

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

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

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 17 Section 1. Subsection (18) of section 397.311, Florida
 18 Statutes, is amended, present subsections (19) through (29) of
 19 that section are redesignated as subsections (20) through (30),
 20 respectively, and a new subsection (19) is added to that
 21 section, to read:

22 397.311 Definitions.--As used in this chapter, except part
 23 VIII:

24 (18) "Licensed service provider" means a public agency
 25 under this chapter, a private for-profit or not-for-profit
 26 agency under this chapter, a physician or any other private
 27 practitioner licensed under this chapter, or a hospital that
 28 offers substance abuse impairment services through one or more

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

29 of the following licensable service components:

30 (a) Addictions receiving facility, which is a community-
31 based facility designated by the department to receive, screen,
32 and assess clients found to be substance abuse impaired, in need
33 of emergency treatment for substance abuse impairment, or
34 impaired by substance abuse to such an extent as to meet the
35 criteria for involuntary admission in s. 397.675, and to provide
36 detoxification and stabilization. An addictions receiving
37 facility must be state-owned, state-operated, or state-
38 contracted, and licensed pursuant to rules adopted by the
39 department's Substance Abuse Program Office which include
40 specific authorization for the provision of levels of care and a
41 requirement of separate accommodations for adults and minors.
42 Addictions receiving facilities are designated as secure
43 facilities to provide an intensive level of care and must have
44 sufficient staff and the authority to provide environmental
45 security to handle aggressive and difficult-to-manage behavior
46 and deter elopement.

47 (b) Detoxification, which uses medical and psychological
48 procedures and a supportive counseling regimen to assist clients
49 in managing toxicity and withdrawing and stabilizing from the
50 physiological and psychological effects of substance abuse
51 impairment.

52 (c) Intensive inpatient treatment, which includes a
53 planned regimen of professionally directed evaluation,
54 observation, medical monitoring, and clinical protocols provided
55 24 hours per day, 7 days per week in a highly structured, live-
56 in environment.

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

- 60 1. Facilities that provide room and board and treatment
61 and rehabilitation within the primary residential facility; and
- 62 2. Facilities that are used for room and board only and in
63 which treatment and rehabilitation activities are provided on a
64 mandatory basis at locations other than the primary residential
65 facility. In this case, facilities used for room and board and
66 for treatment and rehabilitation are operated under the auspices
67 of the same provider, and licensing and regulatory requirements
68 would apply to both the residential facility and all other
69 facilities in which treatment and rehabilitation activities
70 occur.

71 (e)~~(d)~~ Day and night treatment, which provides a
72 nonresidential environment with a structured schedule of
73 treatment and rehabilitation services.

74 (f)~~(e)~~ Outpatient treatment, which provides individual,
75 group, or family counseling for clients by appointment during
76 scheduled operating hours, with an emphasis on assessment and
77 treatment.

78 (g)~~(f)~~ Medication and methadone maintenance treatment that
79 uses methadone or other medication as authorized by state and
80 federal law, in conjunction with medical, rehabilitative, and
81 counseling services in the treatment of clients who are
82 dependent upon opioid drugs.

83 (h)~~(g)~~ Prevention, which is a process involving strategies
84 aimed at the individual, the environment, or the substance,

85 which strategies preclude, forestall, or impede the development
 86 of substance abuse problems and promote responsible personal and
 87 social growth of individuals and families toward full human
 88 potential.

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

93 (19) "Medical monitoring" means oversight and treatment,
 94 provided 24 hours per day by medical personnel who are licensed
 95 under chapter 458, chapter 459, or chapter 464, of clients whose
 96 subacute biomedical, emotional, psychosocial, behavioral, or
 97 cognitive problems are so severe that the clients require
 98 intensive inpatient treatment by an interdisciplinary team.

99 Section 2. Paragraph (e) of subsection (5) of section
 100 212.055, Florida Statutes, is amended to read:

101 212.055 Discretionary sales surtaxes; legislative intent;
 102 authorization and use of proceeds.--It is the legislative intent
 103 that any authorization for imposition of a discretionary sales
 104 surtax shall be published in the Florida Statutes as a
 105 subsection of this section, irrespective of the duration of the
 106 levy. Each enactment shall specify the types of counties
 107 authorized to levy; the rate or rates which may be imposed; the
 108 maximum length of time the surtax may be imposed, if any; the
 109 procedure which must be followed to secure voter approval, if
 110 required; the purpose for which the proceeds may be expended;
 111 and such other requirements as the Legislature may provide.
 112 Taxable transactions and administrative procedures shall be as

113 provided in s. 212.054.

114 (5) COUNTY PUBLIC HOSPITAL SURTAX.--Any county as defined
 115 in s. 125.011(1) may levy the surtax authorized in this
 116 subsection pursuant to an ordinance either approved by
 117 extraordinary vote of the county commission or conditioned to
 118 take effect only upon approval by a majority vote of the
 119 electors of the county voting in a referendum. In a county as
 120 defined in s. 125.011(1), for the purposes of this subsection,
 121 "county public general hospital" means a general hospital as
 122 defined in s. 395.002 which is owned, operated, maintained, or
 123 governed by the county or its agency, authority, or public
 124 health trust.

125 (e) A governing board, agency, or authority shall be
 126 chartered by the county commission upon this act becoming law.
 127 The governing board, agency, or authority shall adopt and
 128 implement a health care plan for indigent health care services.

129 The governing board, agency, or authority shall consist of no
 130 more than seven and no fewer than five members appointed by the
 131 county commission. The members of the governing board, agency,
 132 or authority shall be at least 18 years of age and residents of
 133 the county. No member may be employed by or affiliated with a
 134 health care provider or the public health trust, agency, or
 135 authority responsible for the county public general hospital.
 136 The following community organizations shall each appoint a
 137 representative to a nominating committee: the South Florida
 138 Hospital and Healthcare Association, the Miami-Dade County
 139 Public Health Trust, the Dade County Medical Association, the
 140 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade

141 County. This committee shall nominate between 10 and 14 county
 142 citizens for the governing board, agency, or authority. The
 143 slate shall be presented to the county commission and the county
 144 commission shall confirm the top five to seven nominees,
 145 depending on the size of the governing board. Until such time
 146 as the governing board, agency, or authority is created, the
 147 funds provided for in subparagraph (d)2. shall be placed in a
 148 restricted account set aside from other county funds and not
 149 disbursed by the county for any other purpose.

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

156 2. The plan and subsequent amendments to it shall fund a
 157 defined range of health care services for both indigent persons
 158 and the medically poor, including primary care, preventive care,
 159 hospital emergency room care, and hospital care necessary to
 160 stabilize the patient. For the purposes of this section,
 161 "stabilization" means stabilization as defined in s. 397.311(30)
 162 ~~s. 397.311(29)~~. Where consistent with these objectives, the plan
 163 may include services rendered by physicians, clinics, community
 164 hospitals, and alternative delivery sites, as well as at least
 165 one regional referral hospital per service area. The plan shall
 166 provide that agreements negotiated between the governing board,
 167 agency, or authority and providers shall recognize hospitals
 168 that render a disproportionate share of indigent care, provide

169 other incentives to promote the delivery of charity care to draw
170 down federal funds where appropriate, and require cost
171 containment, including, but not limited to, case management.
172 From the funds specified in subparagraphs (d)1. and 2. for
173 indigent health care services, service providers shall receive
174 reimbursement at a Medicaid rate to be determined by the
175 governing board, agency, or authority created pursuant to this
176 paragraph for the initial emergency room visit, and a per-member
177 per-month fee or capitation for those members enrolled in their
178 service area, as compensation for the services rendered
179 following the initial emergency visit. Except for provisions of
180 emergency services, upon determination of eligibility,
181 enrollment shall be deemed to have occurred at the time services
182 were rendered. The provisions for specific reimbursement of
183 emergency services shall be repealed on July 1, 2001, unless
184 otherwise reenacted by the Legislature. The capitation amount or
185 rate shall be determined prior to program implementation by an
186 independent actuarial consultant. In no event shall such
187 reimbursement rates exceed the Medicaid rate. The plan must also
188 provide that any hospitals owned and operated by government
189 entities on or after the effective date of this act must, as a
190 condition of receiving funds under this subsection, afford
191 public access equal to that provided under s. 286.011 as to any
192 meeting of the governing board, agency, or authority the subject
193 of which is budgeting resources for the retention of charity
194 care, as that term is defined in the rules of the Agency for
195 Health Care Administration. The plan shall also include
196 innovative health care programs that provide cost-effective

197 alternatives to traditional methods of service and delivery
 198 funding.

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

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

207 5. At the end of each fiscal year, the governing board,
 208 agency, or authority shall prepare an audit that reviews the
 209 budget of the plan, delivery of services, and quality of
 210 services, and makes recommendations to increase the plan's
 211 efficiency. The audit shall take into account participant
 212 hospital satisfaction with the plan and assess the amount of
 213 poststabilization patient transfers requested, and accepted or
 214 denied, by the county public general hospital.

215 Section 3. For the purpose of incorporating the amendment
 216 made by this act to section 397.311, Florida Statutes, in a
 217 reference thereto, subsection (8) of section 397.405, Florida
 218 Statutes, is reenacted to read:

219 397.405 Exemptions from licensure.--The following are
 220 exempt from the licensing provisions of this chapter:

221 (8) An established and legally cognizable church or
 222 nonprofit religious organization or denomination providing
 223 substance abuse services, including prevention services, which
 224 are exclusively religious, spiritual, or ecclesiastical in

225 nature. A church or nonprofit religious organization or
 226 denomination providing any of the licensable service components
 227 itemized under s. 397.311(18) is not exempt for purposes of its
 228 provision of such licensable service components but retains its
 229 exemption with respect to all services which are exclusively
 230 religious, spiritual, or ecclesiastical in nature.

231 Section 4. For the purpose of incorporating the amendment
 232 made by this act to section 397.311, Florida Statutes, in a
 233 reference thereto, subsection (1) of section 397.407, Florida
 234 Statutes, is reenacted to read:

235 397.407 Licensure fees.--

236 (1) The department shall establish licensure fees by rule.
 237 The rule must prescribe a fee range that is based, at least in
 238 part, on the number and complexity of programs listed in s.
 239 397.311(18) which are operated by a licensee. The fee range
 240 must be implemented over a 5-year period. The fee schedule for
 241 licensure of service components must be increased annually in
 242 substantially equal increments so that, by July 1, 1998, the
 243 fees from the licensure of service components are sufficient to
 244 cover at least 50 percent of the costs of regulating the service
 245 components. The department shall specify by rule a fee range
 246 and phase-in plan for privately funded licensed service
 247 providers and a fee range and phase-in plan for publicly funded
 248 licensed service providers. Fees for privately funded licensed
 249 service providers must exceed the fees for publicly funded
 250 licensed service providers. The first year phase-in licensure
 251 fees must be at least \$150 per initial license. The rule must
 252 provide for a reduction in licensure fees for licensed service

253 providers who hold more than one license.

254 Section 5. Subsection (2) of section 397.416, Florida
255 Statutes, is amended to read:

256 397.416 Substance abuse treatment services; qualified
257 professional.--

258 (2) Notwithstanding any other provision of law, a person
259 who was certified through a certification process recognized by
260 the former Department of Health and Rehabilitative Services
261 before January 1, 1995, may perform the duties of a qualified
262 professional with respect to substance abuse treatment services
263 as defined in this chapter, and need not meet the certification
264 requirements contained in s. 397.311(25) ~~s. 397.311(24)~~.

265 Section 6. Paragraphs (d) and (g) of subsection (1) of
266 section 440.102, Florida Statutes, are amended to read:

267 440.102 Drug-free workplace program requirements.--The
268 following provisions apply to a drug-free workplace program
269 implemented pursuant to law or to rules adopted by the Agency
270 for Health Care Administration:

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

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

277 (g) "Employee assistance program" means an established
278 program capable of providing expert assessment of employee
279 personal concerns; confidential and timely identification
280 services with regard to employee drug abuse; referrals of

HB 0779

2005

281 employees for appropriate diagnosis, treatment, and assistance;
282 and followup services for employees who participate in the
283 program or require monitoring after returning to work. If, in
284 addition to the above activities, an employee assistance program
285 provides diagnostic and treatment services, these services shall
286 in all cases be provided by service providers pursuant to s.
287 397.311(28) ~~s. 397.311(27)~~.

288 Section 7. This act shall take effect July 1, 2005.