

CHAMBER ACTION

1 The Health & Families Council recommends the following:

2
3 **Council/Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

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

20
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 and
28 Family Services, in consultation with the Agency for Health Care
29 Administration, is authorized to establish children's behavioral
30 crisis unit demonstration models in Collier, Lee, and Sarasota
31 Counties. By December 31, 2003, the department shall submit to
32 the President of the Senate, the Speaker of the House of
33 Representatives, and the chairs of the Senate and House
34 committees that oversee departmental activities a report that
35 evaluates the number of clients served, quality of services,
36 performance outcomes, and feasibility of continuing or expanding
37 the demonstration models. As a result of the recommendations
38 regarding expansion of the demonstration models contained in the
39 evaluation report of December 31, 2003 ~~Beginning July 1, 2004,~~
40 ~~subject to approval by the Legislature,~~ the department, in
41 cooperation with the agency, may expand the demonstration models
42 to other areas in the state after July 1, 2005. The children's
43 behavioral crisis unit demonstration models will integrate
44 children's mental health crisis stabilization units with
45 substance abuse juvenile addictions receiving facility services,
46 to provide emergency mental health and substance abuse services
47 that are integrated within facilities licensed and designated by
48 the agency for children under 18 years of age who meet criteria
49 for admission or examination under this section. The services
50 shall be designated as "integrated children's crisis

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51 stabilization unit/juvenile addictions receiving facility
 52 services," shall be licensed by the agency as children's crisis
 53 stabilization units, and shall meet all licensure requirements
 54 for crisis stabilization units. The department, in cooperation
 55 with the agency, shall develop standards that address
 56 eligibility criteria; clinical procedures; staffing
 57 requirements; operational, administrative, and financing
 58 requirements; and investigation of complaints for such
 59 integrated facility services. Standards that are implemented
 60 specific to substance abuse services shall meet or exceed
 61 existing standards for addictions receiving facilities.

62 Section 2. Subsection (18) of section 397.311, Florida
 63 Statutes, is amended, present subsections (19) through (29) of
 64 that section are redesignated as subsections (20) through (30),
 65 respectively, and a new subsection (19) is added to that
 66 section, to read:

67 397.311 Definitions.--As used in this chapter, except part
 68 VIII:

69 (18) "Licensed service provider" means a public agency
 70 under this chapter, a private for-profit or not-for-profit
 71 agency under this chapter, a physician or any other private
 72 practitioner licensed under this chapter, or a hospital that
 73 offers substance abuse impairment services through one or more
 74 of the following licensable service components:

75 (a) Addictions receiving facility, which is a community-
 76 based facility designated by the department to receive, screen,
 77 and assess clients found to be substance abuse impaired, in need
 78 of emergency treatment for substance abuse impairment, or

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79 | impaired by substance abuse to such an extent as to meet the
 80 | criteria for involuntary admission in s. 397.675, and to provide
 81 | detoxification and stabilization. An addictions receiving
 82 | facility must be state-owned, state-operated, or state-
 83 | contracted, and licensed pursuant to rules adopted by the
 84 | department's Substance Abuse Program Office which include
 85 | specific authorization for the provision of levels of care and a
 86 | requirement of separate accommodations for adults and minors.
 87 | Addictions receiving facilities are designated as secure
 88 | facilities to provide an intensive level of care and must have
 89 | sufficient staff and the authority to provide environmental
 90 | security to handle aggressive and difficult-to-manage behavior
 91 | and deter elopement.

92 | (b) Detoxification, which uses medical and psychological
 93 | procedures and a supportive counseling regimen to assist clients
 94 | in managing toxicity and withdrawing and stabilizing from the
 95 | physiological and psychological effects of substance abuse
 96 | impairment.

97 | (c) Intensive inpatient treatment, which includes a
 98 | planned regimen of professionally directed evaluation,
 99 | observation, medical monitoring, and clinical protocols provided
 100 | 24 hours per day, 7 days per week in a highly structured, live-
 101 | in environment.

102 | (d)(e) Residential treatment, which provides a structured,
 103 | live-in environment within a nonhospital setting on a 24-hours-
 104 | a-day, 7-days-a-week basis, and which includes:

- 105 | 1. Facilities that provide room and board and treatment
 106 | and rehabilitation within the primary residential facility; and

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107 2. Facilities that are used for room and board only and in
108 which treatment and rehabilitation activities are provided on a
109 mandatory basis at locations other than the primary residential
110 facility. In this case, facilities used for room and board and
111 for treatment and rehabilitation are operated under the auspices
112 of the same provider, and licensing and regulatory requirements
113 would apply to both the residential facility and all other
114 facilities in which treatment and rehabilitation activities
115 occur.

116 (e)~~(d)~~ Day and night treatment, which provides a
117 nonresidential environment with a structured schedule of
118 treatment and rehabilitation services.

119 (f)~~(e)~~ Outpatient treatment, which provides individual,
120 group, or family counseling for clients by appointment during
121 scheduled operating hours, with an emphasis on assessment and
122 treatment.

123 (g)~~(f)~~ Medication and methadone maintenance treatment that
124 uses methadone or other medication as authorized by state and
125 federal law, in conjunction with medical, rehabilitative, and
126 counseling services in the treatment of clients who are
127 dependent upon opioid drugs.

128 (h)~~(g)~~ Prevention, which is a process involving strategies
129 aimed at the individual, the environment, or the substance,
130 which strategies preclude, forestall, or impede the development
131 of substance abuse problems and promote responsible personal and
132 social growth of individuals and families toward full human
133 potential.

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

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

144 Section 3. Paragraph (e) of subsection (5) of section
 145 212.055, Florida Statutes, is amended to read:

146 212.055 Discretionary sales surtaxes; legislative intent;
 147 authorization and use of proceeds.--It is the legislative intent
 148 that any authorization for imposition of a discretionary sales
 149 surtax shall be published in the Florida Statutes as a
 150 subsection of this section, irrespective of the duration of the
 151 levy. Each enactment shall specify the types of counties
 152 authorized to levy; the rate or rates which may be imposed; the
 153 maximum length of time the surtax may be imposed, if any; the
 154 procedure which must be followed to secure voter approval, if
 155 required; the purpose for which the proceeds may be expended;
 156 and such other requirements as the Legislature may provide.
 157 Taxable transactions and administrative procedures shall be as
 158 provided in s. 212.054.

159 (5) COUNTY PUBLIC HOSPITAL SURTAX.--Any county as defined
 160 in s. 125.011(1) may levy the surtax authorized in this
 161 subsection pursuant to an ordinance either approved by

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162 extraordinary vote of the county commission or conditioned to
 163 take effect only upon approval by a majority vote of the
 164 electors of the county voting in a referendum. In a county as
 165 defined in s. 125.011(1), for the purposes of this subsection,
 166 "county public general hospital" means a general hospital as
 167 defined in s. 395.002 which is owned, operated, maintained, or
 168 governed by the county or its agency, authority, or public
 169 health trust.

170 (e) A governing board, agency, or authority shall be
 171 chartered by the county commission upon this act becoming law.
 172 The governing board, agency, or authority shall adopt and
 173 implement a health care plan for indigent health care services.
 174 The governing board, agency, or authority shall consist of no
 175 more than seven and no fewer than five members appointed by the
 176 county commission. The members of the governing board, agency,
 177 or authority shall be at least 18 years of age and residents of
 178 the county. No member may be employed by or affiliated with a
 179 health care provider or the public health trust, agency, or
 180 authority responsible for the county public general hospital.
 181 The following community organizations shall each appoint a
 182 representative to a nominating committee: the South Florida
 183 Hospital and Healthcare Association, the Miami-Dade County
 184 Public Health Trust, the Dade County Medical Association, the
 185 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
 186 County. This committee shall nominate between 10 and 14 county
 187 citizens for the governing board, agency, or authority. The
 188 slate shall be presented to the county commission and the county
 189 commission shall confirm the top five to seven nominees,

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190 | depending on the size of the governing board. Until such time
191 | as the governing board, agency, or authority is created, the
192 | funds provided for in subparagraph (d)2. shall be placed in a
193 | restricted account set aside from other county funds and not
194 | disbursed by the county for any other purpose.

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

201 | 2. The plan and subsequent amendments to it shall fund a
202 | defined range of health care services for both indigent persons
203 | and the medically poor, including primary care, preventive care,
204 | hospital emergency room care, and hospital care necessary to
205 | stabilize the patient. For the purposes of this section,
206 | "stabilization" means stabilization as defined in s. 397.311(30)
207 | ~~s. 397.311(29)~~. Where consistent with these objectives, the plan
208 | may include services rendered by physicians, clinics, community
209 | hospitals, and alternative delivery sites, as well as at least
210 | one regional referral hospital per service area. The plan shall
211 | provide that agreements negotiated between the governing board,
212 | agency, or authority and providers shall recognize hospitals
213 | that render a disproportionate share of indigent care, provide
214 | other incentives to promote the delivery of charity care to draw
215 | down federal funds where appropriate, and require cost
216 | containment, including, but not limited to, case management.
217 | From the funds specified in subparagraphs (d)1. and 2. for

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218 indigent health care services, service providers shall receive
219 reimbursement at a Medicaid rate to be determined by the
220 governing board, agency, or authority created pursuant to this
221 paragraph for the initial emergency room visit, and a per-member
222 per-month fee or capitation for those members enrolled in their
223 service area, as compensation for the services rendered
224 following the initial emergency visit. Except for provisions of
225 emergency services, upon determination of eligibility,
226 enrollment shall be deemed to have occurred at the time services
227 were rendered. The provisions for specific reimbursement of
228 emergency services shall be repealed on July 1, 2001, unless
229 otherwise reenacted by the Legislature. The capitation amount or
230 rate shall be determined prior to program implementation by an
231 independent actuarial consultant. In no event shall such
232 reimbursement rates exceed the Medicaid rate. The plan must also
233 provide that any hospitals owned and operated by government
234 entities on or after the effective date of this act must, as a
235 condition of receiving funds under this subsection, afford
236 public access equal to that provided under s. 286.011 as to any
237 meeting of the governing board, agency, or authority the subject
238 of which is budgeting resources for the retention of charity
239 care, as that term is defined in the rules of the Agency for
240 Health Care Administration. The plan shall also include
241 innovative health care programs that provide cost-effective
242 alternatives to traditional methods of service and delivery
243 funding.

244 3. The plan's benefits shall be made available to all
245 county residents currently eligible to receive health care

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246 services as indigents or medically poor as defined in paragraph
247 (4)(d).

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

252 5. At the end of each fiscal year, the governing board,
253 agency, or authority shall prepare an audit that reviews the
254 budget of the plan, delivery of services, and quality of
255 services, and makes recommendations to increase the plan's
256 efficiency. The audit shall take into account participant
257 hospital satisfaction with the plan and assess the amount of
258 poststabilization patient transfers requested, and accepted or
259 denied, by the county public general hospital.

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

264 397.405 Exemptions from licensure.--The following are
265 exempt from the licensing provisions of this chapter:

266 (8) An established and legally cognizable church or
267 nonprofit religious organization or denomination providing
268 substance abuse services, including prevention services, which
269 are exclusively religious, spiritual, or ecclesiastical in
270 nature. A church or nonprofit religious organization or
271 denomination providing any of the licensable service components
272 itemized under s. 397.311(18) is not exempt for purposes of its
273 provision of such licensable service components but retains its

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274 exemption with respect to all services which are exclusively
275 religious, spiritual, or ecclesiastical in nature.

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

280 397.407 Licensure fees.--

281 (1) The department shall establish licensure fees by rule.
282 The rule must prescribe a fee range that is based, at least in
283 part, on the number and complexity of programs listed in s.
284 397.311(18) which are operated by a licensee. The fee range
285 must be implemented over a 5-year period. The fee schedule for
286 licensure of service components must be increased annually in
287 substantially equal increments so that, by July 1, 1998, the
288 fees from the licensure of service components are sufficient to
289 cover at least 50 percent of the costs of regulating the service
290 components. The department shall specify by rule a fee range
291 and phase-in plan for privately funded licensed service
292 providers and a fee range and phase-in plan for publicly funded
293 licensed service providers. Fees for privately funded licensed
294 service providers must exceed the fees for publicly funded
295 licensed service providers. The first year phase-in licensure
296 fees must be at least \$150 per initial license. The rule must
297 provide for a reduction in licensure fees for licensed service
298 providers who hold more than one license.

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

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301 397.416 Substance abuse treatment services; qualified
302 professional.--

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

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

312 440.102 Drug-free workplace program requirements.--The
313 following provisions apply to a drug-free workplace program
314 implemented pursuant to law or to rules adopted by the Agency
315 for Health Care Administration:

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

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

322 (g) "Employee assistance program" means an established
323 program capable of providing expert assessment of employee
324 personal concerns; confidential and timely identification
325 services with regard to employee drug abuse; referrals of
326 employees for appropriate diagnosis, treatment, and assistance;
327 and followup services for employees who participate in the
328 program or require monitoring after returning to work. If, in

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329 | addition to the above activities, an employee assistance program
330 | provides diagnostic and treatment services, these services shall
331 | in all cases be provided by service providers pursuant to s.
332 | 397.311(28) ~~s. 397.311(27)~~.

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