activities of daily living, and receipt
206 of disability income for a psychiatric condition. Included
207 within this group are:

- 208 a. Older adults in crisis.
- 209 b. Older adults who are at risk of being placed in a more
210 restrictive environment because of their mental illness.
- 211 c. Persons deemed incompetent to proceed or not guilty by
212 reason of insanity under chapter 916.
- 213 d. Other persons involved in the criminal justice system.
- 214 e. Persons diagnosed as having co-occurring mental illness
215 and substance abuse disorders.

216 2. Persons who are experiencing an acute mental or
217 emotional crisis as defined in s. 394.67 ~~s. 394.67(18)~~.

218 Section 9. Paragraph (a) of subsection (3) of section
219 394.74, Florida Statutes, is amended to read:

220 394.74 Contracts for provision of local substance abuse and
221 mental health programs.—

222 (3) Contracts shall include, but are not limited to:

223 (a) A provision that, within the limits of available
224 resources, substance abuse and mental health crisis services, as
225 defined in s. 394.67 ~~s. 394.67(4)~~, shall be available to any
226 individual residing or employed within the service area,
227 regardless of ability to pay for such services, current or past
228 health condition, or any other factor;

229 Section 10. This act shall take effect July 1, 2025.

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 Committee on Children, Families, and Elder Affairs

BILL: CS/SB 1240

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Calatayud

SUBJECT: Substance Abuse and Mental Health Care

DATE: March 20, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kennedy</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1240 integrates the 988 Suicide and Crisis Lifeline Call Center into the state mental health crisis response network and requires the Florida Department of Children and Families to authorize, regulate, and oversee 988 call centers.

The bill removes the “needs assessment” requirement for licensure of medication-assisted treatment (MAT) programs for opioid addiction.

The bill establishes enhanced training standards for mental health professionals conducting forensic evaluations, emphasizing competency restoration, evidence-based practices, and placement alternatives to ensure consistent and effective forensic evaluations. The bill requires court-appointed mental health experts performing forensic evaluations to complete DCF-approved forensic training and ongoing education. The bill also requires mental health professionals to assess the availability of community-based treatment before recommending involuntary hospitalization.

The bill does not have a fiscal impact on state government or the private sector. See Section V. Fiscal Impact Statement.

The bill takes effect July 1, 2025.

II. Present Situation:

The present situation for each issue is described below in Section III, Effect of Proposed Changes.

III. Effect of Proposed Changes:

CS/SB 1240 makes changes to Florida's mental health and substance abuse care systems of care by integrating crisis services, expanding treatment accessibility, and strengthening provider oversight. The bill improves response times for mental health emergencies, streamlines treatment, and enhances training for behavioral health professionals.

Background

Mental Health and Mental Illness

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.¹ The primary indicators used to evaluate an individual's mental health are:²

- Emotional well-being, perceived life satisfaction, happiness, cheerfulness, peacefulness;
- Psychological well-being, self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships; and
- Social well-being;
- Social acceptance, beliefs in the potential of people and society as a whole,
- Personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.³ Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being. Mental illness affects millions of people in the United States each year. Nearly one in five adults lives with a mental illness.⁴ During childhood and adolescence, almost half of children will experience a mental disorder, though the proportion experiencing severe impairment during childhood and adolescence is lower, at about 22%.⁵

¹ World Health Organization, *Mental Health: Concepts in Mental Health*, available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited 3/7/25).

² Centers for Disease Control and Prevention, *Mental Health Basics*, available at: <http://medbox.iab.me/modules/en-cdc/www.cdc.gov/mentalhealth/basics.htm> (last visited 3/7/25).

³ *Id.*

⁴ National Institute of Mental Health (NIHM), *Mental Illness*, available at: <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited 3/7/25).

⁵ *Id.*

Florida Mental Health and Substance Abuse Services Acts

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.⁶ The DCF is charged with providing a coordinated system of care, to serves as a “no-wrong-door model” that provides a fully array of behavioral health services from front end crisis intervention through long-term recovery services, including a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services.⁷

988 Suicide and Crisis Lifeline

Present Situation

The 988 Suicide & Crisis Lifeline is the United States’ three-digit telephone number is available for mental health crises, providing connection to free and confidential emotional support 24/7.⁸ Launched nationally on July 16, 2022, 988 was established by federal law as an easy-to-remember alternative to the 10-digit National Suicide Prevention Lifeline.⁹ By dialing 988 (or texting 988, or using the web chat), callers in distress are routed to one of over 200 local crisis centers nationwide, where trained crisis counselors provide immediate counseling, support, and referrals to resources.¹⁰ By May 2024, nearly two years post-launch, the Lifeline had fielded 10.8 million total interactions, comprising roughly 6.4 million calls, 1.6 million chats, and 1.6 million texts.¹¹

Florida has also experienced growth in the 988 program. Since launching in July 2022, the 988 Lifeline has connected 95,672 individuals to mental health or related services and offered telephone-based support to 398,939 people across Florida.¹² The Florida 988 program is funded through a federal discretionary grant that will end in September of 2026; the DCF intends to become one of the first states to fully fund and operate their in-state 988 network without the need for federal discretionary grant funding.¹³ The 988 network ensures individuals have immediate access to trained professionals through a centralized helpline which ultimately reduces dependence on 911 and law enforcement for mental health emergencies.

⁶ See generally, Part I, Ch. 394, F.S., and Ch. 397, F.S.

⁷ See s. 394.4573, F.S.

⁸ 988 Suicide & Crisis Lifeline, *The Lifeline and 988*, available at: <https://988lifeline.org/current-events/the-lifeline-and-988/#:~:text=On%20July%2016%2C%202022%2C%20the,Vibrant> (last visited 3/7/25).

⁹ KFF, *One Year After the Launch of 988, the National Suicide and Crisis Hotline Has Received Nearly 5 Million Combined Calls, Texts, and Chats*, Available at: <https://www.kff.org/mental-health/press-release/one-year-after-the-launch-of-988-the-national-suicide-and-crisis-hotline-has-received-nearly-5-million-combined-calls-texts-and-chats/#:~:text=Overall%2C%20the%20988%20line%20steers,mental%20health%20crisis%20to%20recall> (last visited 3/7/25).

¹⁰ 988 Suicide & Crisis Lifeline, *The Lifeline and 988*, available at: <https://988lifeline.org/current-events/the-lifeline-and-988/#:~:text=On%20July%2016%2C%202022%2C%20the,Vibrant> (last visited 3/7/25).

¹¹ KFF, *988 Suicide & Crisis Lifeline: Two Years After Launch*, available at: <https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-launch/#:~:text=Since%20launch%20in%20July%202022%2C,third%20of%20total%20contacts%2C%20accounting> (last visited 3/7/25).

¹² Florida Department of Children and Families, 2025 Agency Analysis, p. 2 (on file with the Children, Families, and Elder Affairs Committee).

¹³ *Id.*

Effect of Proposed Changes

Section 1 of the bill amends s. 394.4573, F.S., to add the 988 Suicide and Crisis Lifeline Call Center as a statutorily required part of the state’s crisis response as part of the coordinated system of care. This change places duty of regulation and assessment of the 988 Suicide Crisis Lifeline with the DCF.

Section 6 amends s. 394.67, F.S., to define “988 suicide and crisis lifeline call center” to mean a call center that meets national accreditation and recognized by the DCF to receive 988 calls, texts, or other forms of communication. The bill also adds the 988 suicide and crisis lifeline call center to the definition of “crisis services.” These changes integrate the role of 988 centers into the state’s behavioral health system, specifically as a crisis response service.

Section 7 creates s. 394.9088, F.S., to require the DCF to authorize and provide oversight to the 988 network crisis call centers. The bill prohibits 988 services to be provided by non-authorized call centers. The bill allows the DCF to ensure compliance with state and federal crisis response standards, improving service quality, and establishing a framework for coordination between 988 and 911 emergency services.

Medication-Assisted Treatment (MAT) Needs Assessment

Present Situation

Medication-Assisted Treatment (MAT) for opioid use disorders is a service that uses methadone or other medication as authorized by state and federal law, in combination with medical, rehabilitative, supportive, and counseling services in the treatment of individuals who are dependent on opioid drugs.¹⁴ This integrated approach aims to provide a whole-patient treatment strategy.¹⁵ Medications commonly used in MAT include methadone, buprenorphine, and naltrexone, which work by reducing cravings, alleviating withdrawal symptoms, and blocking the euphoric effects of substances.¹⁶

Current law requires the DCF to determine the need for new MAT providers in the state.¹⁷ This requirement does not allow opioid treatment programs (OTPs) or methadone clinics to open freely at will; instead, new clinics can only be established if the DCF finds there is an unmet need in a region for additional services.¹⁸ This needs-based licensure process serves as a state-level control on the number and location of MAT clinics.

¹⁴ Section 397.311,7

¹⁵ Florida Department of Health – Palm Beach County, *Medication Assisted Treatment (MAT)*, <https://palmbeach.floridahealth.gov/programs-and-services/OD2A/documents/Fact-Sheet-Medication-Assisted-Treatment.pdf> (last visited March 17, 2025)

¹⁶ Substance Abuse and Mental Health Services Administration, *Find Substance Use Disorder Treatment*, available at <https://www.samhsa.gov/substance-use/treatment/find-treatment> (last visited March 17, 2025); Addiction Group, *What is Medication-Assisted Treatment (MAT)*, available at <https://www.addictiongroup.org/treatment/therapies/mat/> (last visited March 17, 2025)

¹⁷ Section 397.427, F.S.

¹⁸ *Id.*

Florida currently has 72 operational MAT clinics, collectively assisting nearly 22,000 clients statewide.¹⁹ However, under the current federal methodology, three needs assessments have been conducted since FY 2018/2019, and none have identified a statewide need for additional facilities. The Department lacks the flexibility to grant licenses outside of the annual need determination process, even in urgent situations such as the closure of the only clinic in a given area.²⁰

The federal algorithm presents additional challenges in addressing the needs of jail-based and rural populations. Current law does not exempt agencies that serve specific, limited groups, such as jails, prisons, and federally qualified health centers.²¹ Providing these facilities with the flexibility to offer services as needed would improve access to care for those specialized populations.

Effect of Proposed Changes

Section 8 of the bill deletes s. 397.427(2) and amends s. 397.427(4), F.S., removing the requirement that the DCF must determine the need for establishing MAT programs. Removing the requirement for new providers to demonstrate community need fosters the expansion of MAT services, increasing access to treatment, especially within rural communities.

Forensic Evaluators

Present Situation

Chapter 916, F.S., establishes the Forensic Client Services Act detailing the framework for addressing mental health issues within the state's criminal justice system, specifically requiring the DCF to establish, locate, and maintain facilities and programs for the treatment or training of defendants who have been charged with a felony and who have been found to be incompetent to proceed in the legal system due to mental illness.²² The law guides how courts appoint mental health experts, assess a defendant's competency to stand trial, and manage individuals found not guilty by reason of insanity.

Mental health evaluations ensure that defendants with mental health conditions receive proper assessment and treatment. Courts appoint licensed psychiatrists, psychologists, or physicians to determine a defendant's competency, sanity, or need for involuntary treatment.²³ These professionals have specific forensic training and a one-time class from the DCF. These evaluations, conducted in jails, forensic centers, or medical facilities, help courts decide whether a defendant can stand trial or requires hospitalization. If deemed incompetent, individuals may be committed to a DCF facility for treatment until they can participate in legal proceedings or, if their behavior is non-threatening, may be released under supervision.²⁴

¹⁹ Florida Department of Children and Families, 2025 Agency Analysis, pg.2 (on file with the Children, Families, and Elder Affairs Committee).

²⁰ *Id.*

²¹ *Id.*

²² Chapter 916, F.S.

²³ Section s. 916.11, F.S.

²⁴ Section 916.12, F.S.

Defendants found not guilty by reason of insanity may be involuntarily committed if they pose a danger to themselves or others.²⁵ Placement in a State Mental Health Treatment Facility (SMHTF) ensures access to necessary treatment while maintaining public safety. Regular evaluations determine whether continued hospitalization is required or if a supervised release plan is appropriate. Mental health professionals conduct these assessments, provide expert testimony, and oversee treatment, helping courts balance the needs of individuals with mental illness against legal and public safety concerns.²⁶

Florida faces growing challenges with increasing referrals to the SMHTFs from courts and forensic hospital bed occupancy rates above 97%. These challenges delay care and leave individuals in jail awaiting inpatient services. With 462 people on the waitlist and 333 waiting more than 15 days, the backlog continues to strain the system.²⁷ However, many of these individuals could be restored to competency through less restrictive alternatives, reducing the need for full hospitalization in a SMHTF. Court decisions on commitment orders are heavily influenced by evaluators' findings and recommendations, which help determine the most appropriate treatment setting.²⁸

In 2023, changes to Chapter 916, F.S., introduced a requirement for expert evaluators and courts to assess alternative treatment options before committing a defendant to a SMHTF. Evaluators are expected to provide a comprehensive report on available alternatives, including a thorough justification if those options are deemed inadequate.²⁹ Evaluators must consider a list of minimum alternative treatment options before ordering a defendant to be placed in a treatment facility. Experts must also report on the appropriateness of the following community-based options for treating and supporting the recovery of a patient:³⁰

- Mental health services;
- Treatment services;
- Rehabilitative services;
- Support services; and
- Case management services as those terms are defined in s. 394.67(16), F.S., which may be provided by or within:
 - Multidisciplinary community treatment teams;
 - Community treatment teams, such as Florida Assertive Community Treatment (FACT) teams;
 - Conditional release programs;
 - Outpatient services or intensive outpatient treatment programs; and
 - Supportive employment and supportive housing opportunities.³¹

²⁵ Section 916.15, F.S.

²⁶ *Id.*

²⁷ Florida Department of Children and Families, 2025 Agency Analysis, p. 3 (on file with the Children, Families, and Elder Affairs Committee).

²⁸ *Id.*

²⁹ *Id.*

³⁰ Section 916.12, F.S.

³¹ Section 394.67, F.S.

However, the implementation of this requirement has not been consistent statewide. Without a legal requirement for forensic evaluators to participate in ongoing training, evaluators lack critical updates on new or revised statutes, alternative placements, and least restrictive options.³²

Effect of Proposed Changes

Section 10 amends s. 916.111, F.S., to update training requirements for mental health professionals conducting forensic evaluations, to require training on statutes and rules related to competency restoration, evidence-based practices, and least restrictive treatment alternatives and placements. This change will require provided trainings to be more accurate, aligned with current law, and produce more standardized evaluations in legal proceedings.

Section 11 amends s. 916.115, F.S., to require court-appointed mental health experts to complete both an initial and ongoing DCF-approved forensic training. The bill requires those experts performing juvenile evaluations to complete annual juvenile forensic competency evaluation training. The bill also requires all current expert evaluators to complete the newly created DCF-provided continuing education for experts by July 1, 2026 to remain an active evaluator.

These changes are intended to increase the training for expert forensic evaluators to improve the consistency of evaluations and ultimately the judicial decision-making in criminal cases involving defendants with mental illness.

Section 12 amends s. 916.12, F.S., to require mental health evaluators to assess whether less restrictive treatment alternatives are available in the community and acceptable. The bill requires this assessment to involve current resources and information, to include the ongoing DCF-approved training required under the bill's language. This change is intended to ensure individuals receive care in the least restrictive setting possible, reducing unnecessary institutionalization.

Conforming Language and Cross-Reference Changes to Align with 2024 Legislation

Present Situation

A number of significant bills were introduced and passed during the 2024 legislative session. CS/SB 7016 was the flagship of the 2024 "Live Healthy" initiative. The bill revised preexisting health care programs, created new programs, revised licensure and regulatory requirements for health care practitioners and facilities, created new provisions within programs relating to health care practitioner education, amended the state Medicaid program, and appropriated both general revenue and trust fund dollars for the purpose of growing Florida's health care workforce and increasing access to health care services.

CS/CS/HB 7021 made substantive changes to both Florida's Baker and Marchman Acts by combining processes for courts to order individuals to involuntary outpatient services and involuntary inpatient placement in the Baker Act. This bill streamlined the process for obtaining involuntary services, and provided more flexibility for courts to meet individuals' treatment

³² *Id.*

needs. The bill also integrated existing provisions for court-ordered involuntary assessments and stabilization in the Marchman Act into a new consolidated involuntary treatment process.

Effect of the Bill

CS/SB 1240 makes multiple changes to make conforming language changes; clarify and refine provisions; and further align statute with the changes in the 2024 legislation.

Sections 2, 3, 4, and 5 amends multiple sections of ch. 394, F.S., to make conforming language and cross-reference changes to align current statute with the substantive changes of HB 7021 (2024) and SB 7016 (2024). Specifically, the sections amend current statute to:

- Clarify that a guardian advocate is to be discharged when a patient is discharged from an order for involuntary outpatient services, involuntary inpatient placement, or when the patient is transferred from involuntary to voluntary status.
- Require a qualified mental health professional to review a voluntary patient discharge request within 12 hours.
- Clarify that a clinical psychologist must have three years of clinical training in the practice of clinical psychology.
- Require that petitioners prepare a services plan for patients prior to submitting an order for involuntary outpatient placement services.
- Define the responsibilities of administrative law judges and courts regarding involuntary inpatient placement and involuntary outpatient services.

Sections 13 and 14 make conforming cross-reference changes.

Section 15 of the bill provides an effective date of July 1, 2025.

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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends the following sections of the Florida Statutes: 394.4573, 394.67, 397.427, 916.111, 916.115, 916.12, 394.674, and 394.74.

This bill creates s. 394.9088 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 Children, Families, and Elder Affairs on March 19, 2025:

The CS makes the following changes:

- Clarifies that a guardian advocate is to be discharged of responsibility when a patient enters involuntary outpatient services.
- Requires that a clinical psychologist have three years of clinical training in the practice of clinical psychology.
- Allows the court to order involuntary outpatient placement based on expanded criteria.
- Mandates that petitioners prepare service plans for patients prior to submitting an order for involuntary outpatient placement services.
- Defines the responsibilities of administrative law judges and courts regarding involuntary inpatient placement and involuntary outpatient services.

B. Amendments:

None.

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



856534

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2025	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs
(Calatayud) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (d) of subsection (2) of section
394.4573, Florida Statutes, is amended to read:

394.4573 Coordinated system of care; annual assessment;
essential elements; measures of performance; system improvement
grants; reports.—On or before December 1 of each year, the
department shall submit to the Governor, the President of the



11 Senate, and the Speaker of the House of Representatives an
12 assessment of the behavioral health services in this state. The
13 assessment shall consider, at a minimum, the extent to which
14 designated receiving systems function as no-wrong-door models,
15 the availability of treatment and recovery services that use
16 recovery-oriented and peer-involved approaches, the availability
17 of less-restrictive services, and the use of evidence-informed
18 practices. The assessment shall also consider the availability
19 of and access to coordinated specialty care programs and
20 identify any gaps in the availability of and access to such
21 programs in the state. The department's assessment shall
22 consider, at a minimum, the needs assessments conducted by the
23 managing entities pursuant to s. 394.9082(5). The department
24 shall compile and include in the report all plans submitted by
25 managing entities pursuant to s. 394.9082(8) and the
26 department's evaluation of each plan.

27 (2) The essential elements of a coordinated system of care
28 include:

29 (d) Crisis services, including the 988 suicide and crisis
30 lifeline call center, mobile response teams, crisis
31 stabilization units, addiction receiving facilities, and
32 detoxification facilities.

33 Section 2. Subsection (8) of section 394.4598, Florida
34 Statutes, are amended to read:

35 394.4598 Guardian advocate.—

36 (8) The guardian advocate shall be discharged when the
37 patient is discharged from an order for involuntary outpatient
38 services placement ~~placement~~ or involuntary inpatient placement or when
39 the patient is transferred from involuntary to voluntary status.



856534

40 The court or a hearing officer shall consider the competence of
41 the patient pursuant to subsection (1) and may consider an
42 involuntarily placed patient's competence to consent to
43 treatment at any hearing. Upon sufficient evidence, the court
44 may restore, or the hearing officer may recommend that the court
45 restore, the patient's competence. A copy of the order restoring
46 competence or the certificate of discharge containing the
47 restoration of competence shall be provided to the patient and
48 the guardian advocate.

49 Section 3. Subsection (5) of section 394.4625, Florida
50 Statutes, is amended to read:

51 394.4625 Voluntary admissions.—

52 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
53 patient, or an authorized person on the patient's behalf, makes
54 a request for discharge, the request for discharge, unless
55 freely and voluntarily rescinded, must be communicated to a
56 physician, a clinical psychologist with at least 3 years of
57 clinical postdoctoral experience ~~in the practice of clinical~~
58 ~~psychology~~, or a psychiatrist as quickly as possible, but not
59 later than 12 hours after the request is made. If the patient
60 meets the criteria for involuntary placement, the administrator
61 of the facility must file with the court a petition for
62 involuntary placement, within 2 court working days after the
63 request for discharge is made. If the petition is not filed
64 within 2 court working days, the patient must be discharged.
65 Pending the filing of the petition, the patient may be held and
66 emergency treatment rendered in the least restrictive manner,
67 upon the order of a physician or a psychiatric nurse practicing
68 within the framework of an established protocol with a



856534

69 psychiatrist, if it is determined that such treatment is
70 necessary for the safety of the patient or others.

71 Section 4. Subsection (2) of section 394.4655, Florida
72 Statutes, is amended to read:

73 394.4655 Orders to involuntary outpatient placement.—

74 (2) A court or a county court may order an individual to
75 involuntary outpatient placement under s. 394.467. The criteria
76 for ordering a person to involuntary outpatient placement, as
77 well as all of the requirements and processes for placement,
78 including, but not limited to, recommendations for involuntary
79 outpatient placement, petitions, appointment of counsel, and
80 hearings on involuntary outpatient placement are provided in s.
81 394.467.

82 (3) When recommending an order to involuntary outpatient
83 placement, the petitioner, as defined in s. 394.467(4), shall
84 prepare a services plan for the patient in accordance with s.
85 394.467.

86 Section 5. Paragraph (a) of subsection (1) and subsection
87 (11) of section 394.467, Florida Statutes, is amended to read:

88 394.467 Involuntary inpatient placement and involuntary
89 outpatient services.—

90 (1) DEFINITIONS.—As used in this section, the term:

91 (a) "Court" means a circuit court or, for commitments only
92 to involuntary outpatient services ~~as defined in s. 394.4655~~, a
93 county court.

94 (11) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES.—

95 (a) A petition for continued involuntary services must be
96 filed if the patient continues to meet the criteria for
97 involuntary services.



856534

98 (b)1. If a patient receiving involuntary outpatient
99 services continues to meet the criteria for involuntary
100 outpatient services, the service provider must file in the court
101 that issued the initial order for involuntary outpatient
102 services a petition for continued involuntary outpatient
103 services.

104 2. If a patient in involuntary inpatient placement
105 continues to meet the criteria for involuntary services and is
106 being treated at a receiving facility, the administrator must,
107 before the expiration of the period the receiving facility is
108 authorized to retain the patient, file in the court that issued
109 the initial order for involuntary inpatient placement, a
110 petition requesting authorization for continued involuntary
111 services. The administrator may petition for inpatient or
112 outpatient services.

113 3. If a patient in involuntary inpatient placement
114 continues to meet the criteria for involuntary services and is
115 being treated at a treatment facility, the administrator must,
116 before expiration of the period the treatment facility is
117 authorized to retain the patient, file a petition requesting
118 authorization for continued involuntary services. The
119 administrator may petition for inpatient or outpatient services.
120 Hearings on petitions for continued involuntary services of an
121 individual placed at any treatment facility are administrative
122 hearings and must be conducted in accordance with s. 120.57(1),
123 except that any order entered by the administrative law judge is
124 final and subject to judicial review in accordance with s.
125 120.68. Orders concerning patients committed after successfully
126 pleading not guilty by reason of insanity are governed by s.



856534

127 916.15.

128 4. ~~The court shall immediately schedule a~~ A hearing on the
129 petition ~~shall~~ to be scheduled immediately and held within 15
130 days after the petition is filed.

131 5. The existing involuntary services order shall remain in
132 effect until disposition on the petition for continued
133 involuntary services.

134 (c) The petition must be accompanied by a statement from
135 the patient's physician, psychiatrist, psychiatric nurse, or
136 clinical psychologist justifying the request, a brief
137 description of the patient's treatment during the time he or she
138 was receiving involuntary services, and an individualized plan
139 of continued treatment developed in consultation with the
140 patient or the patient's guardian advocate, if applicable. If
141 the petition is for involuntary outpatient services, it must
142 comply with the requirements of subparagraph (4)(d)3. When the
143 petition has been filed, the clerk of the court or the clerk of
144 the Division of Administrative Hearings, as applicable, shall
145 provide copies of the petition and the individualized plan of
146 continued services to the department, the patient, the patient's
147 guardian advocate, the state attorney, and the patient's private
148 counsel or the public defender.

149 (d) The court shall appoint counsel to represent the person
150 who is the subject of the petition for continued involuntary
151 services in accordance with the provisions set forth in
152 subsection (5), unless the person is otherwise represented by
153 counsel or ineligible.

154 (e) Hearings on petitions for continued involuntary
155 outpatient services must be before the court that issued the



856534

156 order for involuntary outpatient services. However, the patient
157 and the patient's attorney may agree to a period of continued
158 outpatient services without a court hearing.

159 (f) Hearings on petitions for continued involuntary
160 inpatient placement in receiving facilities, or involuntary
161 outpatient services following involuntary inpatient services,
162 must be held in the county or the facility, as appropriate,
163 where the patient is located.

164 (g) The court may appoint a magistrate to preside at the
165 hearing. The procedures for obtaining an order pursuant to this
166 paragraph must meet the requirements of subsection (7).

167 (h) Notice of the hearing must be provided as set forth in
168 s. 394.4599.

169 (i) If a patient's attendance at the hearing is voluntarily
170 waived, the court or the administrative law judge must determine
171 that the patient knowingly, intelligently, and voluntarily
172 waived his or her right to be present, before waiving the
173 presence of the patient from all or a portion of the hearing.
174 Alternatively, if at the hearing the court or the administrative
175 law judge finds that attendance at the hearing is not consistent
176 with the best interests of the patient, the court or the
177 administrative law judge may waive the presence of the patient
178 from all or any portion of the hearing, unless the patient,
179 through counsel, objects to the waiver of presence. The
180 testimony in the hearing must be under oath, and the proceedings
181 must be recorded.

182 (j) If at a hearing it is shown that the patient continues
183 to meet the criteria for involuntary services, the court or the
184 administrative law shall issue an order for continued



856534

185 involuntary outpatient services, involuntary inpatient
186 placement, or a combination of involuntary services for up to 6
187 months. The same procedure shall be repeated before the
188 expiration of each additional period the patient is retained.

189 (k) If the patient has been ordered to undergo involuntary
190 services and has previously been found incompetent to consent to
191 treatment, the court shall consider testimony and evidence
192 regarding the patient's competence. If the patient's competency
193 to consent to treatment is restored, the discharge of the
194 guardian advocate is governed by s. 394.4598. If the patient has
195 been ordered to undergo involuntary inpatient placement only and
196 the patient's competency to consent to treatment is restored,
197 the administrative law judge may issue a recommended order, to
198 the court that found the patient incompetent to consent to
199 treatment, that the patient's competence be restored and that
200 any guardian advocate previously appointed be discharged.

201 (l) If continued involuntary inpatient placement is
202 necessary for a patient in involuntary inpatient placement who
203 was admitted while serving a criminal sentence, but his or her
204 sentence is about to expire, or for a minor involuntarily
205 placed, but who is about to reach the age of 18, the
206 administrator shall petition the administrative law judge for an
207 order authorizing continued involuntary inpatient placement.

208
209 The procedure required in this subsection must be followed
210 before the expiration of each additional period the patient is
211 involuntarily receiving services.

212 Section 6. Subsections (1) through (25) of section 394.67,
213 Florida Statutes, are renumbered as subsections (2) through



856534

214 (26), respectively, subsection (4) is amended, and a new
215 subsection (1) is added to that section, to read:

216 394.67 Definitions.—As used in this part, the term:

217 (1) “988 suicide and crisis lifeline call center” means a
218 call center meeting national accreditation and recognized by the
219 department to receive 988 calls, texts, or other forms of
220 communication in this state.

221 (4) “Crisis services” means short-term evaluation,
222 stabilization, and brief intervention services provided to a
223 person who is experiencing an acute mental or emotional crisis,
224 as defined in subsection (19) ~~(18)~~, or an acute substance abuse
225 crisis, as defined in subsection (20) ~~(19)~~, to prevent further
226 deterioration of the person’s mental health. Crisis services are
227 provided in settings such as a crisis stabilization unit, an
228 inpatient unit, a short-term residential treatment program, a
229 detoxification facility, or an addictions receiving facility; at
230 the site of the crisis by a mobile crisis response team; or at a
231 hospital on an outpatient basis; or telephonically by a 988
232 suicide and crisis lifeline call center.

233 Section 7. Section 394.9088, Florida Statutes, is created
234 to read:

235 394.9088 988 suicide and crisis lifeline call center.—

236 (1) The department shall authorize and provide oversight to
237 988 suicide and crisis lifeline call centers. Unless authorized
238 by the department, call centers are not permitted to conduct 988
239 suicide and crisis lifeline services. The department may
240 implement a corrective action plan, suspension or revocation of
241 authorization for failure to comply with this section and rules
242 adopted under this section.



856534

243 (2) The department shall adopt rules relating to:

244 (a) The process for authorization of 988 suicide and crisis
245 lifeline call centers.

246 (b) Minimum standards for 988 suicide and crisis lifeline
247 call centers to be authorized, including but not limited to,
248 service delivery, quality of care, and performance outcomes.

249 (c) The adequacy and consistency of 988 suicide and crisis
250 lifeline call centers' personnel certifications, accreditations,
251 quality assurance standards, and minimum training standards.

252 (d) Implementation of a cohesive statewide plan for 988
253 suicide and crisis lifeline call centers to achieve statewide
254 interoperability with the 911 system and to provide individuals
255 with rapid and direct access to the appropriate care.

256 Section 8. Subsections (3) through (9) of section 397.427,
257 Florida Statutes, are renumbered as subsections (2) through (8),
258 respectively, and present subsections (2) and (5) are amended,
259 to read:

260 397.427 Medication-assisted treatment service providers;
261 rehabilitation program; needs assessment and provision of
262 services; persons authorized to issue takeout medication;
263 unlawful operation; penalty.—

264 ~~(2) The department shall determine the need for~~
265 ~~establishing providers of medication-assisted treatment services~~
266 ~~for opiate addiction.~~

267 ~~(a) Providers of medication-assisted treatment services for~~
268 ~~opiate addiction may be established only in response to the~~
269 ~~department's determination and publication of need for~~
270 ~~additional medication treatment services.~~

271 ~~(b) If needs assessment is required, the department shall~~



856534

272 ~~annually conduct the assessment and publish a statement of~~
273 ~~findings which identifies each substate entity's need.~~

274 ~~(c) Notwithstanding paragraphs (a) and (b), the license for~~
275 ~~medication-assisted treatment programs for opiate addiction~~
276 ~~licensed before October 1, 1990, may not be revoked solely~~
277 ~~because of the department's determination concerning the need~~
278 ~~for medication-assisted treatment services for opiate addiction.~~

279 ~~(4)-(5) The department shall also determine the need for~~
280 ~~establishing medication-assisted treatment for substance use~~
281 ~~disorders other than opiate dependence. Service providers within~~
282 ~~the publicly funded system shall be funded for provision of~~
283 ~~these services based on the availability of funds.~~

284 Section 9. Subsection (3) of section 397.68141, Florida
285 Statutes, is amended to read:

286 397.68141 Contents of petition for involuntary treatment
287 services.—A petition for involuntary services must contain the
288 name of the respondent; the name of the petitioner; the
289 relationship between the respondent and the petitioner; the name
290 of the respondent's attorney, if known; and the factual
291 allegations presented by the petitioner establishing the need
292 for involuntary services for substance abuse impairment.

293 (3) If there is an emergency, the petition must also
294 describe the respondent's exigent circumstances and include a
295 request for an ex parte assessment and stabilization order that
296 must be executed pursuant to s. 397.6818 ~~397.68151~~.

297 Section 10. Paragraph (c) of subsection (1) of section
298 916.111, Florida Statutes, is amended to read:

299 916.111 Training of mental health experts.—The evaluation
300 of defendants for competency to proceed or for sanity at the



856534

301 time of the commission of the offense shall be conducted in such
302 a way as to ensure uniform application of the criteria
303 enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal
304 Procedure. The department shall develop, and may contract with
305 accredited institutions:

306 (1) To provide:

307 (c) Training for mental health professionals in the
308 application of these protocols and procedures in performing
309 forensic evaluations and providing reports to the courts.
310 Training must include, but is not limited to, information on
311 statutes and rules related to competency restoration, evidence-
312 based practices, least restrictive treatment alternatives and
313 placement options as described in s. 916.12(4)(c); and

314 Section 11. Subsection (1) of section 916.115, Florida
315 Statutes, is amended to read:

316 916.115 Appointment of experts.—

317 (1) The court shall appoint no more than three experts to
318 determine the mental condition of a defendant in a criminal
319 case, including competency to proceed, insanity, involuntary
320 placement, and treatment. The experts may evaluate the defendant
321 in jail or in another appropriate local facility or in a
322 facility of the Department of Corrections.

323 (a) The court ~~To the extent possible,~~ The appointed experts
324 shall:

325 1. have completed forensic evaluator training approved by
326 ~~the department, and each shall~~ Be a psychiatrist, licensed
327 psychologist, or physician.

328 2. Have completed initial and ongoing forensic evaluator
329 training, provided by the department.



856534

330 3. If performing juvenile evaluations, complete annually,
331 juvenile forensic competency evaluation training approved by the
332 department.

333 (b) Existing evaluators shall complete department-provided
334 continuing education training by July 1, 2026, to remain active
335 on the list.

336 (c)~~(b)~~ The department shall maintain and annually provide
337 the courts with a list of available mental health professionals
338 who have completed the initial and annual approved training as
339 experts.

340 Section 12. Paragraph (d) of subsection (4) of section
341 916.12, Florida Statutes, is amended to read:

342 916.12 Mental competence to proceed.—

343 (4) If an expert finds that the defendant is incompetent to
344 proceed, the expert shall report on any recommended treatment
345 for the defendant to attain competence to proceed. In
346 considering the issues relating to treatment, the examining
347 expert shall specifically report on:

348 (d) The availability of acceptable treatment and, if
349 treatment is available in the community, the expert shall so
350 state in the report. In determining what acceptable treatments
351 are available in the community, the expert shall, at a minimum,
352 use current information or resources on less restrictive
353 treatment alternatives, as described in paragraph (c) and those
354 obtained from training and continuing education approved by the
355 department.

356
357 The examining expert's report to the court shall include a full
358 and detailed explanation regarding why the alternative treatment



856534

359 options referenced in the evaluation are insufficient to meet
360 the needs of the defendant.

361 Section 13. Paragraph (a) of subsection (1) of section
362 394.674, Florida Statutes, is amended to read:

363 394.674 Eligibility for publicly funded substance abuse and
364 mental health services; fee collection requirements.—

365 (1) To be eligible to receive substance abuse and mental
366 health services funded by the department, an individual must be
367 a member of at least one of the department's priority
368 populations approved by the Legislature. The priority
369 populations include:

370 (a) For adult mental health services:

371 1. Adults who have severe and persistent mental illness, as
372 designated by the department using criteria that include
373 severity of diagnosis, duration of the mental illness, ability
374 to independently perform activities of daily living, and receipt
375 of disability income for a psychiatric condition. Included
376 within this group are:

377 a. Older adults in crisis.

378 b. Older adults who are at risk of being placed in a more
379 restrictive environment because of their mental illness.

380 c. Persons deemed incompetent to proceed or not guilty by
381 reason of insanity under chapter 916.

382 d. Other persons involved in the criminal justice system.

383 e. Persons diagnosed as having co-occurring mental illness
384 and substance abuse disorders.

385 2. Persons who are experiencing an acute mental or
386 emotional crisis as defined in s. 394.67 ~~s. 394.67(18)~~.

387 Section 14. Paragraph (a) of subsection (3) of section



856534

388 394.74, Florida Statutes, is amended to read:

389 394.74 Contracts for provision of local substance abuse and
390 mental health programs.—

391 (3) Contracts shall include, but are not limited to:

392 (a) A provision that, within the limits of available
393 resources, substance abuse and mental health crisis services, as
394 defined in s. 394.67 ~~s. 394.67(4)~~, shall be available to any
395 individual residing or employed within the service area,
396 regardless of ability to pay for such services, current or past
397 health condition, or any other factor;

398 Section 15. This act shall take effect July 1, 2025.

399

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

401 And the title is amended as follows:

402 Delete everything before the enacting clause
403 and insert:

404 A bill to be entitled
405 An act relating to substance abuse and mental health
406 care; amending s. 394.4573, F.S.; expanding mental
407 health crisis services to include the 988 suicide and
408 crisis lifeline call center; amending s. 394.4598,
409 F.S.; authorizing the guardian advocate to be
410 discharged when a patient is discharged from
411 involuntary outpatient services; amending s. 394.4625,
412 F.S.; requiring clinical psychologists who make
413 determinations of involuntary placement at certain
414 mental health facilities to have specified clinical
415 experience; amending s. 394.4655, F.S.; providing
416 cross-reference for specified criteria relating to



856534

417 orders to involuntary outpatient placement; amending
418 s. 394.467, F.S.; providing that orders entered by
419 administrative law judges for continued involuntary
420 placement for patients at certain mental health
421 facilities are final and subject to judicial review;
422 requiring hearings to be scheduled immediately;
423 requiring the clerk of the Division of Administrative
424 Hearings to provide copies of petitions and
425 individualized plans for continued services to the
426 Department of Children and Families and other
427 specified individuals; requiring the court or the
428 administrative law judge to make certain
429 determinations before waiving a patient's attendance
430 at a hearing for continued involuntary placement;
431 authorizing an administrative law judge to issue an
432 order for involuntary services if the patient meets
433 certain criteria; amending s. 394.67, F.S.; revising
434 the definition of "crisis services" to include a 988
435 suicide and crisis lifeline call center and defining
436 the term "988 suicide and crisis lifeline call
437 center"; creating s. 394.9088, F.S.; requiring the
438 Department of Children and Families to authorize and
439 provide oversight of the 988 suicide and crisis
440 lifeline call centers and adopt specified rules;
441 amending s. 397.427, F.S.; removing requirements
442 relating to providers of medication-assisted treatment
443 services for opiate addiction; amending s. 916.111,
444 F.S.; revising training requirements for mental health
445 professionals; amending s. 916.115, F.S.; requiring



856534

446 court appointed experts to have completed specified
447 training and continued education; amending s. 916.12,
448 F.S.; providing requirements for an expert to
449 determine acceptable treatments available in a
450 community; amending ss. 394.674, 394.74, and 397.68141
451 F.S.; conforming cross-references; providing an
452 effective date.

By Senator Grall

29-00916-25

20251286__

1 A bill to be entitled
2 An act relating to harming or neglecting children;
3 amending s. 39.01, F.S.; revising the definition of
4 the term "harm" as it relates to a child's health or
5 welfare; amending s. 827.03, F.S.; revising the
6 definition of the term "neglect of a child";
7 reenacting ss. 390.01114(2)(b) and 984.03(2), F.S.,
8 relating to the definitions of the terms "child abuse"
9 and "abuse," respectively, to incorporate the
10 amendment made to s. 39.01, F.S., in references
11 thereto; providing an effective date.

12
13 Be It Enacted by the Legislature of the State of Florida:

14
15 Section 1. Paragraphs (a) and (f) of subsection (37) of
16 section 39.01, Florida Statutes, are amended to read:

17 39.01 Definitions.—When used in this chapter, unless the
18 context otherwise requires:

19 (37) "Harm" to a child's health or welfare can occur when
20 any person:

21 (a) Inflicts or allows to be inflicted upon the child
22 physical, mental, or emotional injury. In determining whether
23 harm has occurred, the following factors must be considered in
24 evaluating any physical, mental, or emotional injury to a child:
25 the age of the child; any prior history of injuries to the
26 child; the location of the injury on the body of the child; the
27 multiplicity of the injury; and the type of trauma inflicted.

28 Such injury includes, but is not limited to:

29 1. Willful acts that produce the following specific

29-00916-25

20251286__

30 injuries:

- 31 a. Sprains, dislocations, or cartilage damage.
- 32 b. Bone or skull fractures.
- 33 c. Brain or spinal cord damage.
- 34 d. Intracranial hemorrhage or injury to other internal
- 35 organs.
- 36 e. Asphyxiation, suffocation, or drowning.
- 37 f. Injury resulting from the use of a deadly weapon.
- 38 g. Burns or scalding.
- 39 h. Cuts, lacerations, punctures, or bites.
- 40 i. Permanent or temporary disfigurement.
- 41 j. Permanent or temporary loss or impairment of a body part
- 42 or function.

43

44 As used in this subparagraph, the term "willful" refers to the

45 intent to perform an action, not to the intent to achieve a

46 result or to cause an injury.

47 2. Purposely giving a child poison, alcohol, drugs, or

48 other substances that substantially affect the child's behavior,

49 motor coordination, or judgment or that result in sickness or

50 internal injury. For the purposes of this subparagraph, the term

51 "drugs" means prescription drugs not prescribed for the child or

52 not administered as prescribed, and controlled substances as

53 outlined in Schedule I or Schedule II of s. 893.03.

54 3. Leaving a child without adult supervision or arrangement

55 appropriate for the child's age or mental or physical condition,

56 so that the child is unable to care for the child's own needs,

57 is subjected to obvious danger of which the child's caregiver

58 knew or should have known, ~~or another's basic needs~~ or is unable

29-00916-25

20251286__

59 to exercise reasonable ~~good~~ judgment to avoid serious harm to
60 himself or others in responding to any kind of physical or
61 emotional crisis. This subparagraph may not be construed to
62 restrict a caregiver from allowing a child of sufficient
63 maturity and physical condition from engaging in independent
64 unsupervised activities, including, but not limited to,
65 traveling to or from school or nearby locations by bicycle or on
66 foot, playing outdoors, or remaining at home or any other
67 location for a reasonable period of time, unless allowing such
68 activities constitutes conduct that is so reckless as to
69 endanger the health or safety of the child.

70 4. Inappropriate or excessively harsh disciplinary action
71 that is likely to result in physical injury, mental injury as
72 defined in this section, or emotional injury. The significance
73 of any injury must be evaluated in light of the following
74 factors: the age of the child; any prior history of injuries to
75 the child; the location of the injury on the body of the child;
76 the multiplicity of the injury; and the type of trauma
77 inflicted. Corporal discipline may be considered excessive or
78 abusive when it results in any of the following or other similar
79 injuries:

- 80 a. Sprains, dislocations, or cartilage damage.
- 81 b. Bone or skull fractures.
- 82 c. Brain or spinal cord damage.
- 83 d. Intracranial hemorrhage or injury to other internal
84 organs.
- 85 e. Asphyxiation, suffocation, or drowning.
- 86 f. Injury resulting from the use of a deadly weapon.
- 87 g. Burns or scalding.

29-00916-25

20251286__

88 h. Cuts, lacerations, punctures, or bites.

89 i. Permanent or temporary disfigurement.

90 j. Permanent or temporary loss or impairment of a body part
91 or function.

92 k. Significant bruises or welts.

93 (f) Neglects the child. Within the context of the
94 definition of "harm," the term "neglects the child" means that
95 the parent or other person responsible for the child's welfare
96 fails to supply the child with adequate food, clothing, shelter,
97 or health care, although financially able to do so or although
98 offered financial or other means to do so; however, the term
99 does not include a caregiver allowing a child to engage in
100 independent and unsupervised activities unless allowing such
101 activities constitutes reckless conduct that endangers the
102 health or safety of the child. Such independent and unsupervised
103 activities include, but are not limited to, traveling to or from
104 school or nearby locations by bicycle or on foot, playing
105 outdoors, or remaining at home or any other location for a
106 reasonable period of time. ~~However,~~ A parent or legal custodian
107 who, by reason of the legitimate practice of religious beliefs,
108 does not provide specified medical treatment for a child may not
109 be considered abusive or neglectful for that reason alone, but
110 such an exception does not:

- 111 1. Eliminate the requirement that such a case be reported
112 to the department;
- 113 2. Prevent the department from investigating such a case;
114 or
- 115 3. Preclude a court from ordering, when the health of the
116 child requires it, the provision of medical services by a

29-00916-25

20251286__

117 physician, as defined in this section, or treatment by a duly
118 accredited practitioner who relies solely on spiritual means for
119 healing in accordance with the tenets and practices of a well-
120 recognized church or religious organization.

121 Section 2. Paragraph (e) of subsection (1) of section
122 827.03, Florida Statutes, is amended to read:

123 827.03 Abuse, aggravated abuse, and neglect of a child;
124 penalties.—

125 (1) DEFINITIONS.—As used in this section, the term:

126 (e) "Neglect of a child" means:

127 1. A caregiver's willful failure or omission to provide a
128 child with the care, supervision, and services necessary to
129 maintain the child's physical and mental health, including, but
130 not limited to, food, nutrition, clothing, shelter, supervision,
131 medicine, and medical services that a prudent person would
132 consider essential for the well-being of the child. The term
133 does not include a caregiver allowing a child to engage in
134 independent and unsupervised activities unless allowing such
135 activities constitutes willful and wanton conduct that endangers
136 the health or safety of the child. Such independent and
137 unsupervised activities include, but are not limited to,
138 traveling to or from school or nearby locations by bicycle or on
139 foot, playing outdoors, or remaining at home or any other
140 location for a reasonable period of time; or

141 2. A caregiver's failure to make a reasonable effort to
142 protect a child from abuse, neglect, or exploitation by another
143 person.

144
145 Except as otherwise provided in this section, neglect of a child

29-00916-25

20251286__

146 may be based on repeated conduct or on a single incident or
147 omission that results in, or could reasonably be expected to
148 result in, serious physical or mental injury, or a substantial
149 risk of death, to a child.

150 Section 3. For the purpose of incorporating the amendment
151 made by this act to section 39.01, Florida Statutes, in a
152 reference thereto, paragraph (b) of subsection (2) of section
153 390.01114, Florida Statutes, is reenacted to read:

154 390.01114 Parental Notice of and Consent for Abortion Act.—

155 (2) DEFINITIONS.—As used in this section, the term:

156 (b) "Child abuse" means abandonment, abuse, harm, mental
157 injury, neglect, physical injury, or sexual abuse of a child as
158 those terms are defined in ss. 39.01, 827.04, and 984.03.

159 Section 4. For the purpose of incorporating the amendment
160 made by this act to section 39.01, Florida Statutes, in a
161 reference thereto, subsection (2) of section 984.03, Florida
162 Statutes, is reenacted to read:

163 984.03 Definitions.—When used in this chapter, the term:

164 (2) "Abuse" means any willful act that results in any
165 physical, mental, or sexual injury that causes or is likely to
166 cause the child's physical, mental, or emotional health to be
167 significantly impaired. Corporal discipline of a child by a
168 parent or guardian for disciplinary purposes does not in itself
169 constitute abuse when it does not result in harm to the child as
170 defined in s. 39.01.

171 Section 5. This act shall take effect July 1, 2025.

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 Committee on Children, Families, and Elder Affairs

BILL: SB 1286

INTRODUCER: Senator Grall

SUBJECT: Harming or Neglecting Children

DATE: March 18, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Favorable
2.			ACJ	
3.			RC	

I. Summary:

SB 1286 amends the definition of harm and neglect of a child in ch. 39, F.S., to allow caregivers to let a sufficiently mature child partake in independent, unsupervised activities without considering these actions as harm or neglect of a child.

The bill considers independent, unsupervised activities as harm if the child is subjected to obvious danger of which the caregiver knew or should have known, or the child cannot exercise the reasonable judgment required to avoid serious harm upon responding to physical or emotional crises.

The bill considers independent, unsupervised activities as neglect of a child if such activities constitute reckless conduct that endangers the health or safety of the child.

Additionally, the bill amends the definition of neglect of a child in criminal statute to add a willful standard in a caregiver's failure or omission to provide a child with the necessary services to maintain the child's physical and mental health.

The bill also excludes independent, unsupervised activities that a child engages in from the definition of neglect of a child in ch. 827, F.S. unless the activities constitute a willful and wanton conduct that endangers the health or safety of the child.

The bill is not expected to have a fiscal impact on the government or private sector. *See* Section V. Fiscal Impact Statement.

The bill provides an effective date of July 1, 2025.

II. Present Situation:

Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.¹ Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.²

Child welfare services are directed toward the prevention of child abuse, abandonment, and neglect.³ The DCF practice model is based on increasing the safety of the child within his or her home, using in-home services, such as parenting coaching and counseling to maintain and strengthen the child's natural supports in the home environment.⁴ These services are coordinated by DCF-contracted CBCs. The DCF is responsible for many child welfare services, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.⁵ Ultimately, the DCF is responsible for program oversight and the overall performance of the child welfare system.⁶

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. Steps in the dependency process usually include:⁷

- A report to the Florida Abuse Hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in the child's dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child's parent or another option to establish permanency, such as adoption after termination of parental rights.⁸

¹ Chapter 39, F.S.

² Chapter 39, F.S.

³ Section 39.001, F.S.

⁴ See generally The Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 2/25/25).

⁵ Office of Program Policy Analysis and Government Accountability, *Child Welfare System Performance Mixed in First Year of Statewide Community-Based Care*, Report 06-50, June 2006, available at: <https://oppaga.fl.gov/Products/ReportDetail?rn=06-50> (last visited 2/25/25).

⁶ *Id.*

⁷ See generally Ch. 39, F.S.

⁸ The state has a compelling interest in providing stable and permanent homes for adoptive children in a prompt manner, in preventing the disruption of adoptive placements, and in holding parents accountable for meeting the needs of children. See Section 63.022, F.S.

Central Abuse Hotline

The DCF is required to operate and maintain a central abuse hotline (hotline)⁹ to receive reports of known or suspected instances of child abuse¹⁰, abandonment¹¹, or neglect¹², or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.¹³ The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.¹⁴

If the hotline determines a report meets the statutory criteria for child abuse, abandonment, or neglect, a DCF child protective investigator (CPI) must complete a child protective investigation.¹⁵

Child Maltreatment Index

The Child Maltreatment Index (Index) is utilized by central abuse hotline counselors and CPIs to determine if a report of abuse, abandonment, or neglect meets the criteria for verifying child maltreatment.¹⁶ The Index defines each maltreatment, factors to consider in the assessment of each maltreatment, and also frequently correlated maltreatments.¹⁷

There are 27 maltreatment types that can be assigned to a report. A report of abuse, abandonment, or neglect must contain at least one of the following maltreatment types; however, a report may include multiple maltreatment types. The maltreatment types are as follows:¹⁸

- Abandonment.
- Asphyxiation.

⁹ Hereinafter cited as “hotline.” The “Central Abuse Hotline” is the DCF’s central abuse reporting intake assessment center, which receives and processes reports of known or suspected child abuse, neglect or abandonment 24 hours a day, seven days a week. Chapter 65C-30.001, F.A.C. and Section 39.101, F.S.

¹⁰ Section 39.01(2), F.S. defines “abuse” as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

¹¹ Section 39.01(1), F.S. defines “abandoned” or “abandonment” as a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Establish or maintain a substantial and positive relationship” means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

¹² Section 39.01(53), F.S. states “neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

¹³ Section 39.201(1), F.S.

¹⁴ Section 39.101(1), F.S.

¹⁵ Prior to July 1, 2023, seven counties allowed the local sheriff’s office to perform child protective investigations. The 2023 legislative session transitioned this responsibility fully back to the Department after changes in Florida’s child welfare system aimed to integrate child protective investigations within existing crisis-oriented systems the DCF maintains. *See generally*: Laws of Fla. 2023-77.

¹⁶ Florida Department of Children and Families, *CFOP 170-4*, available at: <https://prod.myflfamilies.com/sites/default/files/2024-05/CFOP%20170-04%20Child%20Maltreatment%20Index.pdf> (last visited 3/12/25).

¹⁷ *Id.*

¹⁸ *Id.*

- Bizarre Punishment.
- Bone Fracture.
- Burns.
- Death.
- Environmental Hazards.
- Failure to Protect.
- Failure to Thrive/Malnutrition/Dehydration.
- Household Violence Threatens Child.
- Human Trafficking — CSEC.
- Human Trafficking — Labor.
- Inadequate Supervision.
- Internal Injuries
- Intimate Partner Violence Threatens Child.
- Medical Neglect.
- Mental Injury.
- Physical Injury.
- Sexual Abuse: Sexual Battery.
- Sexual Abuse: Sexual Exploitation.
- Sexual Abuse: Sexual Molestation.
- Substance-Exposed Newborn.
- Substance Misuse.
- Substance Misuse — Alcohol.
- Substance Misuse — Illicit Drugs.
- Substance Misuse — Prescription Drugs.
- Threatened Harm.

Hotline counselors utilize the definitions of these maltreatment types to determine if the reported information meets the criteria for acceptance of an investigation or special conditions report.¹⁹ Upon determination that the report should be accepted for investigation, the central abuse hotline notifies the DCF staff responsible for protective investigations.²⁰

Child Protective Investigations

Once a report is accepted by the hotline staff, the CPIs conduct a child protective investigation.²¹ These investigations consist of the following:²²

- A review of all relevant, available information specific to the child, family, and alleged maltreatment; family child welfare history; local, state, and federal criminal records check; and requests for law enforcement assistance provided by the abuse hotline.
 - Based on a review of available information, including the allegations in the current report, a determination shall be made as to whether immediate consultation should occur

¹⁹ *Id.*

²⁰ Section 39.301, F.S.

²¹ Section 39.301, F.S.

²² Section 39.301(9)(a), F.S.

- with law enforcement, the Child Protection Team, a domestic violence shelter or advocate, or a substance abuse or mental health professional.²³
- Face-to-face interviews with the child; other siblings, if any; and the parents, legal custodians, or caregivers.
 - Assessment of the child’s residence, including a determination of the composition of the family and household.
 - Determine whether there is any indication that any child in the family or household has been abused, abandoned, or neglect; the nature and extent of present or prior injuries, abuse, or neglect, and any evidence thereof; and a determination as to the person or persons apparently responsible for the abuse, abandonment, or neglect.
 - Documentation of the present and impending dangers to each child based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument (the Index).

CPIs utilize the definitions of maltreatment types to make a determination regarding each of the alleged maltreatments and make one of the following findings²⁴:

- **“Verified”** is used when a preponderance of the credible evidence results in a determination the specific harm or threat of harm was the result of abuse, abandonment, or neglect.
- **“Not Substantiated”** is used when there is credible evidence which does not meet the standard of being a preponderance to support that the specific harm was the result of abuse, abandonment, or neglect.
- **“No Indicators”** is used when there is no credible evidence to support that the specific harm was the result of abuse, abandonment, or neglect.

The findings of CPIs are used to determine the next course of action. If the CPI identifies present or impending danger, the CPI must implement a safety plan or take the child into custody. If impending danger is identified and the child is not removed, the CPI must create and implement a safety plan before leaving the home or location where there is present danger.²⁵ If impending danger is identified, the CPI must create and implement a safety plan as soon as necessary to protect the safety of the child. The safety plan may be modified by the CPI if necessary.²⁶

The CPI must either implement a safety plan for the child, which allows the child to remain in the home with in-home services or take the child into custody. If the child cannot safely remain in the home with a safety plan, the DCF must file a shelter petition and remove the child from his or her current home and temporarily place them in out-of-home care.²⁷

Harm to a Child’s Health or Welfare

The Index utilizes the statutory definition of “harm” in the findings of a report of abuse, abandonment, or neglect as Verified, Not Substantiated, or No Indicators. Generally, the current

²³ Section 39.301(9)(a), F.S.

²⁴ *Id.*

²⁵ Section 39.301, F.S.

²⁶ Section 39.301, F.S.

²⁷ Section 39.301, F.S.

definition of harm includes actions such as the following that negatively affect a child's health or welfare²⁸:

- Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury.
- Commits, or allows to be committed, sexual battery, as defined in ch. 794, F.S., or lewd or lascivious acts, as defined in ch. 800, F.S., against the child.
- Abandons the child.
- Neglects the child.
- Exposes a child to a controlled substance or alcohol.
- Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child.
- Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.
- Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

The definition of harm includes specific instances in which harm to a child has occurred, including willful acts that produce specific injuries.²⁹ As used in this definition, the term "willful" refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury.³⁰

Current law considers leaving a child without adult supervision so that the child is unable to care for the child's own needs or another's basic needs, or is unable to exercise good judgment in responding to any kind of physical or emotional crisis as meeting the criteria of harm. The current statutory language does not specify any independent or unsupervised actions that a child may partake in that do not meet the criteria for harm, or includes any language about the caregiver's knowledge of obvious danger.

Neglect of the Child

Neglect of the child is included in the definition of harm. Current law defines the term "neglects the child" to mean that the parent or other person responsible for the child's welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or offered financial or other means to do so.³¹ The current statutory language does not provide exceptions to this term that relate to the independent and unsupervised activities of a child.

Abuse of Children - Criminal Law

Chapter 827, F.S. criminalizes the abuse of children. Current law defines "neglect of a child" for use in Ch. 827, F.S. as:³²

²⁸ Section 39.01(37), F.S.

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

³² Section 827.03(1)(e), F.S.

- A caregiver's failure or omission to provide a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child; or
- A caregiver's failure to make a reasonable effort to protect a child from abuse, neglect, or exploitation by another person.

Neglect of a child may be based on repeated conduct or on a single incident or omission that results in, or could reasonably be expected to result in, serious physical or mental injury, or a substantial risk of death, to a child.³³

Current law does not provide exceptions relating to the independent and unsupervised activities of a child.

Offenses Relating to the Abuse of Children

Florida law provides the following offenses for the abuse of children³⁴:

- A person who commits aggravated child abuse commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.
- A person who willfully or by culpable negligence neglects a child and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.
- A person who knowingly or willfully abuses a child without causing great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.

III. Effect of Proposed Changes:

Section 1 of the bill amends the definition of harm in s. 39.01, F.S. to exclude circumstances in which a caregiver allows a child of sufficient maturity and physical condition from engaging in independent unsupervised activities from the definition of harm. Such independent unsupervised activities include, but are not limited to:

- Traveling to or from school or nearby locations by bicycle or on foot;
- Playing outdoors; or
- Remaining at home or any other location for a reasonable period of time, unless allowing such activities constitutes conduct that is so reckless as to endanger the health or safety of the child.

The bill specifies instances in which leaving a child without adult supervision or arrangement appropriate for the child's age, mental, or physical condition is considered harm. The bill establishes that a caregiver has harmed a child's health or welfare when the child is subjected to obvious danger of which the child's caregiver knew or should have known, or the child is unable to exercise reasonable judgment to avoid serious harm to himself or others in responding to any

³³ *Id.*

³⁴ Section 827.03(2), F.S.

kind of physical or emotional crisis. The bill requires that a child must be able to exercise reasonable judgment to avoid serious harm to himself or others; meaning, a child cannot be left alone without adult supervision or arrangement appropriate for his or her age if he or she cannot exercise reasonable judgment to avoid harm to himself or others.

The bill specifies that allowing a child to engage in these independent and unsupervised activities does not constitute neglect of a child within the definition of harm, unless allowing such activities constitutes reckless conduct that endangers the health or safety of the child.

Section 2 of the bill amends s. 827.03, F.S. to include a willful standard to the definition of neglect of a child in criminal statute, ch. 827, F.S. This change provides that a caregiver must *willfully* fail or omit to provide a child with the care, supervision, and services necessary to maintain the child's physical and mental health to be considered as harm. The bill excludes independent and unsupervised activities that a caregiver allows a child to engage in from constituting the neglect of a child, unless allowing such activities constitutes willful and wanton conduct that endangers the health and safety of the child.

The bill considers independent and unsupervised activities to include, but not be limited to:

- Traveling to or from school or nearby locations by bicycle or on foot;
- Playing outdoors; or
- Remaining at home or any other location for a reasonable period of time.

Section 3 of the bill reenacts s. 390.01114, F.S., to incorporate the substantive changes of the bill.

Section 4 of the bill reenacts s. 984.03, F.S., to incorporate the substantive changes of the bill.

Section 5 of the bill provides an effective date of July 1, 2025.

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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends ss. 39.01 and 827.03 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Grall

29-00687-25

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1 A bill to be entitled
2 An act relating to insulin administration by direct-
3 support professionals and relatives; amending s.
4 393.063, F.S.; defining the term "direct-support
5 professional"; creating s. 393.504, F.S.; authorizing
6 direct-support professionals and relatives of clients
7 in group home facilities for individuals with
8 developmental disabilities to administer insulin as
9 prescribed to the client if specified conditions are
10 met; providing group home facilities, direct-support
11 professionals, and relatives of clients with immunity
12 from civil liability for damages and civil and
13 criminal penalties under certain circumstances;
14 amending s. 1002.394, F.S.; conforming a cross-
15 reference; providing an effective date.

16
17 Be It Enacted by the Legislature of the State of Florida:

18
19 Section 1. Present subsections (13) through (46) of section
20 393.063, Florida Statutes, are redesignated as subsections (14)
21 through (47), respectively, and a new subsection (13) is added
22 to that section, to read:

23 393.063 Definitions.—For the purposes of this chapter, the
24 term:

25 (13) "Direct-support professional" means a person paid to
26 provide services directly to a client receiving home and
27 community-based services to address activities of daily living
28 or instrumental activities of daily living, behavioral supports,
29 employment supports, or other services to promote community

29-00687-25

20251736__

30 integration of the client.

31 Section 2. Section 393.504, Florida Statutes, is created to
32 read:

33 393.504 Administration of insulin.—

34 (1) Notwithstanding any other law, a direct-support
35 professional or a client's relative may administer insulin to a
36 client residing in a group home facility if all of the following
37 conditions have been met:

38 (a) The group home facility has an established procedure to
39 provide training to the direct-support professional or relative
40 in the administration of insulin. The training must be provided
41 by a registered nurse, a licensed practical nurse, or an
42 advanced practice registered nurse licensed under chapter 464; a
43 physician licensed under chapter 458 or chapter 459; or a
44 physician assistant licensed under chapter 458 or chapter 459.

45 (b) The group home facility has adopted policies and
46 procedures governing the administration of insulin by direct-
47 support professionals and relatives. The policies and procedures
48 must include, but need not be limited to, the following
49 provisions:

50 1. For clients requiring insulin, the group home facility
51 shall have on file the prescribed dosage of insulin required for
52 the client and proof of the direct-support professional's or
53 relative's training as required under paragraph (a).

54 2. The group home facility and the direct-support
55 professional or relative shall coordinate in advance before
56 insulin is administered to the client to avoid duplication in
57 administration.

58 3. The group home facility shall establish emergency

29-00687-25

20251736__

59 procedures related to the administration of insulin to clients.

60 4. The group home facility must certify any direct-support
61 professional or relative to administer insulin under this
62 section if he or she is in compliance with the requirements of
63 this section.

64 5. The group home facility must immediately notify a
65 direct-support professional or relative if he or she is not in
66 compliance with this section and immediately cease to allow them
67 to administer insulin.

68 (2) A group home facility that complies with this section
69 and its established policies and procedures is immune from civil
70 liability for damages arising out of the administration of
71 insulin by a direct-support professional or a client's relative.

72 (3) A direct-support professional or relative administering
73 insulin to a client residing in a group home facility in
74 compliance with this section is immune from civil liability for
75 damages or civil or criminal penalties arising out of the
76 administration of insulin to the client.

77 Section 3. Paragraph (e) of subsection (2) of section
78 1002.394, Florida Statutes, is amended to read:

79 1002.394 The Family Empowerment Scholarship Program.—

80 (2) DEFINITIONS.—As used in this section, the term:

81 (e) "Disability" means, for a 3- or 4-year-old child or for
82 a student in kindergarten to grade 12, autism spectrum disorder,
83 as defined in the Diagnostic and Statistical Manual of Mental
84 Disorders, Fifth Edition, published by the American Psychiatric
85 Association; cerebral palsy, as defined in s. 393.063; Down
86 syndrome, as defined in s. 393.063; an intellectual disability,
87 as defined in s. 393.063; a speech impairment; a language

29-00687-25

20251736__

88 impairment; an orthopedic impairment; any other health
89 impairment; an emotional or a behavioral disability; a specific
90 learning disability, including, but not limited to, dyslexia,
91 dyscalculia, or developmental aphasia; Phelan-McDermid syndrome,
92 as defined in s. 393.063; Prader-Willi syndrome, as defined in
93 s. 393.063; spina bifida, as defined in s. 393.063; being a
94 high-risk child, as defined in s. 393.063(23)(a) ~~s.~~
95 ~~393.063(22)(a)~~; muscular dystrophy; Williams syndrome; rare
96 diseases which affect patient populations of fewer than 200,000
97 individuals in the United States, as defined by the National
98 Organization for Rare Disorders; anaphylaxis; a hearing
99 impairment, including deafness; a visual impairment, including
100 blindness; traumatic brain injury; hospital or homebound; or
101 identification as dual sensory impaired, as defined by rules of
102 the State Board of Education and evidenced by reports from local
103 school districts. The term "hospital or homebound" includes a
104 student who has a medically diagnosed physical or psychiatric
105 condition or illness, as defined by the state board in rule, and
106 who is confined to the home or hospital for more than 6 months.
107 Section 4. This act shall take effect July 1, 2025.

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 Committee on Children, Families, and Elder Affairs

BILL: CS/SB 1736

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Grall

SUBJECT: Insulin Administration by Direct-support Professionals and Relatives

DATE: March 19, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Fav/CS
2.			AHS	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1736 creates a new section of law that allows direct-support professionals or a client’s relative to administer insulin in an APD licensed group home facility to a client with a developmental disability.

The bill defines the term “direct-support professional” to refer to an individual paid to provide services directly to a client with developmental disabilities that receives home and community-based services.

The bill allows direct-support professionals or relatives to administer insulin in group home facilities if the group home facility provides training, and adopts policies and procedures governing the administration of insulin by direct-support professionals or relatives.

The bill provides immunity from civil liability to group home facilities that are compliant with the requirements for the administration of insulin. The bill also provides civil and criminal immunity to direct-support professionals or relatives arising out of the administration of insulin in group home facilities, so long as the direct-support professional or relative were compliant with the requirements of administration.

The bill provides that the administration of insulin by a direct-support professional or relative in a group home facility includes sliding scale insulin therapy.

The bill adds subcutaneous administration of insulin and epinephrine by self-administration devices to existing law that allows an unlicensed direct service provider to supervise the self-administration of medication.

The bill is expected to have an insignificant, negative fiscal impact on the government or private sector. *See* Section V. Fiscal Impact Statement.

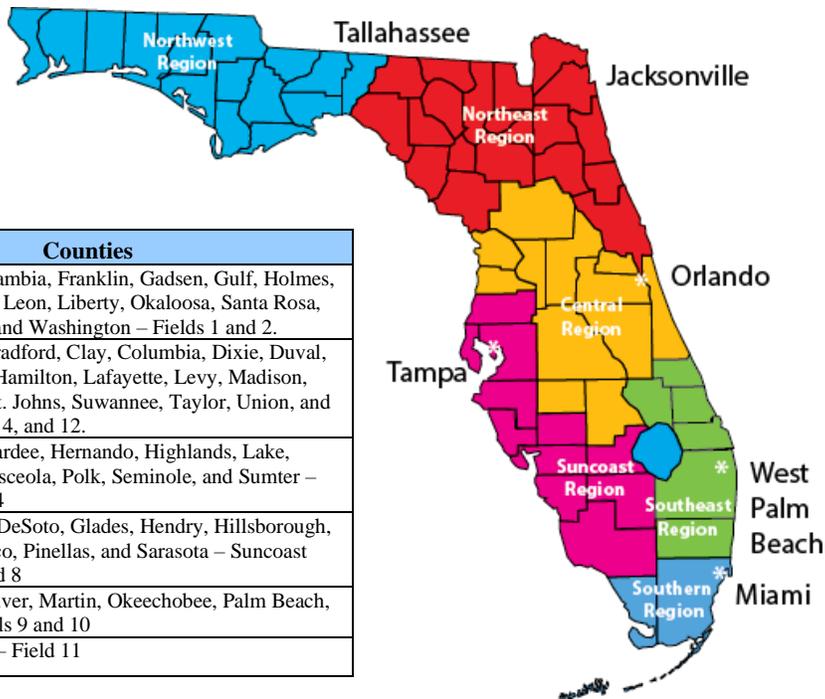
The bill provides an effective date of July 1, 2025.

II. Present Situation:

Agency for Persons with Disabilities — Generally

Chapter 393, F.S., identifies the need to provide community-based services and programs for individuals with developmental disabilities that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.¹

The Agency for Persons with Disabilities (APD) provides services to individuals with developmental disabilities and manages Medicaid waivers that provide federally approved services for individuals with developmental disabilities.² In addition to central headquarters in Tallahassee, the APD operates a total of six regional offices and 14 field offices throughout the state, as detailed below:³



Regions	Counties
Northwest	Bay, Calhoun, Escambia, Franklin, Gadsen, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington – Fields 1 and 2.
Northeast	Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia – Fields 3, 4, and 12.
Central	Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter – Fields 7, 13, and 14
Suncoast	Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota – Suncoast Field (23) and Field 8
Southeast	Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie – Fiels 9 and 10
Southern	Dade and Monroe – Field 11

¹ Section 393.062, F.S.

² Section 20.197, F.S.

³ Agency for Persons with Disabilities, *Regional Offices*, available at: <https://apd.myflorida.com/region/> (last visited 3/11/25).

Agency for Persons with Disability - Licensed Placement Array

Law requires the APD to license facilities and adult day training programs for individuals with developmental disabilities.⁴ The APD licenses the following facilities, which provide an array of services for individuals with developmental disabilities:⁵

Licensed Placements for Individuals with Developmental Disabilities	
Facility	Description
Foster Care Facility	A residential facility licensed under ch. 393, F.S. that provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility may not be more than three residents. ⁶
Group Home Facility	A residential facility licensed under ch. 393, F.S. which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The capacity of such a facility shall be at least 4 but not more than 15 residents. ⁷
Residential Habilitation Center	A community residential facility licensed under ch. 393, F.S. which provides habilitation services. The capacity of such a facility may not be fewer than nine residents. After October 1, 1989, new residential habilitation centers may not be licensed and the licensed capacity for any existing residential habilitation center may not be increased ⁸
Adult Day Training Program	A program of services which takes place in a nonresidential setting, separate from the home or facility in which the client resides, and is intended to support the participation of clients in meaningful and valued routines of the community. These services include, but are not limited to, the acquisition, retention, or improvement of self-help, socialization, and adaptive skills. ⁹

The APD is required to adopt license application procedures, provider qualifications, facility and client care standards, requirements for client records, requirements for staff qualifications and training, and requirements for monitoring the licensed placements.¹⁰ The APD is required to adopt rules relating to the oversight and accountability of such placements.¹¹ If the licensee fails to comply with licensure or statutory requirements, Florida law authorizes the APD to take disciplinary action against the licensee, such as the revocation or suspension of a licensing, or the imposition of administrative fines.¹²

Administration of Medication in APD Licensed Facilities

Florida law allows an unlicensed direct service provider to supervise the self-administration of medication or to administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications to a client, provided the unlicensed direct service providers meets

⁴ Section 393.067, F.S.
⁵ See generally 65G-2, F.A.C.
⁶ Section 39.063(17), F.S.
⁷ Section 39.063(18), F.S.
⁸ Section 39.063(34), F.S.
⁹ Section 39.063(1), F.S.
¹⁰ Section 393.067, F.S.
¹¹ Section 393.067, F.S.
¹² Section 393.0673, F.S.

statutory requirements.¹³ Unlicensed direct service providers who have completed an APD-approved training course and have current validation to provide clients with medication administration or assist clients with self-administration of medication are referred to as Medication Assistance Providers under administrative rule.¹⁴ Medical Case Managers¹⁵ teach Basic Medication Administration Courses to unlicensed direct service providers.¹⁶ Currently, administrative rule does not reference medication administration by non-paid family members.¹⁷

Medication Assistance Providers are not allowed to prepare syringes for a client's use during the self-administration of medication via a subcutaneous, intra-dermal, intra-muscular, or intravenous route.¹⁸ Syringes, insulin pens, and insulin pumps administer insulin subcutaneously.¹⁹ Currently, licensed nurses are the only individuals who are allowed to administer insulin in APD facilities.²⁰

Upon a medication error, the Medical Assistance Provider or facility administrator is required to document the incident in a procedure identified in administrative rule.²¹

There is no reference to insulin administration in 65G-7, F.A.C., which establishes the requirements for Medication Administration in APD facilities.²²

Diabetes

Diabetes occurs when an individual's blood glucose, or blood sugar, is too high.²³ High blood glucose may lead to negative effects on an individual's heart, nerve, eye, and kidney function.²⁴ An individual receives blood glucose through the food he or she eats, and the hormone insulin, produced by the pancreas, assists blood glucose absorption into the cells to produce energy.²⁵

An individual with diabetes may have trouble producing the insulin necessary to help glucose absorption. The most common types of diabetes are type 1, type 2, and gestational diabetes, which affects individuals during pregnancy.²⁶

¹³ Section 393.506, F.S.

¹⁴ 65G-7.001, F.A.C.

¹⁵ "Medical Case Managers" refer to a registered nurse or Advanced Practice Nurse Practitioner employed by the Agency to provide nursing consultation and technical assistance to an Area office regarding the medical care of Agency clients. *See* 65G-7.001, F.A.C.

¹⁶ Florida Agency for Persons with Disabilities, *2025 Agency Analysis*, pg. 2, on file with the Senate Committee on Children, Families, and Elder Affairs.

¹⁷ *Id.*

¹⁸ 65G-7.005, F.A.C.

¹⁹ Shah, Rima B. et al. "Insulin delivery methods: Past, Present, and Future." *International Journal of Pharmaceutical Investigation* vol. 6, 1 (2016): 1-9. doi: 10.4103/2230-973X.176456.

²⁰ *Supra*, Note 16.

²¹ 65G-7.006, F.A.C.

²² 65G-7.001, F.A.C.

²³ National Institute of Diabetes and Digestive and Kidney Diseases, *Diabetes Statistics*, available at: <https://www.niddk.nih.gov/health-information/health-statistics/diabetes-statistics> (last visited 3/14/25).

²⁴ *Id.*

²⁵ National Institute of Diabetes and Digestive and Kidney Diseases, *Type 2 Diabetes*, available at: <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-2-diabetes> (last visited 3/14/25).

²⁶ National Institute of Diabetes and Digestive and Kidney Diseases, *Diabetes Statistics*, available at: <https://www.niddk.nih.gov/health-information/health-statistics/diabetes-statistics> (last visited 3/14/25).

Type 1 diabetes typically occurs when an individual’s immune system attacks and destroys the cells in the pancreas responsible for producing insulin, causing the pancreas to cease insulin production.²⁷ This causes abnormal levels of blood glucose, as the glucose cannot absorb into the cells and remains in an individual’s blood.²⁸ An individual with type 1 diabetes will take synthetic insulin every day to facilitate the absorption of blood glucose into an individual’s cells.²⁹

Type 2 diabetes occurs when an individual’s pancreas does not produce enough insulin or does not utilize insulin well.³⁰

Insulin Types and Administration

There are a variety of insulin types an individual may take to manage their diabetes.³¹ The following chart shows different types of insulin³²

Insulin Types				
Insulin Type	Onset	Peak Time	Duration	Method
Rapid acting	15 minutes	1 hour	2 to 4 hours	Usually taken right before a meal. Often used with longer-acting insulin.
Rapid-acting inhaled	10 to 15 minutes	30 minutes	3 hours	Usually taken right before a meal. Often used with injectable long-acting insulin.
Regular/short acting	30 minutes	2 to 3 hours	3 to 6 hours	Usually taken 30 to 60 minutes before a meal.
Intermediate acting	2 to 4 hours	4 to 12 hours	12 to 18 hours	Covers insulin needs for half a day or overnight. Often used with rapid- or short-acting insulin.
Long acting	2 hours	Does not peak	Up to 24 hours	Covers insulin needs for about a full day. Often used, when needed, with rapid- or short-acting insulin.
Ultra-long acting	6 hours	Does not peak	36 hours or longer	Provides steady insulin for long periods.
Premixed	5 to 60 minutes	Peaks vary	10 to 16 hours	Combines intermediate- and short-acting insulin. Usually taken 10 to 30 minutes before breakfast and dinner.

Source: Center for Disease Control

Individuals often take insulin differently depending on the type of insulin they use and what method they are most comfortable with when administering insulin. The following chart displays common methods for administering insulin:³³

²⁷ National Institute of Diabetes and Digestive and Kidney Diseases, *Type 1 Diabetes*, available at: <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-1-diabetes> (last visited 3/14/25).

²⁸ *Id.*

²⁹ *Id.*

³⁰ National Institute of Diabetes and Digestive and Kidney Diseases, *Type 2 Diabetes*, available at: <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-2-diabetes> (last visited 3/14/25).

³¹ Center for Disease Control Diabetes, *Types of Insulin*, available at: <https://www.cdc.gov/diabetes/about/how-to-use-insulin.html> (last visited 3/14/25).

³² Center for Disease Control Diabetes, *Types of Insulin*, available at: <https://www.cdc.gov/diabetes/about/how-to-use-insulin.html> (last visited 3/14/25).

³³ Center for Disease Control Diabetes, *4 Ways to Take Insulin*, available at: <https://www.cdc.gov/diabetes/about/4-ways-to-take-insulin.html> (last visited 3/14/25).

Insulin Administration Methods	
Method	Description
Syringe	This method delivers insulin through a needle. This is often referred to as “sliding-scale” administration as the amount needed (the bolus) is calculated based on the current blood glucose level and drawn from a container into a syringe and then administered subcutaneously.
Insulin Pen	Cartridges may be inserted into an insulin pen for insulin administration. Some insulin pens are pre-filled and single use. The insulin is injected through a needle.
Insulin Pump	Insulin pumps give an individual a dose of short- or rapid-acting insulin per hour. An individual calculates the insulin dosage, and the insulin in the pump delivers the bolus (short- or rapid-acting insulin take at or before mealtimes). The pump delivers insulin through a thin plastic tube placed in the fatty layer under an individual’s skin.
Insulin Inhaler	An individual uses an oral inhaler to deliver ultra-rapid-acting insulin at the beginning of meals. Inhaled insulin is used with an injectable long-acting insulin.

Auto-Injectors for Medication Administration

In recent years, there has been an increased interest in auto injectors for the self-administration of medication in the medical community.³⁴ Generally, auto injectors are prefilled with an individual’s required dosage of medication (such as insulin or epinephrine) and the individual presses a button or pushes against the injection site to deliver the dosage subcutaneously.³⁵ Auto injectors have been found to provide an individual more autonomy and flexibility when self-administering their medication.³⁶ Additionally, auto injectors have been associated with less painful medication administration.³⁷

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 393.063, F.S., to define the new term “direct-support professional” in Ch. 393, F.S. A direct-support professional is defined as a person who is paid to provide services directly to a client with developmental disabilities that receives home and community-based services to address activities of daily living or instrumental activities of daily living, behavioral supports, employment supports, or other services to promote community integration of the client.

Section 2 of the bill creates s. 393.504, F.S., to allow a direct-support professional (DSP) or a client’s relative to administer insulin to a client in a group home facility if the group home facility has established training procedures and has adopted policies and procedures governing

³⁴ Schneider, et al. (2023). Autoinjectors for large-volume subcutaneous drug delivery: a review of current research and future directions. *Expert Opinion on Drug Delivery*, 20(6), 815-830. <https://doi.org/10.1080/17425247.2023.2219891>

³⁵ *Id.*

³⁶ Berteau, et al. (2010) Evaluation of performance, safety, subject acceptance, and compliance of a disposable autoinjector for subcutaneous injections in healthy volunteers, *Patient Preference and Adherence*, 4, 379-288, <https://doi.org/10.2147/ppa.s13132>.

³⁷ *Id.*

the administration of insulin by DSP and relatives. The term “relative” is defined in s. 393.063(30), F.S., and refers to an individual who is connected by affinity or consanguinity to the client and who is 18 years of age or older.

If a group home facility wants to allow a DSP or relative to administer insulin, the bill requires the group home facility to have an established procedure to provide training to the DSP or relative in the administration of insulin. This training must be provided by:

- A registered nurse, a licensed practical nurse, or an advanced practice registered nurse licensed under chapter 464;
- A physician licensed under chapter 458 or chapter 459; or
- A physician assistant licensed under chapter 458 or chapter 459.

The bill requires the group home facility to adopt policies and procedures governing the administration of insulin by direct-support professionals and relatives; these policies and procedures must include, but need not be limited to, the following provisions:

- Requirements to have the client’s prescribed dosage of insulin required for the client and proof of the direct-support professional’s or relative’s training on file.
- Coordination procedures in place between the group home facility and direct-support professional or relative to avoid duplication in insulin administration.
- Established emergency procedures related to the administration of insulin to clients.
- Certifications for direct-support professionals or relatives to administer insulin if the individual is in compliance with requirements.
- Requirements for the group home facility to immediately notify a direct-support professional or relative if he or she is not in compliance with these requirements and immediately cease to allow them to administer insulin.

The bill provides compliant group home facilities with immunity from civil liability for damages arising out of the administration of insulin by a direct-support professional or a client’s relative.

The bill provides compliant direct-support professionals or relatives with immunity from civil liability or criminal penalties arising out of the administration of insulin to the client.

The bill clarifies that DSPs and relatives may administer insulin including sliding scale insulin therapy, to include the calculation of an insulin dose based on current blood glucose for administration of the dose subcutaneously with an insulin pen or a syringe filled with the calculated dose drawn from a vial of insulin.

Section 3 of the bill amends s. 393.506, F.S., to include the subcutaneous administration of insulin and epinephrine through an insulin pen, epinephrine pen, or similar device designed for self-administration to the administration of medication allowed by unlicensed direct service providers.

Section 4 of the bill amends s. 1002.394, F.S., to make conforming cross-reference changes.

Section 5 of the bill provides an effective date of July 1, 2025.

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:

None.

C. Government Sector Impact:

The APD reports the bill language will require enhancements to the iConnect system, the APD's client data management and electronic visit verification system, and estimates the cost to be \$20,000 based on the number of hours it will take to make the necessary modifications to some of the impacted forms in the iConnect system.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends ss. 393.063, 393.506 1002.394, Florida Statutes.

This bill creates s. 393.504, Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs on March 19, 2025:

- Clarifies that the administration of insulin in a group home facility by a direct-support professional or relative includes sliding scale insulin therapy.
- Includes the subcutaneous administration of insulin and epinephrine by a self-administration device in medications that may be self-administered.

B. Amendments:

None.

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



953948

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/19/2025	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Grall) recommended the following:

Senate Amendment (with title amendment)

Between lines 76 and 77

insert:

(4) For the purposes of this section, the administration of insulin includes sliding scale insulin therapy, to include the calculation of an insulin dose based on current blood glucose and the administration of that calculated dose subcutaneously using an insulin pen containing pre-measured doses or a syringe filled with the calculated dose drawn from a vial of insulin.



953948

11 Section 3. Subsection (1) of section 393.506, Florida
12 Statutes, is amended to read:

13 393.506 Administration of medication.—

14 (1) An unlicensed direct service provider may supervise the
15 self-administration of medication or may administer oral,
16 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
17 topical prescription medications to a client if the unlicensed
18 direct service provider meets the requirements of this section.
19 This includes the subcutaneous administration of insulin and
20 epinephrine through an insulin pen, epinephrine pen, or similar
21 device designed for self-administration.

22

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

24 And the title is amended as follows:

25 Between lines 13 and 14

26 insert:

27 including specific administration methods in the
28 meaning of "administration of insulin"; amending s.
29 393.506, F.S.; authorizing administration of insulin
30 and epinephrine by certain methods;