

1 A bill to be entitled
 2 An act relating to substance abuse treatment;
 3 amending s. 394.499, F.S.; authorizing the
 4 Department of Children and Family Services to
 5 expand certain demonstration models; amending
 6 s. 397.311, F.S.; including intensive inpatient
 7 treatment within the service components
 8 provided by a licensed service provider;
 9 defining the term "medical monitoring";
 10 amending s. 212.055, F.S., relating to the
 11 county public hospital surtax; conforming a
 12 cross-reference; reenacting ss. 397.405(8) and
 13 397.407(1), F.S., relating to treatment
 14 providers, to incorporate the amendment to s.
 15 397.311, F.S., in references thereto; amending
 16 ss. 397.416 and 440.102, F.S., relating to
 17 treatment services and the drug-free workplace
 18 program; conforming cross-references; providing
 19 an effective date.

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

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 23 Section 1. Subsection (1) of section 394.499, Florida
 24 Statutes, is amended to read:

25 394.499 Integrated children's crisis stabilization
 26 unit/juvenile addictions receiving facility services.--

27 (1) Beginning July 1, 2001, the Department of Children
 28 and Family Services, in consultation with the Agency for
 29 Health Care Administration, is authorized to establish
 30 children's behavioral crisis unit demonstration models in
 31 Collier, Lee, and Sarasota Counties. By December 31, 2003, the

1 department shall submit to the President of the Senate, the
2 Speaker of the House of Representatives, and the chairs of the
3 Senate and House committees that oversee departmental
4 activities a report that evaluates the number of clients
5 served, quality of services, performance outcomes, and
6 feasibility of continuing or expanding the demonstration
7 models. As a result of the recommendations regarding expansion
8 of the demonstration models contained in the evaluation report
9 of December 31, 2003 ~~Beginning July 1, 2004, subject to~~
10 ~~approval by the Legislature~~, the department, in cooperation
11 with the agency, may expand the demonstration models to other
12 areas in the state after July 1, 2005. The children's
13 behavioral crisis unit demonstration models will integrate
14 children's mental health crisis stabilization units with
15 substance abuse juvenile addictions receiving facility
16 services, to provide emergency mental health and substance
17 abuse services that are integrated within facilities licensed
18 and designated by the agency for children under 18 years of
19 age who meet criteria for admission or examination under this
20 section. The services shall be designated as "integrated
21 children's crisis stabilization unit/juvenile addictions
22 receiving facility services," shall be licensed by the agency
23 as children's crisis stabilization units, and shall meet all
24 licensure requirements for crisis stabilization units. The
25 department, in cooperation with the agency, shall develop
26 standards that address eligibility criteria; clinical
27 procedures; staffing requirements; operational,
28 administrative, and financing requirements; and investigation
29 of complaints for such integrated facility services. Standards
30 that are implemented specific to substance abuse services
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1 shall meet or exceed existing standards for addictions
2 receiving facilities.

3 Section 2. Subsection (18) of section 397.311, Florida
4 Statutes, is amended, present subsections (19) through (29) of
5 that section are redesignated as subsections (20) through
6 (30), respectively, and a new subsection (19) is added to that
7 section, to read:

8 397.311 Definitions.--As used in this chapter, except
9 part VIII:

10 (18) "Licensed service provider" means a public agency
11 under this chapter, a private for-profit or not-for-profit
12 agency under this chapter, a physician or any other private
13 practitioner licensed under this chapter, or a hospital that
14 offers substance abuse impairment services through one or more
15 of the following licensable service components:

16 (a) Addictions receiving facility, which is a
17 community-based facility designated by the department to
18 receive, screen, and assess clients found to be substance
19 abuse impaired, in need of emergency treatment for substance
20 abuse impairment, or impaired by substance abuse to such an
21 extent as to meet the criteria for involuntary admission in s.
22 397.675, and to provide detoxification and stabilization. An
23 addictions receiving facility must be state-owned,
24 state-operated, or state-contracted, and licensed pursuant to
25 rules adopted by the department's Substance Abuse Program
26 Office which include specific authorization for the provision
27 of levels of care and a requirement of separate accommodations
28 for adults and minors. Addictions receiving facilities are
29 designated as secure facilities to provide an intensive level
30 of care and must have sufficient staff and the authority to
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1 provide environmental security to handle aggressive and
2 difficult-to-manage behavior and deter elopement.

3 (b) Detoxification, which uses medical and
4 psychological procedures and a supportive counseling regimen
5 to assist clients in managing toxicity and withdrawing and
6 stabilizing from the physiological and psychological effects
7 of substance abuse impairment.

8 (c) Intensive inpatient treatment, which includes a
9 planned regimen of professionally directed evaluation,
10 observation, medical monitoring, and clinical protocols
11 provided 24 hours per day, 7 days per week in a highly
12 structured, live-in environment.

13 ~~(d)(e)~~ Residential treatment, which provides a
14 structured, live-in environment within a nonhospital setting
15 on a 24-hours-a-day, 7-days-a-week basis, and which includes:

16 1. Facilities that provide room and board and
17 treatment and rehabilitation within the primary residential
18 facility; and

19 2. Facilities that are used for room and board only
20 and in which treatment and rehabilitation activities are
21 provided on a mandatory basis at locations other than the
22 primary residential facility. In this case, facilities used
23 for room and board and for treatment and rehabilitation are
24 operated under the auspices of the same provider, and
25 licensing and regulatory requirements would apply to both the
26 residential facility and all other facilities in which
27 treatment and rehabilitation activities occur.

28 ~~(e)(d)~~ Day and night treatment, which provides a
29 nonresidential environment with a structured schedule of
30 treatment and rehabilitation services.

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1 ~~(f)(e)~~ Outpatient treatment, which provides
2 individual, group, or family counseling for clients by
3 appointment during scheduled operating hours, with an emphasis
4 on assessment and treatment.

5 ~~(g)(f)~~ Medication and methadone maintenance treatment
6 that uses methadone or other medication as authorized by state
7 and federal law, in conjunction with medical, rehabilitative,
8 and counseling services in the treatment of clients who are
9 dependent upon opioid drugs.

10 ~~(h)(g)~~ Prevention, which is a process involving
11 strategies aimed at the individual, the environment, or the
12 substance, which strategies preclude, forestall, or impede the
13 development of substance abuse problems and promote
14 responsible personal and social growth of individuals and
15 families toward full human potential.

16 ~~(i)(h)~~ Intervention, which consists of structured
17 services targeted toward individuals or groups at risk and
18 focused on reducing those factors associated with the onset or
19 the early stages of substance abuse, and related problems.

20 ~~(19)~~ "Medical monitoring" means oversight and
21 treatment, 24 hours per day by medical personnel who are
22 licensed under chapter 458, chapter 459, or chapter 464, of
23 clients whose subacute biomedical, emotional, psychosocial,
24 behavioral, or cognitive problems are so severe that the
25 clients require intensive inpatient treatment by an
26 interdisciplinary team.

27 Section 3. Paragraph (e) of subsection (5) of section
28 212.055, Florida Statutes, is amended to read:

29 212.055 Discretionary sales surtaxes; legislative
30 intent; authorization and use of proceeds.--It is the
31 legislative intent that any authorization for imposition of a

1 discretionary sales surtax shall be published in the Florida
2 Statutes as a subsection of this section, irrespective of the
3 duration of the levy. Each enactment shall specify the types
4 of counties authorized to levy; the rate or rates which may be
5 imposed; the maximum length of time the surtax may be imposed,
6 if any; the procedure which must be followed to secure voter
7 approval, if required; the purpose for which the proceeds may
8 be expended; and such other requirements as the Legislature
9 may provide. Taxable transactions and administrative
10 procedures shall be as provided in s. 212.054.

11 (5) COUNTY PUBLIC HOSPITAL SURTAX.--Any county as
12 defined in s. 125.011(1) may levy the surtax authorized in
13 this subsection pursuant to an ordinance either approved by
14 extraordinary vote of the county commission or conditioned to
15 take effect only upon approval by a majority vote of the
16 electors of the county voting in a referendum. In a county as
17 defined in s. 125.011(1), for the purposes of this subsection,
18 "county public general hospital" means a general hospital as
19 defined in s. 395.002 which is owned, operated, maintained, or
20 governed by the county or its agency, authority, or public
21 health trust.

22 (e) A governing board, agency, or authority shall be
23 chartered by the county commission upon this act becoming law.
24 The governing board, agency, or authority shall adopt and
25 implement a health care plan for indigent health care
26 services. The governing board, agency, or authority shall
27 consist of no more than seven and no fewer than five members
28 appointed by the county commission. The members of the
29 governing board, agency, or authority shall be at least 18
30 years of age and residents of the county. No member may be
31 employed by or affiliated with a health care provider or the

1 public health trust, agency, or authority responsible for the
2 county public general hospital. The following community
3 organizations shall each appoint a representative to a
4 nominating committee: the South Florida Hospital and
5 Healthcare Association, the Miami-Dade County Public Health
6 Trust, the Dade County Medical Association, the Miami-Dade
7 County Homeless Trust, and the Mayor of Miami-Dade County.
8 This committee shall nominate between 10 and 14 county
9 citizens for the governing board, agency, or authority. The
10 slate shall be presented to the county commission and the
11 county commission shall confirm the top five to seven
12 nominees, depending on the size of the governing board. Until
13 such time as the governing board, agency, or authority is
14 created, the funds provided for in subparagraph (d)2. shall be
15 placed in a restricted account set aside from other county
16 funds and not disbursed by the county for any other purpose.

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

23 2. The plan and subsequent amendments to it shall fund
24 a defined range of health care services for both indigent
25 persons and the medically poor, including primary care,
26 preventive care, hospital emergency room care, and hospital
27 care necessary to stabilize the patient. For the purposes of
28 this section, "stabilization" means stabilization as defined
29 in s. 397.311(30) ~~s. 397.311(29)~~. Where consistent with these
30 objectives, the plan may include services rendered by
31 physicians, clinics, community hospitals, and alternative

1 delivery sites, as well as at least one regional referral
2 hospital per service area. The plan shall provide that
3 agreements negotiated between the governing board, agency, or
4 authority and providers shall recognize hospitals that render
5 a disproportionate share of indigent care, provide other
6 incentives to promote the delivery of charity care to draw
7 down federal funds where appropriate, and require cost
8 containment, including, but not limited to, case management.
9 From the funds specified in subparagraphs (d)1. and 2. for
10 indigent health care services, service providers shall receive
11 reimbursement at a Medicaid rate to be determined by the
12 governing board, agency, or authority created pursuant to this
13 paragraph for the initial emergency room visit, and a
14 per-member per-month fee or capitation for those members
15 enrolled in their service area, as compensation for the
16 services rendered following the initial emergency visit.
17 Except for provisions of emergency services, upon
18 determination of eligibility, enrollment shall be deemed to
19 have occurred at the time services were rendered. The
20 provisions for specific reimbursement of emergency services
21 shall be repealed on July 1, 2001, unless otherwise reenacted
22 by the Legislature. The capitation amount or rate shall be
23 determined prior to program implementation by an independent
24 actuarial consultant. In no event shall such reimbursement
25 rates exceed the Medicaid rate. The plan must also provide
26 that any hospitals owned and operated by government entities
27 on or after the effective date of this act must, as a
28 condition of receiving funds under this subsection, afford
29 public access equal to that provided under s. 286.011 as to
30 any meeting of the governing board, agency, or authority the
31 subject of which is budgeting resources for the retention of

1 charity care, as that term is defined in the rules of the
2 Agency for Health Care Administration. The plan shall also
3 include innovative health care programs that provide
4 cost-effective alternatives to traditional methods of service
5 and delivery funding.

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

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

15 5. At the end of each fiscal year, the governing
16 board, agency, or authority shall prepare an audit that
17 reviews the budget of the plan, delivery of services, and
18 quality of services, and makes recommendations to increase the
19 plan's efficiency. The audit shall take into account
20 participant hospital satisfaction with the plan and assess the
21 amount of poststabilization patient transfers requested, and
22 accepted or denied, by the county public general hospital.

23 Section 4. For the purpose of incorporating the
24 amendment made by this act to section 397.311, Florida
25 Statutes, in a reference thereto, subsection (8) of section
26 397.405, Florida Statutes, is reenacted to read:

27 397.405 Exemptions from licensure.--The following are
28 exempt from the licensing provisions of this chapter:

29 (8) An established and legally cognizable church or
30 nonprofit religious organization or denomination providing
31 substance abuse services, including prevention services, which

1 are exclusively religious, spiritual, or ecclesiastical in
2 nature. A church or nonprofit religious organization or
3 denomination providing any of the licensable service
4 components itemized under s. 397.311(18) is not exempt for
5 purposes of its provision of such licensable service
6 components but retains its exemption with respect to all
7 services which are exclusively religious, spiritual, or
8 ecclesiastical in nature.

9 Section 5. For the purpose of incorporating the
10 amendment made by this act to section 397.311, Florida
11 Statutes, in a reference thereto, subsection (1) of section
12 397.407, Florida Statutes, is reenacted to read:

13 397.407 Licensure fees.--

14 (1) The department shall establish licensure fees by
15 rule. The rule must prescribe a fee range that is based, at
16 least in part, on the number and complexity of programs listed
17 in s. 397.311(18) which are operated by a licensee. The fee
18 range must be implemented over a 5-year period. The fee
19 schedule for licensure of service components must be increased
20 annually in substantially equal increments so that, by July 1,
21 1998, the fees from the licensure of service components are
22 sufficient to cover at least 50 percent of the costs of
23 regulating the service components. The department shall
24 specify by rule a fee range and phase-in plan for privately
25 funded licensed service providers and a fee range and phase-in
26 plan for publicly funded licensed service providers. Fees for
27 privately funded licensed service providers must exceed the
28 fees for publicly funded licensed service providers. The
29 first year phase-in licensure fees must be at least \$150 per
30 initial license. The rule must provide for a reduction in
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1 licensure fees for licensed service providers who hold more
2 than one license.

3 Section 6. Subsection (2) of section 397.416, Florida
4 Statutes, is amended to read:

5 397.416 Substance abuse treatment services; qualified
6 professional.--

7 (2) Notwithstanding any other provision of law, a
8 person who was certified through a certification process
9 recognized by the former Department of Health and
10 Rehabilitative Services before January 1, 1995, may perform
11 the duties of a qualified professional with respect to
12 substance abuse treatment services as defined in this chapter,
13 and need not meet the certification requirements contained in
14 s. 397.311(25) ~~s. 397.311(24)~~.

15 Section 7. Paragraphs (d) and (g) of subsection (1) of
16 section 440.102, Florida Statutes, are amended to read:

17 440.102 Drug-free workplace program requirements.--The
18 following provisions apply to a drug-free workplace program
19 implemented pursuant to law or to rules adopted by the Agency
20 for Health Care Administration:

21 (1) DEFINITIONS.--Except where the context otherwise
22 requires, as used in this act:

23 (d) "Drug rehabilitation program" means a service
24 provider, established pursuant to s. 397.311(28) ~~s.~~
25 ~~397.311(27)~~, that provides confidential, timely, and expert
26 identification, assessment, and resolution of employee drug
27 abuse.

28 (g) "Employee assistance program" means an established
29 program capable of providing expert assessment of employee
30 personal concerns; confidential and timely identification
31 services with regard to employee drug abuse; referrals of

1 employees for appropriate diagnosis, treatment, and
2 assistance; and followup services for employees who
3 participate in the program or require monitoring after
4 returning to work. If, in addition to the above activities, an
5 employee assistance program provides diagnostic and treatment
6 services, these services shall in all cases be provided by
7 service providers pursuant to s. 397.311(28) ~~s. 397.311(27)~~.

8 Section 8. This act shall take effect July 1, 2005.
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